

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan 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.	07/05/2024	JOHN LISNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/05/2024	STEVE VOGRIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 8091
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) 3312
a(2) Total number of active participants at the end of the plan year		6a(2) 3289
b Retired or separated participants receiving benefits		6b 2062
c Other retired or separated participants entitled to future benefits.....		6c 2222
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 7573
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 646
f Total. Add lines 6d and 6e		6f 8219
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)		7 142
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 3 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023	
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.
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1 Coverage Information:

(a) Name of insurance carrier UNITED OF OMAHA
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(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	8219	10/01/2022	09/30/2023

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** 2127666**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** 2532953**c** Additions: (1) Contributions deposited during the year **7c(1)** 33298538
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 135023
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 33433561**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 35966514**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 33753623
(2) Administration charge made by carrier **7e(2)** 85225
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 33838848**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 2127666

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023	
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.
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1 Coverage Information:

(a) Name of insurance carrier UNITED OF OMAHA
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(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	8219	10/01/2022	09/30/2023

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** 343291**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** 322889**c** Additions: (1) Contributions deposited during the year **7c(1)** 1814494
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 14674
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 1829168**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2152057**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1796166
(2) Administration charge made by carrier **7e(2)** 12600
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 1808766**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 343291

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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023	
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.
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1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA-02076	8219	10/01/2022	09/30/2023

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 0	(b) Total amount of fees paid 105200
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid ULLICO INVESTMENT COMPANY 8403 COLEVILLE ROAD SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	105200	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		(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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	19422579

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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

► 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) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 10 Day 01 Year 2022	
b Assets	
(1) Current value of assets	1b(1) 743937925
(2) Actuarial value of assets for funding standard account	1b(2) 794924465
c (1) Accrued liability for plan using immediate gain methods	1c(1) 772264229
(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) 772264229
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) 1593605887
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 44186651
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 38777547
(3) Expected plan disbursements for the plan year	1d(3) 39091132

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		07/01/2024
Signature of actuary		Date
MATT DEVENEY, FSA, EA		23-07754
Type or print name of actuary		Most recent enrollment number
CHEIRON, INC.		877-243-4766
Firm name		Telephone number (including area code)
8300 GREENSBORO DRIVE, SUITE 800, MCLEAN, VA 22102		
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	743937925
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	2565	503351991
(2) For terminated vested participants	2216	234858969
(3) For active participants:		
(a) Non-vested benefits		107122870
(b) Vested benefits		748272057
(c) Total active	3312	855394927
(4) Total	8093	1593605887
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	46.68 %

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
11/15/2022	4444751		04/14/2023	3854246	
12/15/2022	4292203		05/15/2023	4905264	
01/13/2023	5062428		06/15/2023	4013524	
02/15/2023	3824629		07/15/2023	3964517	
03/15/2023	3904063		08/15/2023	4626327	
Totals ▶			3(b)	52039489	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	102.9 %
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 plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

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
09/15/2023	4109332				
10/13/2023	5038205				
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 plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.38 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.20 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-9.6 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	1226610
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	15546361	1612437
3	37685457	3908658

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or 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	16211343

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers.....
- (3) Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	195341788	35927629
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 3754006**e** Total charges. Add lines 9a through 9d.....**9e** 55892978**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 197357950**g** Employer contributions. Total from column (b) of line 3.....**9g** 52039489**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	20644074	2275400

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 15938175**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL)
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit.....

9j(1)	259312080	
9j(2)	663140504	
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** 267611014**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 211718036**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the 2022 plan year**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date.....**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)****(3)** Total as of valuation date**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023	
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)..... ☒ 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

JP MORGAN ASSET MANAGEMENT

277 PARK AVENUE
NEW YORK, NY 10012

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

LGIM AMERICA

71 S. WACKER DRIVE, 800
CHICAGO, IL 60606

(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	643210	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY SMITH BARNEY LLC

20-8764829

(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 72 50	NONE	387839	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VICTORY CAPITAL MANAGEMENT

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	346237	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

NATIONAL INVESTMENT SERVICES

84-3937993

(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	332383	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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?
51 68	NONE	306526	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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	274968	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)

LR HEIN CONSTRUCTION

1480 INDUSTRIAL DRIVE
ITASCA, IL 60143

(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	252620	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIERRA CAPITAL

10050 INNOVATION DRIVE, 120
DAYTON, OH 45342

(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	183181	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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	171562	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

CHARTWELL INVESTMENT PARTNERS

1205 WESTLAKES DR SUITE 100
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	169553	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	149202	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(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 51	NONE	105200	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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	97653	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	92777	Yes ☒ No ☐	Yes ☒ No ☐	0	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	90594	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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	89784	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELAWARE CAPITAL MANAGEMENT

23-2693133

(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	76867	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	70189	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)

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	61728	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	58025	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	56054	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)

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	52399	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MACNELL ACCOUNTING AND CONSULTING

1153 SOUTH LEE STREET, UNIT 137
DES PLAINES, IL 60016

(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	52132	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	47899	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES

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	43275	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	41500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	40766	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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(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	39460	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN, LEWIS & BOCKIUS, LLP

23-0891050

(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	35765	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINDHAHL BROTHERS

622 E. GREEN STREET
BENSENVILLE, IL 60106

(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	31780	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	30738	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALICIA BENSON

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	NONE	25730	Yes ☐ No ☒	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	24284	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)

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	19358	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	16317	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	15568	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)

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	15025	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	12290	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONARCH FIRE PROTECTION

645 JOLIET STREET
WEST CHICAGO, IL 60185

(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	8995	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)

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	6620	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

A-PAUL'S LOCK SERVICE

9S020 FRONTAGE ROAD
WILLOWBROOK, IL 60527

(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	5875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	5775	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)

RATHJE & WOODWARD

300 E. ROOSEVELT ROAD, SUITE 220
WHEATON, IL 60187

(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	5228	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 ☐

(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
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.

(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:	JOSEPH MARA, JR.	b EIN:	13-4215617
c Position:	ENROLLED ACTUARY		
d Address:	230 WEST MONROE, SUITE 650 CHICAGO, IL 60606	e Telephone:	703-893-1456

Explanation: INTERNAL CHANGE IN RESPONSIBILITIES FOR ENROLLED ACTUARY. THERE IS NO DISPUTE OR MATTERS OF DISAGREEMENT REGARDING THE TERMINATION.

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 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023		
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 27-3350609-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND			
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY			
c EIN-PN 52-6257033-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13899932	
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 20-0005644-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92924255	
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 20-0065449-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36203032	
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 13-1423090-203	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19422579	
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 45-4762346-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12024003	
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 20-2583973-114	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13877877	

a Name of MTIA, CCT, PSA, or 103-12 IE: L&G MSCI ACWI EXUS INDEX

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

c EIN-PN 35-7085469-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20501688
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a Name of MTIA, CCT, PSA, or 103-12 IE: L&G S&P 500 INDEX

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

c EIN-PN 35-7085469-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82577324
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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 84-6391546-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64691086
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023		
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	8169625	6831149
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	3818827	5038205
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	3442922	4201233
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	37672998	43757841
(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)	33205610	39858780
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	168019980	173923537
(5) Partnership/joint venture interests	1c(5)	186694661	193113201
(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)	254524440	336699197
(10) Value of interest in pooled separate accounts	1c(10)	18849888	19422579
(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)	22989567	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2855842	2470957
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	159863	147641
f Total assets (add all amounts in lines 1a through 1e)	1f	744884223	829944320

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	777548	950444
i Acquisition indebtedness	1i		
j Other liabilities	1j	168750	60628
k Total liabilities (add all amounts in lines 1g through 1j)	1k	946298	1011072

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	743937925	828933248
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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)	52039489	
(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)		52039489
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1725476	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	1843132	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	149697	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3718305
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2230330	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1310325	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3540655
(3) Rents	2b(3)		714606
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	130327020	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	118575657	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		11751363
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	15826564	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		15826564

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		40923680
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-437952
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		759917
c Other income	2c		-2808149
d Total income. Add all income amounts in column (b) and enter total	2d		126028478
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)	35164724	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		35164724
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)	504184	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	3188328	
(4) Other	2i(4)	2175919	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5868431
j Total expenses. Add all expense amounts in column (b) and enter total	2j		41033155
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		84995323
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: 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:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	
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 505987.

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023		
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): 47-0322111		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☒ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **ALLIED WASTE TRANSPORTATION, INC**

b EIN **52-2044848**

c Dollar amount contributed by employer **6882206**

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 **2028**

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

(1) Contribution rate (in dollars and cents) **382.20**

(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 **7728534**

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 **2028**

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

(1) Contribution rate (in dollars and cents) **382.20**

(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 **4638815**

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 **2028**

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

(1) Contribution rate (in dollars and cents) **382.20**

(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 **3272919**

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 **2024**

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) **382.20**

(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 **7250736**

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 **2028**

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

(1) Contribution rate (in dollars and cents) **382.20**

(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 **3986826**

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 **2028**

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

(1) Contribution rate (in dollars and cents) **382.20**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **HOMEWOOD TRANSFER TRAILER**

b EIN **36-3519935** **c** Dollar amount contributed by employer **2404617**

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 **2028**

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

(1) Contribution rate (in dollars and cents) **382.20**

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

a Name of contributing employer **ARC DISPOSAL COMPANY**

b EIN **36-2386793** **c** Dollar amount contributed by employer **1267886**

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 **2028**

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

(1) Contribution rate (in dollars and cents) **382.20**

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

a Name of contributing employer **T.C. TRANSPORT, INC**

b EIN **35-2035660** **c** Dollar amount contributed by employer **935629**

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 **2024**

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) **382.20**

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

a Name of contributing employer **ADVANCED DISPOSAL SERVICES**

b EIN **76-0839612** **c** Dollar amount contributed by employer **875084**

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 **2028**

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

(1) Contribution rate (in dollars and cents) **382.20**

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a	1.03
b	The corresponding number for the second preceding plan year.....	15b	1.07
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: 46.1 % Investment-Grade Debt: 16.0 % High-Yield Debt: 4.7 % Real Estate: 13.2 % Other: 20.0 %

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, 2023





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

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

YEARS ENDED SEPTEMBER 30, 2023 AND 2022

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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, 2023 and 2022, 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, 2023 and 2022, 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 our 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.

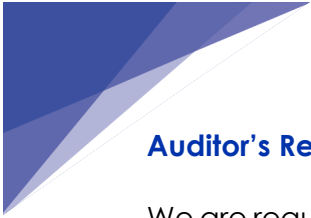
Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining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

Auditor's 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)

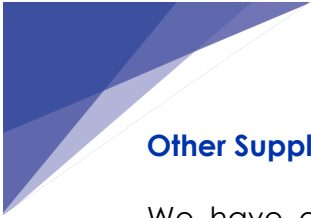
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

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 are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



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 years ended September 30, 2019 through 2021 (none of which is presented herein), and we expressed an unmodified opinion on those financial statements.

Calibre CPA Group, PLLC

Chicago, IL
March 20, 2024



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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Assets		
Assets		
Investments - at fair value		
Short-term investment fund	\$ 42,386,819	\$ 36,302,634
Corporate obligations	39,858,780	33,205,610
Corporate stocks	173,923,537	168,019,980
Limited partnerships	193,113,201	186,694,661
Land and building	4,480,000	4,480,000
Common collective trusts	336,699,197	254,524,440
Pooled separate accounts	19,422,579	18,849,888
Registered investment companies	-	22,989,567
Total investments - at fair value	<u>809,884,113</u>	<u>725,066,780</u>
Investments - at contract value		
Insurance company contract	<u>2,470,957</u>	<u>2,855,842</u>
Receivables		
Employer contributions - net	5,038,205	3,818,826
Due from broker - net	102,686	-
Accrued interest and dividends	<u>949,382</u>	<u>658,277</u>
Total receivables	<u>6,090,273</u>	<u>4,477,103</u>
Property and equipment - net	<u>147,641</u>	<u>159,863</u>
Prepaid expenses	<u>3,149,165</u>	<u>2,784,645</u>
Cash and cash equivalents		
Operating cash	<u>8,202,171</u>	<u>9,539,990</u>
Total assets	<u>829,944,320</u>	<u>744,884,223</u>

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, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	\$ 950,444	\$ 777,548
Due to related organizations	60,628	-
Due to broker - net	<u>-</u>	<u>168,750</u>
Total liabilities	<u>1,011,072</u>	<u>946,298</u>
Net assets available for benefits	<u>\$ 828,933,248</u>	<u>\$ 743,937,925</u>



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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED SEPTEMBER 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Additions		
Investment income		
Net (depreciation) appreciation		
in fair value of investments	\$ 65,946,223	\$ (80,837,638)
Interest, dividends and other investment income	7,279,565	6,449,703
Rental income	<u>714,606</u>	<u>630,684</u>
	73,940,394	(73,757,251)
Less: investment expenses	<u>(3,188,328)</u>	<u>(3,313,389)</u>
Investment income - net	70,752,066	(77,070,640)
Employer contributions - net	52,039,489	46,370,950
Gain on sale of asset	48,595	-
Withdrawal liability income	<u>-</u>	<u>34,000</u>
Total additions	<u>122,840,150</u>	<u>(30,665,690)</u>
Deductions		
Benefits	35,164,724	31,203,251
Administrative expenses	1,604,816	1,288,610
Building expenses	<u>1,075,287</u>	<u>773,520</u>
Total deductions	<u>37,844,827</u>	<u>33,265,381</u>
Net change	84,995,323	(63,931,071)
Net assets available for benefits		
Beginning of year	<u>743,937,925</u>	<u>807,868,996</u>
End of year	<u>\$ 828,933,248</u>	<u>\$ 743,937,925</u>



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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2023 AND 2022

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.

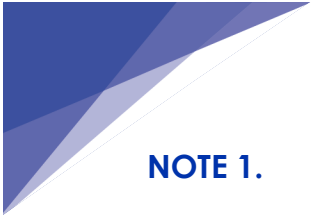
The Plan also provides for early, optional early, disability and reciprocal pensions.

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)

Effective January 1, 2023, the benefit accrual rate for the Private Scavenger participants was increased from \$150 per pension credit for the first 24 pension credits to \$170.84 per pension credit for the first 24 pension credits.

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.

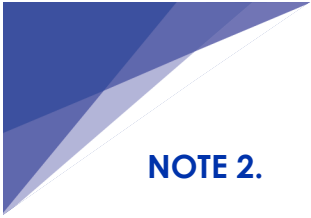
Effective October 1, 2012, the Special Early Retirement Pension and 25-and-Out-Pension provisions were eliminated from the Plan.

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.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

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, 2023, the cash balances exceeded FDIC limits by \$7,971,000. 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).

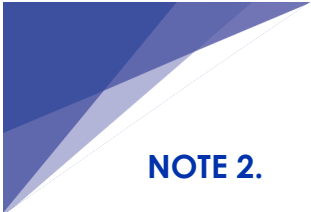
Purchases and sales of securities are reported on a trade-date basis. Interest income is reported on the accrual basis. Dividends are reported on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well 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 the years ended September 30, 2023 and 2022.

Withdrawal Liability - The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of withdrawal liability on a contributing employer that 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, 2023 and 2022.

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 \$531,552 and \$567,722 at September 30, 2023 and 2022, respectively. Depreciation expense for building equipment amounted to \$18,432 and \$11,772 for the years ended September 30, 2023 and 2022, respectively.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Depreciation expense for office equipment amounted to \$20,269 and \$19,761 for the years ended September 30, 2023 and 2022, respectively. Property and equipment as of September 30, 2023 and 2022 is as follows:

	2023	2022
Furniture and equipment	\$ 679,193	\$ 727,585
Accumulated depreciation	<u>(531,552)</u>	<u>(567,722)</u>
Property and equipment - net	<u>\$ 147,641</u>	<u>\$ 159,863</u>

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.

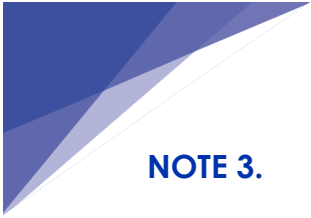
Payment of Benefits - Benefits paid to participants are recorded upon distribution.

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.

New Accounting Pronouncement Adopted - In February 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-02, *Leases* (Topic 842). The standard requires lessors to classify leases as a sales-type, direct financing, or operating. The Plan adopted ASU 2016-02 and its related amendments as of October 1, 2022, using the modified retrospective approach as permitted by ASU 2018-11, *Leases* (Topic 842): *Targeted Improvements*. The Plan elected to apply all practical expedients available under the ASU, allowing it to not reassess under the new standard prior conclusions about lease identification, lease classification, initial direct costs, risk-free rate for all underlying assets, and using hindsight in determining the lease term.

The adoption of Topic 842 and related amendments did not have a significant impact on the Plan's financial statements. The Plan's leases where they are the lessor, consist of operating leases under Topic 842, which the Plan has elected in Notes 10 and 11.



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 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, 2023 and 2022, 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, 2023, the Plan's administrator believes that the Plan is no longer subject to income tax examinations for years prior to September 30, 2020.

NOTE 5. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by Cheiron, Inc. as of September 30, 2022. Information in the report included the following:

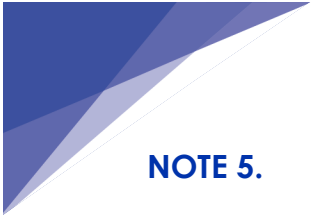
Actuarial present value of accumulated plan benefits	
Vested benefits	
Retired participants and beneficiaries	\$ 310,248,393
Active and inactive participants with vested rights	<u>418,310,937</u>
Total vested benefits	728,559,330
Nonvested benefits	43,704,899
Administrative expenses	<u>19,105,032</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 791,369,261</u>

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended September 30, 2022 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		\$ 721,126,880
Increase (decrease) during the year attributable to		
Experience (gains) losses	\$ 5,413,348	
Interest	50,039,880	
Benefit accruals	13,767,991	
Benefits paid	(31,203,251)	
Plan amendment	37,685,457	
Present value of expected admin expenses	<u>(5,461,044)</u>	
		<u>70,242,381</u>
Actuarial present value of accumulated plan benefits at end of year		<u>\$ 791,369,261</u>

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.



NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

- 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%

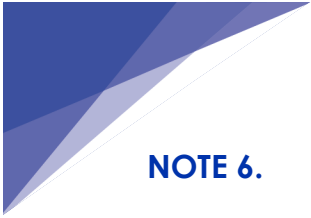
- Inactive vested participants are assumed to retire at age 62 or age on the valuation date, if later, or age on valuation date if 25 pension credits.
- Net investment return - 7.20% for valuing pre-decrement and in-deferment liabilities and 6.90% for valuing post-commencement liabilities.
- Current liability effective interest rate is 2.38%.

The actuarial assumptions above and 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, 2022. Had the valuation been performed as of September 30, 2022, 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, 2023 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, 2023 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, 2023. The complete financial status is presented as of September 30, 2022.

NOTE 6. FUNDING POLICY

The participating employers contribute such amounts as are specified in their collective bargaining agreements. The weekly contribution rate increased from \$58.00 to \$62.00 effective October 31, 2022 and increased from \$62.00 to \$66.00 effective August 7, 2023 for Garage Attendants. The weekly contribution rate increased from \$348.20 to \$382.20 effective October 1, 2022 for Private Scavengers. For the Textile Maintenance and Laundry Workers, the rates ranged from \$173.00 to \$264.00 through September 30, 2023.



NOTE 6. FUNDING POLICY (CONTINUED)

The Plan's actuary has advised that the minimum funding requirements of ERISA are being met as of October 1, 2022.

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;
 - 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.

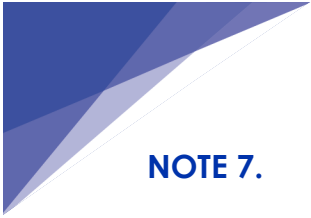
NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2023 and 2022:

Fair Value Measurements at 9/30/23 Using				
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
Short-term investment fund	\$ 42,386,819	\$ -	\$ 42,386,819	\$ -
Corporate obligations	39,858,780	-	39,858,780	-
Corporate stocks	173,923,537	173,923,537	-	-
Limited partnerships	193,113,201	-	-	193,113,201
Land and building	4,480,000	-	-	4,480,000
Total	453,762,337	<u>\$ 173,923,537</u>	<u>\$ 82,245,599</u>	<u>\$ 197,593,201</u>
Investments measured at net asset value *				
Common collective trusts	336,699,197			
Pooled separate accounts	19,422,579			
	<u>\$ 809,884,113</u>			

Fair Value Measurements at 9/30/22 Using				
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
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	<u>\$ 191,009,547</u>	<u>\$ 69,508,244</u>	<u>\$ 191,174,661</u>
Investments measured at net asset value *				
Common collective trusts	254,524,440			
Pooled separate accounts	18,849,888			
	<u>\$ 725,066,780</u>			

* 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 these tables 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)

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, 2023 and 2022.

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.

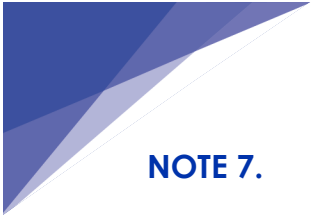
The short-term investment fund is valued at cost which approximates its fair value.

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 \$10,158,547 and \$14,194,951 as of September 30, 2023 and 2022, 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.



NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

	Changes in Level 3 Category		
	Limited Partnerships	Land and Building	Total
<u>Year ending 09/30/2023</u>			
Purchases	\$ 11,886,975	\$ -	\$ 11,886,975
Transfers in or out of Level 3 category	-	-	-
	Changes in Level 3 Category		
	Limited Partnerships	Land and Building	Total
<u>Year ending 09/30/2022</u>			
Purchases	\$ 11,463,418	\$ -	\$ 11,463,418
Transfers in or out of Level 3 category	-	-	-

The Plan's investments in common collective trusts and pooled separate accounts 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.

The following tables summarize investments measured at fair value based on NAV per share as of September 30, 2023 and 2022:

2023	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts	\$ 336,699,197	None	Daily - Quarterly	1-60 days
Pooled separate accounts	<u>19,422,579</u>	None	Monthly	90 days
	<u>\$ 356,121,776</u>			

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	<u>18,849,888</u>	None	Monthly	90 days
	<u>\$ 273,374,328</u>			

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);



NOTE 10. RELATED ORGANIZATIONS (CONTINUED)

- 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.

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 \$553,168 to Local 731 Excavators Welfare Fund (which included \$80,763 in building expenses) for the year ended September 30, 2023 and \$512,508 (which included \$78,794 in building expenses) for the year ended September 30, 2022. At September 30, 2023 and 2022, the Plan has a balance due to related funds of \$60,628 and \$-0-, respectively.

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 for an additional ten years through October 31, 2022. The related benefit funds' lease contains a 120 day termination notice with potential 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. Effective November 1, 2022, the Plan extended the lease with the local union for another ten years until October 31, 2032. Currently, the local union pays \$18,288 per month with annual escalations of 2.5% and annual abatements of the first month's rent. The renewal for rent with the related benefit funds is pending and the related benefit funds continue to rent on a month-to-month basis.

For the year ended September 30, 2023, monthly gross rents ranged from \$301 to \$18,288 and for the year ended September 30, 2022, monthly gross rents ranged from \$295 to \$19,444.

NOTE 10. RELATED ORGANIZATIONS (CONTINUED)

Pension Plans

Some 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.

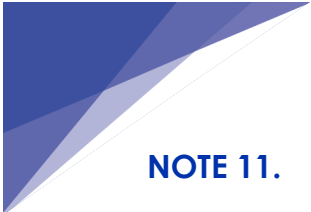
The risk of participating in multiemployer pension plans is different from single employer plans. Assets contributed to a multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers. If a participating employer stops contributing 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, 2023 and 2022 is outlined below. 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) 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		FIP/RP Status Pending/Implemented	Contributions		Surcharge Imposed	Most Recent Available Annual Report (Form 5500)
		2023	2022		2023	2022		
Local 731 Excavators and Pavers Pension Trust Fund	36-6513565/001	Green as of 1/1/23	Green as of 1/1/22	Implemented	\$ 11,501	\$ 11,531	N/A	12/31/2022
Local No. 731, I.B. of T., Pension Fund	36-6513567/001	Green as of 10/1/23	Green as of 10/1/22	Implemented	9,614	9,105	N/A	9/30/2022
Total Plan's share of defined benefit plan contributions					\$ 21,115	\$ 20,636		

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 for an additional ten years through October 31, 2022. The related benefit funds' lease contains a 120 day termination notice with potential 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



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

escalations of 2%. In addition, the first month's rent of each year under the amended leases is abated. Effective November 1, 2022, the Plan extended the lease with the local union for another ten years until October 31, 2032. The renewal for rent with the related benefit funds is pending and the related benefit funds continue to rent on a month-to-month basis.

In addition, the Plan leases office space to unrelated parties. The operating leases with these unrelated parties extend from April 2024 to April 2030. 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, 2023:

Year ending September 30,	
2024	\$ 477,706
2025	465,410
2026	459,850
2027	552,885
2028 and after	<u>1,948,247</u>
Total	<u>\$ 3,904,098</u>

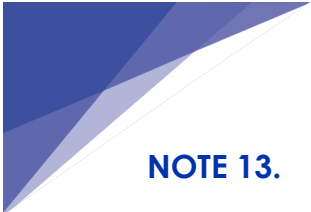
Rental income for the years ended September 30, 2023 and 2022 was \$714,606 and \$630,684, respectively. Rental income includes rent from related tenants and nonrelated tenants. Rental income transactions from related tenants are party in interest transactions under ERISA.

NOTE 12. MAJOR EMPLOYERS

The Plan had two employers that accounted for approximately 29% of employer contributions during the years ended September 30, 2023 and 2022, 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. FORM 5500 RECONCILIATION

	<u>2023</u>	<u>2022</u>
Total additions per audited financial statements	\$ 122,840,150	\$ (30,665,690)
Investment management expenses	<u>375,702</u>	<u>451,468</u>
Total additions per Form 5500	<u>\$ 123,215,852</u>	<u>\$ (30,214,222)</u>



NOTE 13. FORM 5500 RECONCILIATION (CONTINUED)

	<u>2023</u>	<u>2022</u>
Total deductions per audited financial statements	\$ 37,844,827	\$ 33,265,381
Investment management expenses	<u>375,702</u>	<u>451,468</u>
Total deductions per Form 5500	<u>\$ 38,220,529</u>	<u>\$ 33,716,849</u>

NOTE 14. 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 15. SUBSEQUENT EVENTS

Subsequent events have been evaluated through March 20, 2024, 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, 2023 AND 2022

Below is a summary of the financial highlights of the Plan and its operations as of and for the years ended September 30, 2023 and 2022.

	2023	2022
Total assets	\$ 829,944,320	\$ 744,884,223
Total additions	\$ 122,840,150	\$ (30,665,690)
Employer contributions - net	\$ 52,039,489	\$ 46,370,950
Benefits	\$ 35,164,724	\$ 31,203,251
Number of pensioners and beneficiaries at September 30,	3,201	3,096
Administrative expenses	\$ 1,604,816	\$ 1,288,610
Building expenses	\$ 1,075,287	\$ 773,520
Net change	\$ 84,995,323	\$ (63,931,071)



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

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED SEPTEMBER 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Actuarial fees	\$ 274,968	\$ 51,000
Administrative expenses reimbursed to Local 731		
Excavators Welfare Fund	472,405	433,714
Audit and accounting fees	41,500	39,500
Computer maintenance	64,282	57,693
Depreciation - office equipment	20,269	19,761
Fiduciary liability and bonding insurance	120,806	116,277
Insurance contract expense charges	92,670	88,690
Legal fees	129,988	113,309
Payroll compliance audit fees	52,132	37,449
Plan termination insurance	255,232	241,893
Printing, postage and office expense	<u>80,564</u>	<u>89,324</u>
Total administrative expenses	<u>\$ 1,604,816</u>	<u>\$ 1,288,610</u>



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

SCHEDULES OF BUILDING EXPENSES

YEARS ENDED SEPTEMBER 30, 2023 AND 2022

	2023	2022
Assessments	\$ 3,355	\$ 3,200
Cleaning and janitorial	61,624	68,042
Commissions	15,568	19,594
Conference center - related expenses	4,706	7,873
Custodian - salary, taxes and fringes	80,763	78,794
Depreciation - equipment	18,432	11,772
Fire alarm	35,009	9,643
Holiday expense	8,528	6,103
Insurance	7,269	20,274
Landscaping	18,129	43,348
Legal fees	5,596	4,850
Lighting supplies	2,082	2,327
Maintenance - building and equipment	374,496	89,934
Miscellaneous	6,034	13,401
Real estate taxes	260,242	240,309
Supplies	21,821	8,155
Utilities	151,633	145,901
Total building expenses	<u>\$ 1,075,287</u>	<u>\$ 773,520</u>

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

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

YEAR ENDED SEPTEMBER 30, 2023

	Private Scavengers	Garage Attendants	Textile Maintenance	Total
Additions				
Investment income				
Net appreciation (depreciation) in fair value of investments	\$ 56,130,766	\$ 9,137,567	\$ 677,890	\$ 65,946,223
Interest, dividends and other investment income	6,232,388	1,014,575	32,602	7,279,565
Rental income	714,606	-	-	714,606
	63,077,760	10,152,142	710,492	73,940,394
Less: investment expense	(2,650,579)	(431,490)	(106,259)	(3,188,328)
Investment income - net	60,427,181	9,720,652	604,233	70,752,066
Employer contributions - net	48,248,901	1,950,368	1,840,220	52,039,489
Gain on sale of asset	48,595	-	-	48,595
Total additions	108,724,677	11,671,020	2,444,453	122,840,150
Deductions				
Benefits	29,789,135	3,570,442	1,805,147	35,164,724
Administrative expenses	1,501,264	62,553	40,999	1,604,816
Building expenses	1,032,276	43,011	-	1,075,287
Total deductions	32,322,675	3,676,006	1,846,146	37,844,827
Net change	76,402,002	7,995,014	598,307	84,995,323
Net assets available for benefits				
Beginning of year	626,653,283	104,037,880	13,246,762	743,937,925
End of year	\$ 703,055,285	\$ 112,032,894	\$ 13,845,069	\$ 828,933,248

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, 2023

	Amount
Waste Management	\$ 7,728,534
Lake Shore Waste Services, LLC	7,250,736
Allied Waste Transportation, Inc.	6,882,206
Groot Recycling & Waste Serv	4,638,815
Flood Brothers Disposal	3,986,826
MBI Recycling, Inc.	3,272,919
Homewood Transfer Trailer	2,404,617
Arc Disposal Company	1,267,886
T.C. Transport, Inc.	935,629
Advanced Disposal Services	875,084
D & P Construction Co., Inc. Recy	826,720
Z Force Transportation	825,268
SBC Flood Waste Solutions, Inc.	783,082
Independent Recycling Ser, Inc.	738,593
Tri State Disposal, Inc.	709,156
Elgin Sweeping Service	667,894
Illinois Central Sweeping Serv	348,979
F & M Transfer, Inc.	309,173
Economy Disposal Service, Inc.	301,113
Chicago Disposal, Inc.	271,641
E. King Construction, Inc.	255,699
Parkside Transfer, Inc.	221,709
WM Recycle America, LLC	201,803
Waste Connection	195,227
WMI Services Metro	189,630
Other employers contributing less than \$150,000 each	<u>780,258</u>
Total employer cash contributions	46,869,197
Add - employer contribution receivable - end of year	4,812,758
Deduct - employer contributions receivable - beginning of year	(3,460,977)
Add - audit costs and interest from audits	<u>27,923</u>
Total employer contributions - net	<u>\$ 48,248,901</u>



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

SCHEDULE OF EMPLOYER CONTRIBUTIONS - GARAGE ATTENDANTS

YEAR ENDED SEPTEMBER 30, 2023

	Amount
Patrick Cadillac Saab	\$ 70,124
Golf Mill Ford, Inc.	68,348
Jack Phelan Dodge	67,750
Mid City Subaru	64,442
Mcgrath Honda Hyundai	55,198
Golf Mill Chevrolet Warehouse	49,440
Toyota Of Naperville	47,528
Hawk Ford Of St. Charles	47,360
Mid City Nissan	46,898
Joe Rizza Ford Of Orland Park	40,470
Lexus Of Naperville	37,824
Sunrise Chevrolet	35,244
Westfield Ford, Inc.	33,117
Ettleson Hyundai, LLC	32,468
Apple Chevrolet, Inc.	32,132
Marino Chrysler Jeep Dodge	32,091
Westmont Porsche	32,006
Honda On Grand	30,320
Hyundai Of Lincolnwood	29,158
Packey Webb Ford, Inc.	28,030
Mike Anderson Chevrolet	27,890
Napleton Ford Of Oak Lawn	27,590
Currie Motors Chevrolet	25,930
Ettleson Cadillac Buick GMC, Inc.	25,880
Toyota Of Lincoln Park	25,322
Al Piemonte Ford, Inc.	24,966
Napleton Honda of Morton Grove	24,257
Wilkins Hyundai Mazda	24,028
Mc Carthy Ford	23,760
Joe Rizza Buick Gmc Cadillac	23,199
T G Arlington Heights	22,914
Lexus Of Highland Park	22,652
Currie Motors Frankfort, Inc	22,564
Evanston Subaru	21,951
Jerry Haggerty Chevrolet Inc	21,844
Fields Volvo	21,296
Napleton Of Downtown	21,266
Nissan Of South Holland	20,972
Fields Chrysler Jeep Dodge	20,235
Other employers contributing less than \$20,000 each	493,488
Total employer cash contributions	1,821,952
Add - employer contribution receivable - end of year	345,045
Deduct - employer contributions receivable - beginning of year	(223,201)
Add - audit cost and interest from audits	6,572
Total employer contributions - net	\$ 1,950,368



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

SCHEDULE OF EMPLOYER CONTRIBUTIONS - TEXTILE MAINTENANCE AND LAUNDRY CRAFT

YEAR ENDED SEPTEMBER 30, 2023

	<u>Amount</u>
Aramark Uniform - South Holland	\$ 429,140
AlSCO, Inc.	388,362
Aramark Uniform - Arlington Heights	328,432
Aramark Uniform - Chicago Central	303,872
The Roscoe Company	188,730
Skokie Valley Laundry	74,736
Aramark Uniform - Chicago	67,240
Local 731 Fund Office	<u>8,996</u>
Total employer cash contributions	1,789,508
Add - employer contribution receivable - end of year	185,360
Deduct - employer contributions receivable - beginning of year	(134,648)
Add - audit cost and interest from audits	<u>-</u>
Total employer contributions - net	<u>\$ 1,840,220</u>

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

FIVE YEAR SUMMARY OF OPERATIONS

	2023	2022	2021	2020	2019
Additions					
Investment income - net	\$ 70,752,066	\$ (77,070,640)	\$ 151,038,216	\$ 43,388,384	\$ 15,749,097
Employer contributions, withdrawal liability assessments and interest, and other income - net	<u>52,088,084</u>	<u>46,404,950</u>	<u>44,636,827</u>	<u>45,286,534</u>	<u>45,285,260</u>
Total additions	<u>122,840,150</u>	<u>(30,665,690)</u>	<u>195,675,043</u>	<u>88,674,918</u>	<u>61,034,357</u>
Deductions					
Benefits	35,164,724	31,203,251	27,988,783	25,535,848	23,153,256
Administrative expenses	1,604,816	1,288,610	1,256,067	1,286,491	1,249,714
Building expenses	<u>1,075,287</u>	<u>773,520</u>	<u>782,969</u>	<u>893,732</u>	<u>848,405</u>
Total deductions	<u>37,844,827</u>	<u>33,265,381</u>	<u>30,027,819</u>	<u>27,716,071</u>	<u>25,251,375</u>
Net change	84,995,323	(63,931,071)	165,647,224	60,958,847	35,782,982
Net assets available for benefits					
Beginning of year	<u>743,937,925</u>	<u>807,868,996</u>	<u>642,221,772</u>	<u>581,262,925</u>	<u>545,479,943</u>
End of year	<u>\$ 828,933,248</u>	<u>\$ 743,937,925</u>	<u>\$ 807,868,996</u>	<u>\$ 642,221,772</u>	<u>\$ 581,262,925</u>
Number of pensioners	<u>3,201</u>	<u>3,096</u>	<u>2,945</u>	<u>2,761</u>	<u>2,328</u>

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2023

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value							
(a)	(b) Identity of Issuer	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	\$ 42,386,819	\$ 42,386,819
	Total short-term investment fund - line 1(c)1					42,386,819	42,386,819
	Corporate obligations						
	BALL CORP	Corporate obligations	11/15/23	4.000%	315,000	313,583	313,816
	BALL CORP	Corporate obligations	11/15/23	5.250%	740,000	758,654	725,452
	SPRINGLEAF FINANCE CORP	Corporate obligations	03/15/24	6.125%	423,000	443,532	421,651
	SLM CORP	Corporate obligations	03/25/24	6.125%	1,030,000	1,017,497	1,024,500
	AMC Networks Inc	Corporate obligations	04/01/24	4.125%	525,000	529,502	517,776
	TEVA PHARMACEUTICALS NE	Corporate obligations	04/15/24	6.000%	510,000	508,758	507,409
	MGM GROWTH/MGM FINANCE	Corporate obligations	05/01/24	5.625%	1,055,000	1,144,588	1,044,450
	SPRINT CORP	Corporate obligations	06/15/24	7.125%	860,000	943,622	865,487
	ICAHN ENTERPRISES	Corporate obligations	09/15/24	4.750%	1,060,000	1,106,314	1,020,928
	ARCONIC INC	Corporate obligations	10/01/24	5.125%	177,000	188,959	174,626
	FORD MOTOR CREDIT CO LLC	Corporate obligations	11/01/24	4.063%	1,280,000	1,308,955	1,239,270
	CLEARWATER PAPER CORP SERIES	Corporate obligations	02/01/25	5.375%	280,000	296,044	271,715
	HCA INC	Corporate obligations	02/01/25	5.375%	530,000	546,475	524,409
	WESTERN MIDSTREAM OPERAT	Corporate obligations	02/01/25	3.600%	1,055,000	1,069,675	1,009,371
	INTERNATIONAL GAME TECH	Corporate obligations	02/01/25	6.500%	385,000	388,986	384,446
	SPRINGLEAF FINANCE CORP	Corporate obligations	03/15/25	6.875%	175,000	172,681	173,439
	STARWOOD PROPERTY TRUST INC	Corporate obligations	03/15/25	4.750%	1,075,000	1,120,198	1,027,808
	CRESTWOOD MIDSTREAM PARTNERS	Corporate obligations	04/01/25	5.750%	1,125,000	1,108,817	1,106,708
	CDW LLC/CDW FINANCE	Corporate obligations	05/01/25	4.125%	1,065,000	1,041,682	1,027,757
	HOWMET AEROSPACE INC	Corporate obligations	05/01/25	6.875%	787,000	906,522	790,069
	ENLINK MIDSTREAM PARTNER	Corporate obligations	06/01/25	4.150%	1,070,000	1,033,453	1,021,379
	GLP CAPITAL LP / FIN II	Corporate obligations	06/01/25	5.250%	500,000	530,417	489,675
	NMI EQUITY INC	Corporate obligations	06/01/25	7.375%	400,000	416,631	397,872
	INTL FCSTONE INC	Corporate obligations	06/15/25	8.625%	495,000	512,004	498,713
	WESCO DISTRIBUTION INC	Corporate obligations	06/15/25	7.125%	550,000	581,959	551,276
	DCP MIDSTREAM OPERATING	Corporate obligations	07/15/25	5.375%	585,000	628,646	577,108
	CHARTER COMM OPT LLC/CAP	Corporate obligations	07/23/25	4.908%	1,035,000	1,041,989	1,011,764
	PENSKE AUTOMOTIVE GROUP INC	Corporate obligations	09/01/25	3.500%	1,075,000	1,099,506	1,017,219
	WYNDHAM WORLDWIDE CORP	Corporate obligations	10/01/25	6.600%	505,000	525,823	499,950
	SLM CORP	Corporate obligations	10/29/25	4.200%	450,000	461,639	421,070
	TENET HEALTHCARE CORP	Corporate obligations	01/01/26	4.875%	1,195,000	1,165,335	1,144,846
	MERCER INTERNATIONAL INC	Corporate obligations	01/15/26	5.500%	640,000	659,386	601,133
	CROWN AMER/CAP CORP VI	Corporate obligations	02/01/26	4.750%	1,205,000	1,214,825	1,157,330
	WESTERN DIGITAL CORP	Corporate obligations	02/15/26	4.750%	1,070,000	1,161,082	1,020,127
	ALBERTSONS COS/SAFEWAY	Corporate obligations	03/15/26	3.250%	550,000	541,398	509,454
	TEGNA INC	Corporate obligations	03/15/26	4.750%	20,000	20,000	18,950
	TRANSIGM INC	Corporate obligations	03/15/26	6.250%	385,000	381,254	379,414
	GLP CAPITAL LP / FIN II	Corporate obligations	04/15/26	5.375%	510,000	509,622	494,511
	UNDER ARMOUR INC	Corporate obligations	06/15/26	3.250%	1,130,000	1,160,853	1,014,774
	SABRA HEALTH CARE LP	Corporate obligations	08/15/26	5.125%	1,080,000	1,028,606	1,033,722
	SIRIUS XM RADIO INC	Corporate obligations	09/01/26	3.125%	455,000	430,637	405,519
	TEVA PHARMACEUTICALS NE	Corporate obligations	10/01/26	3.150%	570,000	507,663	507,899
	SLM CORP	Corporate obligations	11/02/26	3.125%	710,000	686,931	615,677
	VICI PROPERTIES	Corporate obligations	12/01/26	4.250%	220,000	227,506	205,009
	SBA COMMUNICATIONS CORP	Corporate obligations	02/15/27	3.875%	1,105,000	1,138,534	1,012,545
	BROOKFIELD PPTY REIT INC	Corporate obligations	04/01/27	4.500%	400,000	392,332	333,344
	HILTON WORLDWIDE FIN LLC	Corporate obligations	04/01/27	4.875%	1,180,000	1,212,042	1,122,263
	WYNDHAM WORLDWIDE CORP	Corporate obligations	04/01/27	6.000%	520,000	503,161	494,728
	SUNOCO LP/FINANCE CORP	Corporate obligations	04/15/27	6.000%	1,180,000	1,224,564	1,143,585
	UNITED RENTALS NORTH AM	Corporate obligations	05/15/27	5.500%	1,026,000	1,044,232	997,467
	BODY GAMING CORP	Corporate obligations	10/01/27	4.750%	1,105,000	1,048,409	1,017,285
	TELEFLEX INC	Corporate obligations	11/15/27	4.625%	870,000	826,564	798,225
	CENTENE CORP	Corporate obligations	12/15/27	4.250%	1,105,000	1,033,433	1,017,517
	SERVICE CORP INTL	Corporate obligations	12/15/27	4.625%	870,000	821,133	806,264
	SILGAN HOLDINGS INC	Corporate obligations	02/01/28	4.125%	405,000	365,743	362,333
	LAMAR MEDIA CORP	Corporate obligations	02/15/28	3.750%	1,116,000	1,021,154	987,746
	Total corporate obligations - line 1c(3)(B)					42,073,510	39,858,780
	Corporate stocks						
	3M COMPANY	Corporate stocks	N/A	N/A	2,183	341,240	204,372
	ABBVIE INC	Corporate stocks	N/A	N/A	3,870	442,538	576,862
	ACCO BRANDS CORP	Corporate stocks	N/A	N/A	32,374	237,156	185,827
	ACCURAY INC	Corporate stocks	N/A	N/A	79,125	245,101	215,220
	ACI WORLD WIDE INC	Corporate stocks	N/A	N/A	12,747	310,084	287,572
	ACUITY BRANDS (HOLDING COMPANY)	Corporate stocks	N/A	N/A	1,359	171,183	231,451
	ADR IMPERIAL BRANDS	Corporate stocks	N/A	N/A	25,887	581,234	526,723
	ADR MONDI LLC	Corporate stocks	N/A	N/A	9,506	469,422	318,489
	ADTRAN HLDGS INC	Corporate stocks	N/A	N/A	16,063	225,446	132,198
	AECOM TECHNOLOGY	Corporate stocks	N/A	N/A	4,323	303,380	358,982
	AGCO CORPORATION	Corporate stocks	N/A	N/A	1,672	127,426	197,764
	AGNC INVT CORP	Corporate stocks	N/A	N/A	35,033	378,652	330,712
	ALASKA AIRGROUP INC.	Corporate stocks	N/A	N/A	6,380	308,760	236,570
	ALLETE INC	Corporate stocks	N/A	N/A	6,485	438,178	342,408

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

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

SEPTEMBER 30, 2023

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

EIN 36-6513567
PLAN NO. 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value					
(a)	(b) Identity of Issuer	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	19,054	\$ 344,777	\$ 455,314
	ALLISON TRANSMISSION HOLDING	Corporate stocks	N/A	N/A	4,006	161,037	236,594
	ALLY FINANCIAL INC	Corporate stocks	N/A	N/A	22,274	627,762	594,270
	ALPINE INCOME PROPERTY TR	Corporate stocks	N/A	N/A	8,450	165,177	138,242
	ALTA EQUIP GROUP INC	Corporate stocks	N/A	N/A	10,775	128,109	129,947
	ALTISOURCE PORT SOLUTIONS	Corporate stocks	N/A	N/A	23,690	88,030	94,523
	AMCOR PLC	Corporate stocks	N/A	N/A	11,245	134,291	103,004
	AMDOCS LTD	Corporate stocks	N/A	N/A	13,775	1,158,254	1,163,850
	AMERA NT BANCORP	Corporate stocks	N/A	N/A	7,100	190,672	123,824
	AMERICAN FINANCIAL GROUP INC	Corporate stocks	N/A	N/A	2,161	268,489	241,319
	AMERICAN PUBLIC EDUCATION	Corporate stocks	N/A	N/A	25,060	215,863	124,799
	AMERIPRISE FINANCIAL INC	Corporate stocks	N/A	N/A	1,780	320,890	586,830
	AMERISAFEINC	Corporate stocks	N/A	N/A	3,875	196,988	194,021
	AMGEN INC	Corporate stocks	N/A	N/A	2,317	539,684	622,717
	AMICUS THERAPEUTICS	Corporate stocks	N/A	N/A	70,831	991,639	861,305
	AMPLIFY ENERGY CORP	Corporate stocks	N/A	N/A	28,800	190,956	211,680
	ANTERO RESOURCES CORP	Corporate stocks	N/A	N/A	8,471	235,696	214,994
	APARTMENT INCOME REIT CORP	Corporate stocks	N/A	N/A	10,640	422,334	326,648
	APELLIS PHARMACEUTICALS INC	Corporate stocks	N/A	N/A	13,042	709,972	496,118
	APPLE INC	Corporate stocks	N/A	N/A	7,063	720,860	1,209,256
	APPLIED MATERIALS INC	Corporate stocks	N/A	N/A	9,399	1,260,448	1,301,292
	ARAMARK	Corporate stocks	N/A	N/A	8,420	277,239	292,174
	ARCHER DANIELS MIDLAND	Corporate stocks	N/A	N/A	1,207	53,587	91,032
	ARCH RESOURCES INC	Corporate stocks	N/A	N/A	1,772	276,021	302,410
	ARES MANAGEMENT CORP	Corporate stocks	N/A	N/A	7,503	554,961	771,834
	ARGENX SE	Corporate stocks	N/A	N/A	2,322	478,085	1,141,565
	ARISTA NETWORKS INC	Corporate stocks	N/A	N/A	7,131	880,106	1,311,605
	ARTESIAN RESOURCES	Corporate stocks	N/A	N/A	5,430	261,499	228,006
	ARTISAN PARTNERS ASSETS	Corporate stocks	N/A	N/A	7,880	355,990	294,870
	ATI INC	Corporate stocks	N/A	N/A	5,995	263,806	246,694
	ATKORE INTERNATIONAL GROUP I	Corporate stocks	N/A	N/A	3,443	365,693	513,661
	ATLANTIC UNION BANKSHARES CORP	Corporate stocks	N/A	N/A	8,269	305,039	237,982
	ATRICURE INC	Corporate stocks	N/A	N/A	9,369	410,779	410,362
	AUTOLIV INC	Corporate stocks	N/A	N/A	2,331	152,754	224,895
	AUTO NATION INC	Corporate stocks	N/A	N/A	4,369	628,183	661,467
	AUTOZONE INC	Corporate stocks	N/A	N/A	239	401,451	607,058
	AVIENT CORPORATION	Corporate stocks	N/A	N/A	9,018	457,772	318,516
	AXT INC	Corporate stocks	N/A	N/A	14,665	86,687	35,196
	B & G FOODS INC	Corporate stocks	N/A	N/A	12,800	180,452	126,592
	BABCOCK & WILCOX ENTERPRISES	Corporate stocks	N/A	N/A	16,400	99,056	69,044
	BAKER HUGHES AGE	Corporate stocks	N/A	N/A	7,989	187,088	282,171
	BANC OF CALIFORNIA INC	Corporate stocks	N/A	N/A	14,535	228,867	179,943
	BANCO SANTANDER SA-SPON ADR	Corporate stocks	N/A	N/A	182,546	762,982	686,373
	BANK OF HAWAII CORP	Corporate stocks	N/A	N/A	5,072	272,919	252,028
	BANK OF OZK	Corporate stocks	N/A	N/A	15,104	641,076	559,905
	BAR HARBOR BANKSHARES	Corporate stocks	N/A	N/A	5,055	122,657	119,450
	BARRETT BUSINESS SVCS INC	Corporate stocks	N/A	N/A	2,780	181,877	250,867
	BATH & BODYWORKS	Corporate stocks	N/A	N/A	7,068	257,891	238,898
	BEAZER HOMES USA INC	Corporate stocks	N/A	N/A	6,715	148,573	167,271
	BELDEN INC.	Corporate stocks	N/A	N/A	3,121	164,400	301,333
	BENCHMARK ELECTRONICS INC	Corporate stocks	N/A	N/A	7,600	203,892	184,376
	BERRY GLOBAL GROUP INC	Corporate stocks	N/A	N/A	7,522	411,387	465,687
	BIOGEN INC	Corporate stocks	N/A	N/A	2,220	619,328	570,562
	BIOMARIN PHARMACEUTICAL INC	Corporate stocks	N/A	N/A	9,279	824,754	821,006
	BJ'S WHOLESALE CLUB HOLDINGS	Corporate stocks	N/A	N/A	4,391	295,594	313,386
	BLOOMIN BRANDS INC.	Corporate stocks	N/A	N/A	10,270	249,639	252,539
	BOOZ ALLEN HAMILTON HOLDINGS	Corporate stocks	N/A	N/A	11,815	1,251,331	1,291,025
	BORG WARNER INC	Corporate stocks	N/A	N/A	5,648	191,236	228,010
	BOUYGUES	Corporate stocks	N/A	N/A	63,632	413,204	446,506
	BOYD GAMING CORP	Corporate stocks	N/A	N/A	9,473	546,341	576,243
	BP AMOCO PLC	Corporate stocks	N/A	N/A	25,302	873,699	979,693
	BRIDGEWATER BANCSHARES INC	Corporate stocks	N/A	N/A	3,475	39,127	32,943
	BRINK'S COMPANY	Corporate stocks	N/A	N/A	4,970	356,897	361,021
	BRUNSWICK CORP STOCK	Corporate stocks	N/A	N/A	3,221	175,839	254,459
	BUILDERS FIRST SOURCE INC	Corporate stocks	N/A	N/A	678	57,484	84,404
	BWX TECHNOLOGIES INCORPORATED	Corporate stocks	N/A	N/A	13,008	808,519	975,340
	CACTUS INC	Corporate stocks	N/A	N/A	4,858	188,573	243,920
	CADENCE DESIGN SYSTEMS INC	Corporate stocks	N/A	N/A	5,873	633,840	1,376,044
	CAESARS ENT INC NEW	Corporate stocks	N/A	N/A	5,162	277,799	239,259
	CAMDEN PROPERTY TRUST SHARES	Corporate stocks	N/A	N/A	3,137	344,106	296,697
	CARDINAL HEALTH INC	Corporate stocks	N/A	N/A	6,528	516,793	566,761
	CARLISLE COS INC	Corporate stocks	N/A	N/A	2,396	514,005	621,187
	CASEY'S GENERAL STORES INC	Corporate stocks	N/A	N/A	2,384	503,158	647,304
	CASS INFORMATION SYSTEMS INC	Corporate stocks	N/A	N/A	5,925	207,806	220,706
	CECO ENVIRONMENTAL CORP	Corporate stocks	N/A	N/A	12,845	147,700	205,135
	CELANESE CORP	Corporate stocks	N/A	N/A	802	59,427	100,667
	CENCORA INC	Corporate stocks	N/A	N/A	3,227	390,605	580,763
	CENTENE CORP	Corporate stocks	N/A	N/A	7,821	623,787	538,710
	CENTURY CASINOS INC	Corporate stocks	N/A	N/A	24,460	147,802	125,480
	CF INDUSTRIES HOLDINGS INC	Corporate stocks	N/A	N/A	4,147	282,946	355,564
	CHAMPIONX CORPORATION	Corporate stocks	N/A	N/A	18,289	338,359	651,454
	CHEMOURS CO	Corporate stocks	N/A	N/A	3,133	114,623	87,881
	CHESAPEAKE ENERGY CORP	Corporate stocks	N/A	N/A	3,320	287,265	286,284

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

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

SEPTEMBER 30, 2023

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

EIN 36-6513567
PLAN NO. 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value					
(a)	(b) Identity of Issuer	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	CINEMARK HOLDINGS INC	Corporate stocks	N/A	N/A	13,212	\$ 256,352	\$ 242,440
	CITIGROUP INC	Corporate stocks	N/A	N/A	15,877	766,331	653,021
	CIVITAS RES INC	Corporate stocks	N/A	N/A	7,290	495,799	589,542
	CK HUTCHISON HOLDING SP ADR	Corporate stocks	N/A	N/A	80,205	781,358	429,097
	CLEAN HARBORS INC	Corporate stocks	N/A	N/A	2,136	170,403	357,481
	CLEVELAND CLIFFS INC	Corporate stocks	N/A	N/A	27,651	462,867	432,185
	COGNEX CORP	Corporate stocks	N/A	N/A	11,554	592,609	490,352
	COLUMBUS MCKINNON CORP	Corporate stocks	N/A	N/A	6,210	216,596	216,791
	COMMERCIAL METALS CO	Corporate stocks	N/A	N/A	1,756	73,935	86,764
	COMMUNITY HEALTHCARE TRUST INC	Corporate stocks	N/A	N/A	6,900	269,163	204,930
	COMPAGNIE SAINT-GOBAIN	Corporate stocks	N/A	N/A	34,466	280,002	415,109
	COMPUTER PROGRAMS & SYSTEMS	Corporate stocks	N/A	N/A	11,535	282,688	183,868
	CONOCO PHILLIPS	Corporate stocks	N/A	N/A	2,416	173,730	289,437
	CONTINENTAL AG - SPONSADR	Corporate stocks	N/A	N/A	38,226	402,269	270,181
	CORE & MAININC	Corporate stocks	N/A	N/A	11,700	273,613	337,545
	COTY INC.	Corporate stocks	N/A	N/A	22,162	158,942	243,117
	CRAINTER NATIONAL INC	Corporate stocks	N/A	N/A	2,275	74,600	229,229
	CRAWFORD & COCLA	Corporate stocks	N/A	N/A	8,445	68,824	78,876
	CROSS COUNTRY HEALTHCARE INC	Corporate stocks	N/A	N/A	3,825	87,836	94,822
	CTO RLTY GROWTH INC NEW	Corporate stocks	N/A	N/A	10,425	212,024	168,989
	CUMMINS ENGINE CO	Corporate stocks	N/A	N/A	932	120,003	212,925
	CURTISS-WRIGHT CORP	Corporate stocks	N/A	N/A	4,755	781,760	930,221
	CVS HEALTH CORPORATION	Corporate stocks	N/A	N/A	7,606	743,061	531,051
	D.R.HORTON INC	Corporate stocks	N/A	N/A	5,346	591,284	574,535
	DAVITA INC	Corporate stocks	N/A	N/A	5,461	538,619	516,228
	DECKERS OUTDOOR CORP	Corporate stocks	N/A	N/A	1,996	812,502	1,026,124
	DIAMOND OFFSHORE DRILLING	Corporate stocks	N/A	N/A	18,500	231,245	271,580
	DILLARDS INC CLASS A STOCK	Corporate stocks	N/A	N/A	2,084	584,224	689,408
	DIMECMNTY BANCSHARES	Corporate stocks	N/A	N/A	7,935	203,164	158,383
	DIODES INC	Corporate stocks	N/A	N/A	3,495	272,348	275,546
	DISCOVER FINANCIAL SERVICES	Corporate stocks	N/A	N/A	7,178	562,991	621,830
	DOLBY LABORATORIES INC	Corporate stocks	N/A	N/A	7,910	393,209	626,947
	DONEGAL GROUP INC - CLA	Corporate stocks	N/A	N/A	13,175	208,682	187,810
	DOVER CORP	Corporate stocks	N/A	N/A	1,518	122,247	211,776
	DOW INC	Corporate stocks	N/A	N/A	1,867	107,294	96,263
	DRIL- QUIP	Corporate stocks	N/A	N/A	7,075	159,811	199,303
	DROPBOX INC	Corporate stocks	N/A	N/A	47,605	1,327,590	1,296,284
	DUCOMMUN INC	Corporate stocks	N/A	N/A	6,493	295,662	282,510
	EASTMAN CHEMICAL CO	Corporate stocks	N/A	N/A	1,262	94,915	96,821
	EASTWEST BANCORP INC	Corporate stocks	N/A	N/A	3,945	174,209	207,941
	EDISONI NTERNATIONAL	Corporate stocks	N/A	N/A	3,337	226,163	211,199
	ELEVANCE HEALTH INC	Corporate stocks	N/A	N/A	1,158	467,353	504,216
	EMCOR GROUP INC	Corporate stocks	N/A	N/A	4,862	300,072	1,022,916
	EMERSON ELECTRIC CO	Corporate stocks	N/A	N/A	2,463	145,431	237,852
	ENCOMPASS HEALTH CORPORATION	Corporate stocks	N/A	N/A	4,594	235,623	308,667
	ENEL SPA UNSPON ADR	Corporate stocks	N/A	N/A	84,990	477,384	523,708
	ENHABIT INC	Corporate stocks	N/A	N/A	8,925	127,509	100,406
	ENISPA	Corporate stocks	N/A	N/A	6,214	212,204	198,351
	ENTEGRIS INC	Corporate stocks	N/A	N/A	12,433	397,665	1,167,583
	ENTRAVISION COMMUNICATIONS	Corporate stocks	N/A	N/A	38,970	127,203	142,241
	EQT CORPORATION	Corporate stocks	N/A	N/A	18,222	654,897	739,449
	ETSY INC	Corporate stocks	N/A	N/A	9,907	604,363	639,794
	EURONET WORLDWIDE INC	Corporate stocks	N/A	N/A	2,906	330,760	230,678
	EVERGY INC	Corporate stocks	N/A	N/A	4,501	282,698	228,201
	EVOLUTION PETROLEUM CORP	Corporate stocks	N/A	N/A	26,885	156,734	183,893
	FEDERAL AGRIC MTG CORP-CLC	Corporate stocks	N/A	N/A	1,990	155,440	307,057
	FEDERAL RLTY INVT TR NEW	Corporate stocks	N/A	N/A	3,851	437,030	349,016
	FIDELITY NATIONAL FINANCIAL	Corporate stocks	N/A	N/A	16,809	580,891	694,212
	FIRST AMERICAN FINANCIAL CORP	Corporate stocks	N/A	N/A	4,396	220,794	248,330
	FIRST BANCORP INC	Corporate stocks	N/A	N/A	2,130	47,256	50,055
	FIRST BANK	Corporate stocks	N/A	N/A	4,550	69,659	49,049
	FIRST ENERGY CORP	Corporate stocks	N/A	N/A	6,801	270,927	232,458
	FIRST FINANCIAL CORP	Corporate stocks	N/A	N/A	2,840	101,810	96,020
	FIRST INDUSTRIAL REALTY TR	Corporate stocks	N/A	N/A	8,450	377,824	402,136
	FIRST INTERNET BANCORP	Corporate stocks	N/A	N/A	3,425	81,066	55,519
	FLEET CORE TECHNOLOGIE SINC	Corporate stocks	N/A	N/A	5,066	1,153,257	1,293,552
	FLEX LTD	Corporate stocks	N/A	N/A	14,743	189,728	397,766
	FLUOR CORP	Corporate stocks	N/A	N/A	9,701	289,148	356,027
	FORM FACTOR INC	Corporate stocks	N/A	N/A	10,112	358,885	353,313
	FORTINET INC.	Corporate stocks	N/A	N/A	22,154	1,280,922	1,299,997
	FRANKLIN RESOURCES INC	Corporate stocks	N/A	N/A	25,156	660,723	618,334
	FUJIFILM HOLDINGS SP ADR	Corporate stocks	N/A	N/A	6,958	293,022	403,703
	FUJITSU LTD	Corporate stocks	N/A	N/A	7,887	196,141	186,046
	GAMING AND LEISURE PROPERTIES	Corporate stocks	N/A	N/A	8,624	355,473	392,823
	GARTNER GROUP INC	Corporate stocks	N/A	N/A	3,567	936,712	1,225,657
	GENERAL MILLS INC	Corporate stocks	N/A	N/A	8,160	448,936	522,158
	GENTEX CORP	Corporate stocks	N/A	N/A	7,715	177,663	251,046
	GENUINE PARTS CO	Corporate stocks	N/A	N/A	1,516	194,969	218,880
	GITLAB INC	Corporate stocks	N/A	N/A	16,737	859,102	756,847
	GLACIER BANCORP INC	Corporate stocks	N/A	N/A	9,098	309,558	259,293
	GLOBAL SHIPLEASE INC - CLA	Corporate stocks	N/A	N/A	15,175	244,062	278,310
	GODADDY INC CLASS A	Corporate stocks	N/A	N/A	11,919	911,875	887,727
	GOLDMAN SACHS GROUP INC	Corporate stocks	N/A	N/A	1,908	721,152	617,372

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

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

SEPTEMBER 30, 2023

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

EIN 36-6513567
PLAN NO. 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value					
(a)	(b) Identity of Issuer	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	GRACO INC	Corporate stocks	N/A	N/A	6,731	\$ 304,101	\$ 490,555
	GREEN PLAINS INC	Corporate stocks	N/A	N/A	6,443	181,817	193,934
	GSK PLC	Corporate stocks	N/A	N/A	16,543	657,850	599,684
	GUARDAN HEALTH INC	Corporate stocks	N/A	N/A	12,777	595,268	378,710
	GXO LOGISTICS INC	Corporate stocks	N/A	N/A	4,825	304,694	282,986
	HALLIBURTON CO	Corporate stocks	N/A	N/A	7,286	289,378	295,083
	HANMI FINANCIAL CORPORATION	Corporate stocks	N/A	N/A	2,330	38,157	37,816
	HARTFORD FINANCIAL SERVICES	Corporate stocks	N/A	N/A	8,368	564,057	593,375
	HAWKINS INC	Corporate stocks	N/A	N/A	3,375	131,319	198,619
	HAYNES INTERNATIONAL INC	Corporate stocks	N/A	N/A	5,220	177,799	242,834
	HCA HEALTHCARE INC	Corporate stocks	N/A	N/A	1,958	539,237	481,629
	HEALTHCARE SVCS GROUP INC	Corporate stocks	N/A	N/A	14,225	207,200	148,367
	HELIX ENERGY SOLUTIONS CORP	Corporate stocks	N/A	N/A	31,468	137,185	351,498
	HENRY SCHEIN INC	Corporate stocks	N/A	N/A	7,935	574,751	589,174
	HIGHWOOD PROPERTIES INC	Corporate stocks	N/A	N/A	12,487	477,944	257,357
	HITACH I LTD	Corporate stocks	N/A	N/A	3,658	406,279	454,722
	HOLOGIC INC	Corporate stocks	N/A	N/A	7,001	523,001	485,869
	HOMETRUST BANCSHARES INC	Corporate stocks	N/A	N/A	4,465	88,063	96,757
	HONDA MOTOR CO LTD	Corporate stocks	N/A	N/A	18,729	586,573	630,044
	HORIZON BANCORP INDIANA	Corporate stocks	N/A	N/A	3,975	51,394	42,453
	HOST HOTELS & RESORTS INC	Corporate stocks	N/A	N/A	21,653	398,300	347,964
	HUBBELL INC	Corporate stocks	N/A	N/A	2,009	660,333	629,641
	HUBSPOT INC	Corporate stocks	N/A	N/A	2,465	869,351	1,214,013
	HUMANA INC	Corporate stocks	N/A	N/A	1,162	427,432	565,336
	HYATT HOTELS CORP CLA	Corporate stocks	N/A	N/A	8,185	536,883	868,265
	IDT CORP BCOM	Corporate stocks	N/A	N/A	6,895	85,066	152,035
	IMAX CORP	Corporate stocks	N/A	N/A	15,825	218,100	305,739
	IMMUNOCORE HLDGS	Corporate stocks	N/A	N/A	9,756	582,873	506,336
	INARIMED INC	Corporate stocks	N/A	N/A	7,874	544,574	514,960
	INDEPENDENT BANK CORP - MICHIGAN	Corporate stocks	N/A	N/A	11,445	193,062	209,901
	INGREDION INC	Corporate stocks	N/A	N/A	1,039	90,229	102,238
	INSPIRETY INC	Corporate stocks	N/A	N/A	5,709	519,698	557,198
	INSPIRED ENTMT INC	Corporate stocks	N/A	N/A	18,170	213,005	217,313
	INTERNATIONAL SEAWAYS, INC.	Corporate stocks	N/A	N/A	5,290	224,724	238,050
	INTL PAPER CO	Corporate stocks	N/A	N/A	3,078	115,214	109,177
	INTREPID POTASH INC	Corporate stocks	N/A	N/A	7,250	252,521	182,410
	INTUIT	Corporate stocks	N/A	N/A	2,530	1,079,859	1,292,678
	IRHYTHM TECH	Corporate stocks	N/A	N/A	5,124	396,029	482,988
	IRON WOOD PHARMACEUTICALS INC	Corporate stocks	N/A	N/A	29,000	327,554	279,270
	ITT INC	Corporate stocks	N/A	N/A	4,594	300,539	449,799
	JABIL INC	Corporate stocks	N/A	N/A	2,681	101,164	340,192
	JACOBS SOLUTIONS INC	Corporate stocks	N/A	N/A	6,971	821,347	951,542
	JAMES RIVER GROUP HOLDINGS, LTD	Corporate stocks	N/A	N/A	14,375	340,977	220,656
	JFROG LTD JAZZ PHARMACEUTICALS PLC	Corporate stocks	N/A	N/A	5,871	828,888	759,942
	JFROG LTD	Corporate stocks	N/A	N/A	21,546	446,351	546,407
	JUNIPER NETWORKS INC	Corporate stocks	N/A	N/A	13,256	386,104	368,384
	KAO CORP	Corporate stocks	N/A	N/A	46,858	353,704	348,624
	KARUNA THERAPEUTICS INC	Corporate stocks	N/A	N/A	3,347	601,031	565,944
	KBR INC	Corporate stocks	N/A	N/A	5,938	293,351	349,986
	KELLY SERVICES INC LA	Corporate stocks	N/A	N/A	4,600	76,388	83,674
	KIMBALL ELECTRONICS INC	Corporate stocks	N/A	N/A	8,500	167,354	232,730
	KINGFISHER PLC-SPONS ADR	Corporate stocks	N/A	N/A	58,708	458,308	320,017
	KINSALE CAPITAL GROUP INC	Corporate stocks	N/A	N/A	901	154,409	373,131
	KIRBY CORP	Corporate stocks	N/A	N/A	4,271	255,593	353,639
	KLA CORPORATION	Corporate stocks	N/A	N/A	2,864	1,164,899	1,313,602
	KNIGHT SWIFT TRANSHL INC	Corporate stocks	N/A	N/A	10,180	551,451	510,527
	KONTOO RBRANDS INC	Corporate stocks	N/A	N/A	5,493	260,230	241,198
	KROGER CO	Corporate stocks	N/A	N/A	11,022	460,806	493,235
	KULICKE & SOFFA INDUSTRIES, INC	Corporate stocks	N/A	N/A	4,841	262,925	235,418
	KYOCERA CORP	Corporate stocks	N/A	N/A	5,546	341,083	281,975
	LABORATORY CORP OF AMER HLDGS	Corporate stocks	N/A	N/A	2,549	466,119	512,476
	LAKELAND BANCORP INC	Corporate stocks	N/A	N/A	11,845	159,914	149,484
	LAM RESEARCH CORP	Corporate stocks	N/A	N/A	1,812	1,257,195	1,135,707
	LANDSEA HOMES CORP	Corporate stocks	N/A	N/A	24,000	231,983	215,760
	LANTHEUS HOLDINGS INC	Corporate stocks	N/A	N/A	6,567	567,877	456,275
	LATTICE SEMICONDUCTOR CORP	Corporate stocks	N/A	N/A	11,676	726,593	1,003,319
	LEAR CORPORATION	Corporate stocks	N/A	N/A	1,560	185,375	209,352
	LENNAR CORP	Corporate stocks	N/A	N/A	5,286	570,504	593,248
	LIBERTY MEDIA CORP	Corporate stocks	N/A	N/A	3,631	217,963	226,211
	LINCOLN ELECTRIC LTD	Corporate stocks	N/A	N/A	2,785	557,351	506,285
	LIONSGATE ENTERTAINMENT CLUB	Corporate stocks	N/A	N/A	16,591	180,264	130,571
	LITHIA MOTORS INC-CLA	Corporate stocks	N/A	N/A	2,681	768,299	791,780
	LIVANOVA PLC	Corporate stocks	N/A	N/A	5,342	309,371	282,485
	LLOYDS BANKING GROUP PLC	Corporate stocks	N/A	N/A	207,585	662,057	442,156
	LOUISIANA-PACIFIC CORP	Corporate stocks	N/A	N/A	1,543	98,239	85,282
	LUTHERBUR BANK CORP	Corporate stocks	N/A	N/A	14,155	170,424	118,902
	LYONDELLBASELL INDUSTRIES LA	Corporate stocks	N/A	N/A	1,089	86,444	103,128
	MARATHON OIL CORP	Corporate stocks	N/A	N/A	11,087	167,222	296,577
	MARRIOTT INTL CLASS A	Corporate stocks	N/A	N/A	3,054	494,419	600,294
	MARRIOTT VACATIONS WORLD	Corporate stocks	N/A	N/A	3,040	405,022	305,915
	MASCO CORP	Corporate stocks	N/A	N/A	3,869	158,227	206,798
	MCKESSON CORP	Corporate stocks	N/A	N/A	1,254	258,225	545,302
	METLIFE INC	Corporate stocks	N/A	N/A	10,393	588,625	653,824

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

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

SEPTEMBER 30, 2023

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

EIN 36-6513567
PLAN NO. 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value					
(a)	(b) Identity of Issuer	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	MGIC INVESTMENT	Corporate stocks	N/A	N/A	19,288	\$ 234,543	\$ 321,917
	MGM RESORTS INTERNATIONAL	Corporate stocks	N/A	N/A	14,221	668,315	522,764
	MGP INGREDIENTS INC	Corporate stocks	N/A	N/A	2,425	211,620	255,789
	MIRATI THERAPEUTICS INC	Corporate stocks	N/A	N/A	14,838	956,847	646,343
	MISTRAS GROUP INC	Corporate stocks	N/A	N/A	20,504	144,840	111,747
	MITSUBISHI ELECTRIC UNSP ADR	Corporate stocks	N/A	N/A	16,760	433,483	415,330
	MOLSON COORS BEVERAGE CO	Corporate stocks	N/A	N/A	14,129	814,297	898,463
	MOLINA HEALTHCARE INC	Corporate stocks	N/A	N/A	4,907	986,251	1,608,956
	MONGOOD INC	Corporate stocks	N/A	N/A	3,353	1,015,382	1,159,669
	MUELLER INDUSTRIES INC	Corporate stocks	N/A	N/A	3,033	236,776	227,960
	MURPHY USA INC	Corporate stocks	N/A	N/A	1,945	492,344	664,665
	MYERS INDUSTRIES INC	Corporate stocks	N/A	N/A	7,050	141,877	126,407
	NATIONAL FUEL GAS CO	Corporate stocks	N/A	N/A	5,758	311,283	298,898
	NATIONAL HEALTHCARE CORP	Corporate stocks	N/A	N/A	2,050	138,102	131,159
	NATURAL GROCERS BY VITAMIN C	Corporate stocks	N/A	N/A	14,157	204,330	182,767
	NEUROCRINE BIOSCIENCES	Corporate stocks	N/A	N/A	7,287	790,030	819,788
	NEW YORK TIMES CO CLASS A STOCK	Corporate stocks	N/A	N/A	18,019	660,388	742,383
	NEXSTAR MEDIA GROUP INC	Corporate stocks	N/A	N/A	2,366	398,341	339,213
	NORDSON CORP	Corporate stocks	N/A	N/A	3,094	211,173	690,488
	NORDSTROM INC	Corporate stocks	N/A	N/A	14,351	268,151	214,404
	NORTHEAST BKLEWISTON	Corporate stocks	N/A	N/A	4,145	92,354	182,795
	NORTHWEST PIPE CO	Corporate stocks	N/A	N/A	9,375	225,617	282,844
	NORWEGIAN CRUISE LINE HOLDINGS LTD	Corporate stocks	N/A	N/A	17,577	336,565	289,669
	NOVARTIS AG-ADR	Corporate stocks	N/A	N/A	6,422	546,170	654,145
	NOW INC/DE	Corporate stocks	N/A	N/A	8,815	82,214	104,634
	NUCOR CORP	Corporate stocks	N/A	N/A	563	43,346	88,025
	NVE CORPORATION	Corporate stocks	N/A	N/A	975	50,812	80,087
	NVENTEC PLC	Corporate stocks	N/A	N/A	9,336	521,280	494,715
	NVR INC	Corporate stocks	N/A	N/A	98	535,754	584,403
	OASIS PETROLEUM INC	Corporate stocks	N/A	N/A	1,458	87,275	236,298
	OGE ENERGY CORP	Corporate stocks	N/A	N/A	6,615	236,484	220,478
	O-I GLASS INC	Corporate stocks	N/A	N/A	15,247	205,883	255,082
	OIL-DRI CORP OF AMERICA	Corporate stocks	N/A	N/A	4,095	127,640	252,866
	OIL STATES INTERNATIONAL INC	Corporate stocks	N/A	N/A	15,575	97,856	130,363
	OLIN CORP	Corporate stocks	N/A	N/A	3,506	66,283	175,230
	ON SEMICONDUCTOR CORPORATION	Corporate stocks	N/A	N/A	13,562	1,072,147	1,260,588
	OPTION CARE HEALTH INC	Corporate stocks	N/A	N/A	9,482	329,511	306,743
	O'REILLY AUTOMOTIVE INC	Corporate stocks	N/A	N/A	654	561,124	594,394
	ORGANON & CO	Corporate stocks	N/A	N/A	12,943	415,818	224,690
	OSHKOSH CORPORATION	Corporate stocks	N/A	N/A	2,256	232,882	215,290
	OUTSET MEDICAL INC	Corporate stocks	N/A	N/A	7,696	364,580	83,732
	OVINTIV INC	Corporate stocks	N/A	N/A	12,820	545,006	609,847
	OWENS CORNING INC	Corporate stocks	N/A	N/A	694	43,570	94,669
	PACKAGING CORP OF AMERICA	Corporate stocks	N/A	N/A	736	76,321	113,013
	PARKER HANNIFIN CORP	Corporate stocks	N/A	N/A	577	60,336	224,753
	PAYCHEX INC	Corporate stocks	N/A	N/A	10,920	1,249,402	1,259,404
	PAYCOM SOFTWARE INC	Corporate stocks	N/A	N/A	1,902	581,922	493,132
	PC-TEL INC	Corporate stocks	N/A	N/A	16,962	93,154	70,562
	PENSCO AUTOMOTIVE GROUP INC	Corporate stocks	N/A	N/A	4,107	621,642	686,115
	PENTAIR PLC	Corporate stocks	N/A	N/A	6,171	297,352	399,572
	PEOPLES BANCORP INC	Corporate stocks	N/A	N/A	6,125	159,106	155,453
	PERFORMANCE FOOD GROUP	Corporate stocks	N/A	N/A	5,121	197,028	301,422
	PERMIAN RESOURCES CORP	Corporate stocks	N/A	N/A	26,644	278,567	371,950
	PERRIGO COMPANY PLC	Corporate stocks	N/A	N/A	8,931	456,476	285,345
	PHILIPS ELECTRONICS NV	Corporate stocks	N/A	N/A	20,787	319,923	414,493
	PINNACLE WEST CAPITAL CORP	Corporate stocks	N/A	N/A	3,206	240,452	236,218
	POSTAL REALTY TRUST INC	Corporate stocks	N/A	N/A	4,945	89,794	66,758
	POST HOLDINGS INC	Corporate stocks	N/A	N/A	6,218	546,163	533,131
	POWER INTEGRATIONS INC	Corporate stocks	N/A	N/A	6,797	226,447	518,679
	PPL CORPORATION	Corporate stocks	N/A	N/A	9,914	288,960	233,574
	PREMIER FINANCIAL CORP	Corporate stocks	N/A	N/A	9,190	188,398	156,781
	PRESTIGE BRANDS HOLDINGS INC	Corporate stocks	N/A	N/A	4,450	268,087	254,496
	PRIMIS FINANCE CORP	Corporate stocks	N/A	N/A	18,650	257,009	151,998
	PRINCE GEORGE	Corporate stocks	N/A	N/A	1,031	85,066	105,574
	PROGRESS SOFTWARE CORP	Corporate stocks	N/A	N/A	4,025	195,136	211,635
	PROSPER CITY BANCSHARES INC	Corporate stocks	N/A	N/A	3,503	239,633	191,194
	PUBLIC SERVICES ENTERPRISES	Corporate stocks	N/A	N/A	4,207	235,990	239,420
	PULTE GROUP INC	Corporate stocks	N/A	N/A	22,153	1,286,837	1,640,430
	PVH CORP	Corporate stocks	N/A	N/A	3,600	216,830	275,436
	QUEST DIAGNOSTICS INC	Corporate stocks	N/A	N/A	4,407	557,830	537,037
	RALPH LAUREN CORP	Corporate stocks	N/A	N/A	2,792	298,453	324,123
	RANGER ENERGY SVCS INC	Corporate stocks	N/A	N/A	2,600	37,273	36,868
	RANGE RESOURCES CORP	Corporate stocks	N/A	N/A	8,647	215,435	280,249
	RAYMOND JAMES FINANCIAL INC	Corporate stocks	N/A	N/A	6,324	608,940	635,119
	RB GLOBAL INC	Corporate stocks	N/A	N/A	4,168	282,423	260,500
	REGAL REXNORD CORP	Corporate stocks	N/A	N/A	4,147	603,756	592,523
	REGIONS FINANCIAL CORP	Corporate stocks	N/A	N/A	36,269	646,987	623,827
	REINSURANCE GROUP OF AMERICA INC	Corporate stocks	N/A	N/A	1,700	182,910	246,823
	RELIANCE STEEL & ALUMINUM	Corporate stocks	N/A	N/A	1,795	314,345	470,703
	ROYAL CARIBBEAN GROUP	Corporate stocks	N/A	N/A	14,491	1,235,454	1,335,201
	RYDER SYSTEMS INC	Corporate stocks	N/A	N/A	5,094	468,095	544,803
	SAIA INC	Corporate stocks	N/A	N/A	1,006	152,685	401,042
	SANOFI AVENTIS-ADR	Corporate stocks	N/A	N/A	11,634	550,474	624,048

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

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

SEPTEMBER 30, 2023

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

EIN 36-6513567
PLAN NO. 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value					
(a)	(b) Identity of Issuer	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	SAREPTA THERAPEUTICS INC	Corporate stocks	N/A	N/A	5,169	\$ 655,995	\$ 626,586
	SCIENTIFIC GAMES CORP	Corporate stocks	N/A	N/A	4,212	279,898	300,442
	SECOM CO	Corporate stocks	N/A	N/A	22,191	377,676	376,981
	SELECT MEDICAL HOLDINGS CORP	Corporate stocks	N/A	N/A	9,350	200,686	236,275
	SENECA FOODS CORP CLA	Corporate stocks	N/A	N/A	5,850	282,961	314,906
	SHELL PLC(ADR)	Corporate stocks	N/A	N/A	12,008	547,870	773,075
	SHOCKWAVE MED INC	Corporate stocks	N/A	N/A	3,362	335,028	669,374
	SHOE CARNIVAL INC	Corporate stocks	N/A	N/A	10,755	195,205	258,443
	SIERRA BANCORP	Corporate stocks	N/A	N/A	7,250	152,235	137,460
	SILICOM LTD.	Corporate stocks	N/A	N/A	3,340	122,295	87,174
	SILVERBOW RESOURCES INC	Corporate stocks	N/A	N/A	5,275	172,175	188,687
	SILVER CREST METALS	Corporate stocks	N/A	N/A	38,450	218,475	169,565
	SINGAPORE TELECOMMUNICATIONS	Corporate stocks	N/A	N/A	14,217	389,797	252,067
	SITE CTRS CORP COM NEW	Corporate stocks	N/A	N/A	21,093	366,979	260,077
	SMART FINANCIAL INC	Corporate stocks	N/A	N/A	3,890	83,198	83,129
	SMART GLOBAL HOLDINGS INC	Corporate stocks	N/A	N/A	5,920	91,409	144,152
	SM ENERGY CO	Corporate stocks	N/A	N/A	7,429	273,306	294,560
	SMITH AO CORP	Corporate stocks	N/A	N/A	10,700	562,381	707,591
	SNAM RETE GAS-UNSPONSOR ADR	Corporate stocks	N/A	N/A	62,538	695,776	589,171
	SNAP-ON INC	Corporate stocks	N/A	N/A	877	175,417	223,688
	SONOCO PRODUCTS CO	Corporate stocks	N/A	N/A	1,719	94,036	93,428
	SONY CORP SPONSORED ADR	Corporate stocks	N/A	N/A	5,971	469,135	492,070
	SOUTHSTATE CORP	Corporate stocks	N/A	N/A	4,355	319,677	293,353
	SPARTAN NASH CO	Corporate stocks	N/A	N/A	4,375	91,577	96,250
	SPOK HOLDINGS INC	Corporate stocks	N/A	N/A	23,475	236,488	334,988
	SPRINGWORKS THERAPEUTICS INC	Corporate stocks	N/A	N/A	11,834	769,145	273,602
	SSE PLC	Corporate stocks	N/A	N/A	15,173	243,901	298,165
	STANDARD MOTOR PRODUCTS INC	Corporate stocks	N/A	N/A	7,325	301,273	246,267
	STATE STREET CORP	Corporate stocks	N/A	N/A	9,240	679,277	618,710
	STEEL DYNAMICS INC	Corporate stocks	N/A	N/A	914	35,380	97,999
	STEVEN MADDEN LTD	Corporate stocks	N/A	N/A	6,186	211,517	196,529
	STIFEL FINANCIAL CORP	Corporate stocks	N/A	N/A	11,187	614,557	687,329
	SUPERMICRO COMPUTER, INC.	Corporate stocks	N/A	N/A	5,025	955,686	1,377,956
	SYNCHRONY FINANCIAL	Corporate stocks	N/A	N/A	20,701	613,188	632,830
	SYNOVUS FINANCIAL CORP	Corporate stocks	N/A	N/A	8,773	318,115	243,889
	TAIWAN SEMICONDUCTOR	Corporate stocks	N/A	N/A	2,491	78,377	216,468
	TAKEDA PHARMACEUTICALS PADRA	Corporate stocks	N/A	N/A	36,450	778,415	563,882
	TAYLOR MORRISON HOME CORP	Corporate stocks	N/A	N/A	14,528	656,293	619,038
	TELIA COMPANY AB.UNSPON ADR	Corporate stocks	N/A	N/A	40,163	409,048	166,877
	TENET HEALTHCARE CORP	Corporate stocks	N/A	N/A	11,640	801,291	766,960
	TERADATA CORP	Corporate stocks	N/A	N/A	7,258	325,403	326,755
	TEREX CORP	Corporate stocks	N/A	N/A	4,689	262,704	270,180
	TESCO PLC	Corporate stocks	N/A	N/A	49,284	522,073	476,773
	TETRA TECH INC	Corporate stocks	N/A	N/A	23,024	74,817	146,893
	TEXT RON INC	Corporate stocks	N/A	N/A	5,379	425,695	420,315
	THE CIGNA GROUP	Corporate stocks	N/A	N/A	1,886	449,732	539,528
	THE SHYFT GROUP INC	Corporate stocks	N/A	N/A	11,315	292,302	169,386
	TIMKEN CO	Corporate stocks	N/A	N/A	2,987	241,530	219,515
	T-MOBILE US INC	Corporate stocks	N/A	N/A	1,668	152,188	233,603
	TOLL BROTHERS INC	Corporate stocks	N/A	N/A	7,338	531,714	542,718
	TOP BUILD CORP	Corporate stocks	N/A	N/A	3,133	554,936	788,263
	TOTAL ENERGIES	Corporate stocks	N/A	N/A	4,941	248,116	324,920
	TOYOTA INDUSTRIES	Corporate stocks	N/A	N/A	7,011	413,800	553,224
	TURNING POINT BRANDS INC	Corporate stocks	N/A	N/A	9,700	218,701	223,973
	TUTOR PERINI CORP	Corporate stocks	N/A	N/A	37,465	347,262	293,351
	TYLER TECHNOLOGIES INC	Corporate stocks	N/A	N/A	2,782	1,004,125	1,074,241
	UGI CORP NEW	Corporate stocks	N/A	N/A	23,550	726,748	541,650
	UNITED FIRE GROUP INC	Corporate stocks	N/A	N/A	7,523	216,269	148,579
	UNITED OVERSEAS BANK LTD SP ADR	Corporate stocks	N/A	N/A	14,205	485,359	593,215
	UNITED RENTALS INC	Corporate stocks	N/A	N/A	523	89,481	232,510
	UNITIL CORP	Corporate stocks	N/A	N/A	5,590	275,907	238,749
	UNIVERSAL ELECTRONICS INC	Corporate stocks	N/A	N/A	2,000	78,904	18,100
	UNIVERSAL STAINLESS & ALLOY	Corporate stocks	N/A	N/A	6,870	77,860	90,066
	UNUM GROUP	Corporate stocks	N/A	N/A	20,361	701,287	1,001,558
	UPM KYMMENE OYJ	Corporate stocks	N/A	N/A	2,780	89,555	95,571
	VAALCO ENERGY INC	Corporate stocks	N/A	N/A	28,155	149,681	123,600
	VALLEY NATIONAL BANCORP	Corporate stocks	N/A	N/A	29,077	339,119	248,899
	VALMONT INDUSTRIES	Corporate stocks	N/A	N/A	1,711	425,397	410,999
	VERACYTE INC	Corporate stocks	N/A	N/A	8,086	195,102	180,560
	VERITEX HLDGS INC	Corporate stocks	N/A	N/A	12,553	245,188	225,326
	VERIZON COMMUNICATIONS	Corporate stocks	N/A	N/A	7,720	351,118	250,205
	VISHAY PRECISION GROUP INC	Corporate stocks	N/A	N/A	5,015	160,136	168,404
	VISTEON CORP	Corporate stocks	N/A	N/A	2,141	189,706	295,608
	VISTRA	Corporate stocks	N/A	N/A	18,014	348,260	597,705
	VONTIER CORP	Corporate stocks	N/A	N/A	7,072	220,244	218,666
	VOYA FINANCIAL INC	Corporate stocks	N/A	N/A	4,104	174,063	272,711
	WABTEC CORP	Corporate stocks	N/A	N/A	2,970	239,955	315,622
	WASHINGTON TRUST BANCORP	Corporate stocks	N/A	N/A	3,995	180,713	105,188
	WATERSTONE FINANCIAL INC	Corporate stocks	N/A	N/A	8,600	165,690	94,170
	WAYSIDE TECHNOLOGY GROUP INC	Corporate stocks	N/A	N/A	1,925	86,601	82,794
	WELLS FARGO CO	Corporate stocks	N/A	N/A	16,012	606,152	654,250
	WESTERN UNION CO	Corporate stocks	N/A	N/A	42,491	520,304	560,031
	WESTLAKE CORP	Corporate stocks	N/A	N/A	2,924	154,992	364,535

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

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

SEPTEMBER 30, 2023

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

EIN 36-6513567
PLAN NO. 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value					
(a)	(b) Identity of Issuer	Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	WH GROUP LTD SPON ADR	Corporate stocks	N/A	N/A	22,843	\$ 372,909	\$ 239,760
	WINGSTOP INC	Corporate stocks	N/A	N/A	3,579	615,889	643,647
	WPP PLC	Corporate stocks	N/A	N/A	9,825	664,653	437,992
	XENON PHARMACEUTICALS INC.	Corporate stocks	N/A	N/A	7,827	329,536	267,370
	Total corporate stocks - line 1c(4)(B)					161,033,265	173,923,537
	Limited partnerships						
	American Core Realty Fund	Limited partnerships	N/A	N/A	N/A	56,035,704	64,868,979
	CK Opportunities Offshore Fund, LP	Limited partnerships	N/A	N/A	N/A	7,411,417	8,406,449
	Corbin Erisa Opportunity Fund, LP	Limited partnerships	N/A	N/A	N/A	11,787,279	19,039,313
	Grosvenor Institutional Partners, LP	Limited partnerships	N/A	N/A	N/A	30,500,000	60,983,125
	INVESCO VENTURE ALPHA FUND II, LP	Limited partnerships	N/A	N/A	N/A	4,302,608	4,886,259
	JP MORGAN IIF ERISA LP	Limited partnerships	N/A	N/A	N/A	7,000,000	7,392,046
	Labor Impact Feeder Fund, LP	Limited partnerships	N/A	N/A	N/A	2,553,429	4,711,580
	Private Advisors Small Company Buyout V-ERISA	Limited partnerships	N/A	N/A	N/A	3,673,671	3,535,834
	Private Advisors Small Company Private Equity Fund VIII, LP	Limited partnerships	N/A	N/A	N/A	4,039,536	9,083,387
	Vintage VIII Offshore SCSP	Limited partnerships	N/A	N/A	N/A	3,827,002	6,804,008
	White Oak Pinnacle Fund, LP		0 0	N/A	N/A	5,734,824	3,402,221
	Total limited partnerships - line 1c(5)					127,303,644	193,113,201
	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
	Pooled separate account						
	ULLICO	Pooled separate account	N/A	N/A	1,110,500	18,775,530	19,422,579
	Total pooled separate account - line 1c(10)					18,775,530	19,422,579
	Common collective trusts						
	ASB ALLEGIANCE CHEVY CHASE TRUST	Common collective trusts	N/A	N/A	N/A	16,637,625	13,899,932
	INVESCO INTERNATIONAL GROWTH TRUST CLASS I	Common collective trusts	N/A	N/A	N/A	10,101,430	13,877,877
	L&G MSCI ACWI ex US Index	Common collective trusts	N/A	N/A	N/A	16,249,483	20,501,688
	L&G S&P 500 Index	Common collective trusts	N/A	N/A	N/A	71,983,056	82,577,324
	LOOMIS SAYLES LARGE CAP GROWTH TRUST	Common collective trusts	N/A	N/A	N/A	52,847,087	64,691,086
	NIS CORE FIXED INCOME FUND	Common collective trusts	N/A	N/A	N/A	71,731,404	92,924,255
	NIS INTERMEDIATE FIXED INCOME FUND	Common collective trusts	N/A	N/A	N/A	33,544,147	36,203,032
	RAINIER INTL SMALL CAP EQ CIT FD CL A	Common collective trusts	N/A	N/A	N/A	10,000,000	12,024,003
	Total common collective trusts - line 1c(9)					283,094,232	336,699,197
	Total assets (held at end of year) - at fair value					\$ 674,667,000	\$ 809,884,113
	Investments at contract value					Cost	Current Value
	Insurance company contract						
	UNITED OF OMAHA					\$ 2,470,957	\$ 2,470,957
	Total insurance company contracts - line 1c(14)					\$ 2,470,957	\$ 2,470,957



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

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED SEPTEMBER 30, 2023

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	\$111,834,718	\$ -	\$111,834,718	\$ 111,834,718	\$ -
L&G S&P 500 Index	71,983,056	-	71,983,056	71,983,056	-
Goldman Financial Square Govt-A Fd# 465	-	105,375,780	105,375,780	105,375,780	-
ASB Labor Equity Index Fund		71,983,258	67,912,861	71,983,258	4,070,397

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, 2022 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

\$170.84 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 \$150 per Pension Credit for the first 24 Pension Credits to \$170.84 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.

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2022 Form 5500 Schedule MB

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	
<u>Date</u>	<u>Contribution Rate</u>	<u>Date</u>	<u>Contribution Rate</u>	<u>Date</u>	<u>Contribution Rate</u>
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
10/1/2022	\$382.20	8/1/2022	\$58.00	5/1/2022	\$233.00

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2023

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value							
(a)	(b) Identity of Issuer	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	\$ 42,386,819	\$ 42,386,819
	Total short-term investment fund - line 1(c)1					42,386,819	42,386,819
	Corporate obligations						
	BALL CORP	Corporate obligations	11/15/23	4.000%	315,000	313,583	313,816
	BALL CORP	Corporate obligations	11/15/23	5.250%	740,000	758,654	725,452
	SPRINGLEAF FINANCE CORP	Corporate obligations	03/15/24	6.125%	423,000	443,532	421,651
	SLM CORP	Corporate obligations	03/25/24	6.125%	1,030,000	1,017,497	1,024,500
	AMC Networks Inc	Corporate obligations	04/01/24	4.125%	525,000	529,502	517,776
	TEVA PHARMACEUTICALS NE	Corporate obligations	04/15/24	6.000%	510,000	508,758	507,409
	MGM GROWTH/MGM FINANCE	Corporate obligations	05/01/24	5.625%	1,055,000	1,144,588	1,044,450
	SPRINT CORP	Corporate obligations	06/15/24	7.125%	860,000	943,622	865,487
	ICAHN ENTERPRISES	Corporate obligations	09/15/24	4.750%	1,060,000	1,106,314	1,020,928
	ARCONIC INC	Corporate obligations	10/01/24	5.125%	177,000	188,959	174,626
	FORD MOTOR CREDIT CO LLC	Corporate obligations	11/01/24	4.063%	1,280,000	1,308,955	1,239,270
	CLEARWATER PAPER CORP SERIES	Corporate obligations	02/01/25	5.375%	280,000	296,044	271,715
	HCA INC	Corporate obligations	02/01/25	5.375%	530,000	546,475	524,409
	WESTERN MIDSTREAM OPERAT	Corporate obligations	02/01/25	3.600%	1,055,000	1,069,675	1,009,371
	INTERNATIONAL GAME TECH	Corporate obligations	02/01/25	6.500%	385,000	388,986	384,446
	SPRINGLEAF FINANCE CORP	Corporate obligations	03/15/25	6.875%	175,000	172,681	173,439
	STARWOOD PROPERTY TRUST INC	Corporate obligations	03/15/25	4.750%	1,075,000	1,120,198	1,027,808
	CRESTWOOD MIDSTREAM PARTNERS	Corporate obligations	04/01/25	5.750%	1,125,000	1,108,817	1,106,708
	CDW LLC/CDW FINANCE	Corporate obligations	05/01/25	4.125%	1,065,000	1,041,682	1,027,757
	HOWMET AEROSPACE INC	Corporate obligations	05/01/25	6.875%	787,000	906,522	790,069
	ENLINK MIDSTREAM PARTNER	Corporate obligations	06/01/25	4.150%	1,070,000	1,033,453	1,021,379
	GLP CAPITAL LP / FIN II	Corporate obligations	06/01/25	5.250%	500,000	530,417	489,675
	NMI EQUITY INC	Corporate obligations	06/01/25	7.375%	400,000	416,631	397,872
	INTL FCSTONE INC	Corporate obligations	06/15/25	8.625%	495,000	512,004	498,713
	WESCO DISTRIBUTION INC	Corporate obligations	06/15/25	7.125%	550,000	581,959	551,276
	DCP MIDSTREAM OPERATING	Corporate obligations	07/15/25	5.375%	585,000	628,646	577,108
	CHARTER COMM OPT LLC/CAP	Corporate obligations	07/23/25	4.908%	1,035,000	1,041,989	1,011,764
	PENSKE AUTOMOTIVE GROUP INC	Corporate obligations	09/01/25	3.500%	1,075,000	1,099,506	1,017,219
	WYNDHAM WORLDWIDE CORP	Corporate obligations	10/01/25	6.600%	505,000	525,823	499,950
	SLM CORP	Corporate obligations	10/29/25	4.200%	450,000	461,639	421,070
	TENET HEALTHCARE CORP	Corporate obligations	01/01/26	4.875%	1,195,000	1,165,335	1,144,846
	MERCER INTERNATIONAL INC	Corporate obligations	01/15/26	5.500%	640,000	659,386	601,133
	CROWN AMER/CAP CORP VI	Corporate obligations	02/01/26	4.750%	1,205,000	1,214,825	1,157,330
	WESTERN DIGITAL CORP	Corporate obligations	02/15/26	4.750%	1,070,000	1,161,082	1,020,127
	ALBERTSONS COS/SAFEWAY	Corporate obligations	03/15/26	3.250%	550,000	541,398	509,454
	TEGNA INC	Corporate obligations	03/15/26	4.750%	20,000	20,000	18,950
	TRANSIGM INC	Corporate obligations	03/15/26	6.250%	385,000	381,254	379,414
	GLP CAPITAL LP / FIN II	Corporate obligations	04/15/26	5.375%	510,000	509,622	494,511
	UNDER ARMOUR INC	Corporate obligations	06/15/26	3.250%	1,130,000	1,160,853	1,014,774
	SABRA HEALTH CARE LP	Corporate obligations	08/15/26	5.125%	1,080,000	1,028,606	1,033,722
	SIRIUS XM RADIO INC	Corporate obligations	09/01/26	3.125%	455,000	430,637	405,519
	TEVA PHARMACEUTICALS NE	Corporate obligations	10/01/26	3.150%	570,000	507,663	507,899
	SLM CORP	Corporate obligations	11/02/26	3.125%	710,000	686,931	615,677
	VICI PROPERTIES	Corporate obligations	12/01/26	4.250%	220,000	227,506	205,009
	SBA COMMUNICATIONS CORP	Corporate obligations	02/15/27	3.875%	1,105,000	1,138,534	1,012,545
	BROOKFIELD PPTY REIT INC	Corporate obligations	04/01/27	4.500%	400,000	392,332	333,344
	HILTON WORLDWIDE FIN LLC	Corporate obligations	04/01/27	4.875%	1,180,000	1,212,042	1,122,263
	WYNDHAM WORLDWIDE CORP	Corporate obligations	04/01/27	6.000%	520,000	503,161	494,728
	SUNOCO LP/FINANCE CORP	Corporate obligations	04/15/27	6.000%	1,180,000	1,224,564	1,143,585
	UNITED RENTALS NORTH AM	Corporate obligations	05/15/27	5.500%	1,026,000	1,044,232	997,467
	BODY GAMING CORP	Corporate obligations	10/01/27	4.750%	1,105,000	1,048,409	1,017,285
	TELEFLEX INC	Corporate obligations	11/15/27	4.625%	870,000	826,564	798,225
	CENTENE CORP	Corporate obligations	12/15/27	4.250%	1,105,000	1,033,433	1,017,517
	SERVICE CORP INTL	Corporate obligations	12/15/27	4.625%	870,000	821,133	806,264
	SILGAN HOLDINGS INC	Corporate obligations	02/01/28	4.125%	405,000	365,743	362,333
	LAMAR MEDIA CORP	Corporate obligations	02/15/28	3.750%	1,116,000	1,021,154	987,746
	Total corporate obligations - line 1c(3)(B)					42,073,510	39,858,780
	Corporate stocks						
	3M COMPANY	Corporate stocks	N/A	N/A	2,183	341,240	204,372
	ABBVIE INC	Corporate stocks	N/A	N/A	3,870	442,538	576,862
	ACCO BRANDS CORP	Corporate stocks	N/A	N/A	32,374	237,156	185,827
	ACCURAY INC	Corporate stocks	N/A	N/A	79,125	245,101	215,220
	ACI WORLD WIDE INC	Corporate stocks	N/A	N/A	12,747	310,084	287,572
	ACUITY BRANDS (HOLDING COMPANY)	Corporate stocks	N/A	N/A	1,359	171,183	231,451
	ADR IMPERIAL BRANDS	Corporate stocks	N/A	N/A	25,887	581,234	526,723
	ADR MONDI LLC	Corporate stocks	N/A	N/A	9,506	469,422	318,489
	ADTRAN HLDGS INC	Corporate stocks	N/A	N/A	16,063	225,446	132,198
	AECOM TECHNOLOGY	Corporate stocks	N/A	N/A	4,323	303,380	358,982
	AGCO CORPORATION	Corporate stocks	N/A	N/A	1,672	127,426	197,764
	AGNC INVT CORP	Corporate stocks	N/A	N/A	35,033	378,652	330,712
	ALASKA AIRGROUP INC.	Corporate stocks	N/A	N/A	6,380	308,760	236,570
	ALLETE INC	Corporate stocks	N/A	N/A	6,485	438,178	342,408

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

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

SEPTEMBER 30, 2023

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

EIN 36-6513567
PLAN NO. 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value					
(a)	(b) Identity of Issuer	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	19,054	\$ 344,777	\$ 455,314
	ALLISON TRANSMISSION HOLDING	Corporate stocks	N/A	N/A	4,006	161,037	236,594
	ALLY FINANCIAL INC	Corporate stocks	N/A	N/A	22,274	627,762	594,270
	ALPINE INCOME PROPERTY TR	Corporate stocks	N/A	N/A	8,450	165,177	138,242
	ALTA EQUIP GROUP INC	Corporate stocks	N/A	N/A	10,775	128,109	129,947
	ALTISOURCE PORT SOLUTIONS	Corporate stocks	N/A	N/A	23,690	88,030	94,523
	AMCOR PLC	Corporate stocks	N/A	N/A	11,245	134,291	103,004
	AMDOCS LTD	Corporate stocks	N/A	N/A	13,775	1,158,254	1,163,850
	AMER A NT BANCORP	Corporate stocks	N/A	N/A	7,100	190,672	123,824
	AMERICAN FINANCIAL GROUP INC	Corporate stocks	N/A	N/A	2,161	268,489	241,319
	AMERICAN PUBLIC EDUCATION	Corporate stocks	N/A	N/A	25,060	215,863	124,799
	AMERIPRISE FINANCIAL INC	Corporate stocks	N/A	N/A	1,780	320,890	586,830
	AMERISAFE INC	Corporate stocks	N/A	N/A	3,875	196,988	194,021
	AMGEN INC	Corporate stocks	N/A	N/A	2,317	539,684	622,717
	AMICUS THERAPEUTICS	Corporate stocks	N/A	N/A	70,831	991,639	861,305
	AMPLIFY ENERGY CORP	Corporate stocks	N/A	N/A	28,800	190,956	211,680
	ANTERO RESOURCES CORP	Corporate stocks	N/A	N/A	8,471	235,696	214,994
	APARTMENT INCOME REIT CORP	Corporate stocks	N/A	N/A	10,640	422,334	326,648
	APELLIS PHARMACEUTICALS INC	Corporate stocks	N/A	N/A	13,042	709,972	496,118
	APPLE INC	Corporate stocks	N/A	N/A	7,063	720,860	1,209,256
	APPLIED MATERIALS INC	Corporate stocks	N/A	N/A	9,399	1,260,448	1,301,292
	ARAMARK	Corporate stocks	N/A	N/A	8,420	277,239	292,174
	ARCHER DANIELS MIDLAND	Corporate stocks	N/A	N/A	1,207	53,587	91,032
	ARCH RESOURCES INC	Corporate stocks	N/A	N/A	1,772	276,021	302,410
	ARES MANAGEMENT CORP	Corporate stocks	N/A	N/A	7,503	554,961	771,834
	ARGENX SE	Corporate stocks	N/A	N/A	2,322	478,085	1,141,565
	ARISTA NETWORKS INC	Corporate stocks	N/A	N/A	7,131	880,106	1,311,605
	ARTESIAN RESOURCES	Corporate stocks	N/A	N/A	5,430	261,499	228,006
	ARTISAN PARTNERS ASSETS	Corporate stocks	N/A	N/A	7,880	355,990	294,870
	ATI INC	Corporate stocks	N/A	N/A	5,995	263,806	246,694
	ATKORE INTERNATIONAL GROUP I	Corporate stocks	N/A	N/A	3,443	365,693	513,661
	ATLANTIC UNION BANKSHARES CORP	Corporate stocks	N/A	N/A	8,269	305,039	237,982
	ATRICURE INC	Corporate stocks	N/A	N/A	9,369	410,779	410,362
	AUTOLIV INC	Corporate stocks	N/A	N/A	2,331	152,754	224,895
	AUTO NATION INC	Corporate stocks	N/A	N/A	4,369	628,183	661,467
	AUTOZONE INC	Corporate stocks	N/A	N/A	239	401,451	607,058
	AVIENT CORPORATION	Corporate stocks	N/A	N/A	9,018	457,772	318,516
	AXT INC	Corporate stocks	N/A	N/A	14,665	86,687	35,196
	B & G FOODS INC	Corporate stocks	N/A	N/A	12,800	180,452	126,592
	BABCOCK & WILCOX ENTERPRISES	Corporate stocks	N/A	N/A	16,400	99,056	69,044
	BAKER HUGHES AGE	Corporate stocks	N/A	N/A	7,989	187,088	282,171
	BANC OF CALIFORNIA INC	Corporate stocks	N/A	N/A	14,535	228,867	179,943
	BANCO SANTANDER SA-SPON ADR	Corporate stocks	N/A	N/A	182,546	762,982	686,373
	BANK OF HAWAII CORP	Corporate stocks	N/A	N/A	5,072	272,919	252,028
	BANK OF OZK	Corporate stocks	N/A	N/A	15,104	641,076	559,905
	BAR HARBOR BANKSHARES	Corporate stocks	N/A	N/A	5,055	122,657	119,450
	BARRETT BUSINESS SVCS INC	Corporate stocks	N/A	N/A	2,780	181,877	250,867
	BATH & BODYWORKS	Corporate stocks	N/A	N/A	7,068	257,891	238,898
	BEAZER HOMES USA INC	Corporate stocks	N/A	N/A	6,715	148,573	167,271
	BELDEN INC.	Corporate stocks	N/A	N/A	3,121	164,400	301,333
	BENCHMARK ELECTRONICS INC	Corporate stocks	N/A	N/A	7,600	203,892	184,376
	BERRY GLOBAL GROUP INC	Corporate stocks	N/A	N/A	7,522	411,387	465,687
	BIOGEN INC	Corporate stocks	N/A	N/A	2,220	619,328	570,562
	BIOMARIN PHARMACEUTICAL INC	Corporate stocks	N/A	N/A	9,279	824,754	821,006
	BJ'S WHOLESALE CLUB HOLDINGS	Corporate stocks	N/A	N/A	4,391	295,594	313,386
	BLOOMIN BRANDS INC.	Corporate stocks	N/A	N/A	10,270	249,639	252,539
	BOOZ ALLEN HAMILTON HOLDINGS	Corporate stocks	N/A	N/A	11,815	1,251,331	1,291,025
	BORG WARNER INC	Corporate stocks	N/A	N/A	5,648	191,236	228,010
	BOUYGUES	Corporate stocks	N/A	N/A	63,632	413,204	446,506
	BOYD GAMING CORP	Corporate stocks	N/A	N/A	9,473	546,341	576,243
	BP AMOCO PLC	Corporate stocks	N/A	N/A	25,302	873,699	979,693
	BRIDGEWATER BANCSHARES INC	Corporate stocks	N/A	N/A	3,475	39,127	32,943
	BRINK'S COMPANY	Corporate stocks	N/A	N/A	4,970	356,897	361,021
	BRUNSWICK CORP STOCK	Corporate stocks	N/A	N/A	3,221	175,839	254,459
	BUILDERS FIRST SOURCE INC	Corporate stocks	N/A	N/A	678	57,484	84,404
	BWX TECHNOLOGIES INCORPORATED	Corporate stocks	N/A	N/A	13,008	808,519	975,340
	CACTUS INC	Corporate stocks	N/A	N/A	4,858	188,573	243,920
	CADENCE DESIGN SYSTEMS INC	Corporate stocks	N/A	N/A	5,873	633,840	1,376,044
	CAESARS ENT INC NEW	Corporate stocks	N/A	N/A	5,162	277,799	239,259
	CAMDEN PROPERTY TRUST SHARES	Corporate stocks	N/A	N/A	3,137	344,106	296,697
	CARDINAL HEALTH INC	Corporate stocks	N/A	N/A	6,528	516,793	566,761
	CARLISLE COS INC	Corporate stocks	N/A	N/A	2,396	514,005	621,187
	CASEY'S GENERAL STORES INC	Corporate stocks	N/A	N/A	2,384	503,158	647,304
	CASS INFORMATION SYSTEMS INC	Corporate stocks	N/A	N/A	5,925	207,806	220,706
	CECO ENVIRONMENTAL CORP	Corporate stocks	N/A	N/A	12,845	147,700	205,135
	CELANESE CORP	Corporate stocks	N/A	N/A	802	59,427	100,667
	CENCORA INC	Corporate stocks	N/A	N/A	3,227	390,605	580,763
	CENTENE CORP	Corporate stocks	N/A	N/A	7,821	623,787	538,710
	CENTURY CASINOS INC	Corporate stocks	N/A	N/A	24,460	147,802	125,480
	CF INDUSTRIES HOLDINGS INC	Corporate stocks	N/A	N/A	4,147	282,946	355,564
	CHAMPIONX CORPORATION	Corporate stocks	N/A	N/A	18,289	338,359	651,454
	CHEMOURS CO	Corporate stocks	N/A	N/A	3,133	114,623	87,881
	CHESAPEAKE ENERGY CORP	Corporate stocks	N/A	N/A	3,320	287,265	286,284

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

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

SEPTEMBER 30, 2023

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

EIN 36-6513567
PLAN NO. 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value					
(a)	(b) Identity of Issuer	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	CINEMARK HOLDINGS INC	Corporate stocks	N/A	N/A	13,212	\$ 256,352	\$ 242,440
	CITIGROUP INC	Corporate stocks	N/A	N/A	15,877	766,331	653,021
	CIVITAS RES INC	Corporate stocks	N/A	N/A	7,290	495,799	589,542
	CK HUTCHISON HOLDING SP ADR	Corporate stocks	N/A	N/A	80,205	781,358	429,097
	CLEAN HARBORS INC	Corporate stocks	N/A	N/A	2,136	170,403	357,481
	CLEVELAND CLIFFS INC	Corporate stocks	N/A	N/A	27,651	462,867	432,185
	COGNEX CORP	Corporate stocks	N/A	N/A	11,554	592,609	490,352
	COLUMBUS MCKINNON CORP	Corporate stocks	N/A	N/A	6,210	216,596	216,791
	COMMERCIAL METALS CO	Corporate stocks	N/A	N/A	1,756	73,935	86,764
	COMMUNITY HEALTHCARE TRUST INC	Corporate stocks	N/A	N/A	6,900	269,163	204,930
	COMPAGNIE SAINT-GOBAIN	Corporate stocks	N/A	N/A	34,466	280,002	415,109
	COMPUTER PROGRAMS & SYSTEMS	Corporate stocks	N/A	N/A	11,535	282,688	183,868
	CONOCO PHILLIPS	Corporate stocks	N/A	N/A	2,416	173,730	289,437
	CONTINENTAL AG - SPONSADR	Corporate stocks	N/A	N/A	38,226	402,269	270,181
	CORE & MAININC	Corporate stocks	N/A	N/A	11,700	273,613	337,545
	COTY INC.	Corporate stocks	N/A	N/A	22,162	158,942	243,117
	CRAINER NATIONAL INC	Corporate stocks	N/A	N/A	2,275	74,600	229,229
	CRAWFORD & COCLA	Corporate stocks	N/A	N/A	8,445	68,824	78,876
	CROSS COUNTRY HEALTHCARE INC	Corporate stocks	N/A	N/A	3,825	87,836	94,822
	CTO RLTY GROWTH INC NEW	Corporate stocks	N/A	N/A	10,425	212,024	168,989
	CUMMINS ENGINE CO	Corporate stocks	N/A	N/A	932	120,003	212,925
	CURTISS-WRIGHT CORP	Corporate stocks	N/A	N/A	4,755	781,760	930,221
	CVS HEALTH CORPORATION	Corporate stocks	N/A	N/A	7,606	743,061	531,051
	D.R.HORTON INC	Corporate stocks	N/A	N/A	5,346	591,284	574,535
	DAVITA INC	Corporate stocks	N/A	N/A	5,461	538,619	516,228
	DECKERS OUTDOOR CORP	Corporate stocks	N/A	N/A	1,996	812,502	1,026,124
	DIAMOND OFFSHORE DRILLING	Corporate stocks	N/A	N/A	18,500	231,245	271,580
	DILLARDS INC CLASS A STOCK	Corporate stocks	N/A	N/A	2,084	584,224	689,408
	DIMECMNTY BANCSHARES	Corporate stocks	N/A	N/A	7,935	203,164	158,383
	DIODES INC	Corporate stocks	N/A	N/A	3,495	272,348	275,546
	DISCOVER FINANCIAL SERVICES	Corporate stocks	N/A	N/A	7,178	562,991	621,830
	DOLBY LABORATORIES INC	Corporate stocks	N/A	N/A	7,910	393,209	626,947
	DONEGAL GROUP INC - CLA	Corporate stocks	N/A	N/A	13,175	208,682	187,810
	DOVER CORP	Corporate stocks	N/A	N/A	1,518	122,247	211,776
	DOW INC	Corporate stocks	N/A	N/A	1,867	107,294	96,263
	DRIL- QUIP	Corporate stocks	N/A	N/A	7,075	159,811	199,303
	DROPBOX INC	Corporate stocks	N/A	N/A	47,605	1,327,590	1,296,284
	DUCOMMUN INC	Corporate stocks	N/A	N/A	6,493	295,662	282,510
	EASTMAN CHEMICAL CO	Corporate stocks	N/A	N/A	1,262	94,915	96,821
	EASTWEST BANCORP INC	Corporate stocks	N/A	N/A	3,945	174,209	207,941
	EDISONI NTERNATIONAL	Corporate stocks	N/A	N/A	3,337	226,163	211,199
	ELEVANCE HEALTH INC	Corporate stocks	N/A	N/A	1,158	467,353	504,216
	EMCOR GROUP INC	Corporate stocks	N/A	N/A	4,862	300,072	1,022,916
	EMERSON ELECTRIC CO	Corporate stocks	N/A	N/A	2,463	145,431	237,852
	ENCOMPASS HEALTH CORPORATION	Corporate stocks	N/A	N/A	4,594	235,623	308,667
	ENEL SPA UNSPON ADR	Corporate stocks	N/A	N/A	84,990	477,384	523,708
	ENHABIT INC	Corporate stocks	N/A	N/A	8,925	127,509	100,406
	ENISPA	Corporate stocks	N/A	N/A	6,214	212,204	198,351
	ENTEGRIS INC	Corporate stocks	N/A	N/A	12,433	397,665	1,167,583
	ENTRAVISION COMMUNICATIONS	Corporate stocks	N/A	N/A	38,970	127,203	142,241
	EQT CORPORATION	Corporate stocks	N/A	N/A	18,222	654,897	739,449
	ETSY INC	Corporate stocks	N/A	N/A	9,907	604,363	639,794
	EURONET WORLDWIDE INC	Corporate stocks	N/A	N/A	2,906	330,760	230,678
	EVERGY INC	Corporate stocks	N/A	N/A	4,501	282,698	228,201
	EVOLUTION PETROLEUM CORP	Corporate stocks	N/A	N/A	26,885	156,734	183,893
	FEDERAL AGRIC MTG CORP-CLC	Corporate stocks	N/A	N/A	1,990	155,440	307,057
	FEDERAL RLTY INVT TR NEW	Corporate stocks	N/A	N/A	3,851	437,030	349,016
	FIDELITY NATIONAL FINANCIAL	Corporate stocks	N/A	N/A	16,809	580,891	694,212
	FIRST AMERICAN FINANCIAL CORP	Corporate stocks	N/A	N/A	4,396	220,794	248,330
	FIRST BANCORP INC	Corporate stocks	N/A	N/A	2,130	47,256	50,055
	FIRST BANK	Corporate stocks	N/A	N/A	4,550	69,659	49,049
	FIRST ENERGY CORP	Corporate stocks	N/A	N/A	6,801	270,927	232,458
	FIRST FINANCIAL CORP	Corporate stocks	N/A	N/A	2,840	101,810	96,020
	FIRST INDUSTRIAL REALTY TR	Corporate stocks	N/A	N/A	8,450	377,824	402,136
	FIRST INTERNET BANCORP	Corporate stocks	N/A	N/A	3,425	81,066	55,519
	FLEET CORE TECHNOLOGIE SINC	Corporate stocks	N/A	N/A	5,066	1,153,257	1,293,552
	FLEX LTD	Corporate stocks	N/A	N/A	14,743	189,728	397,766
	FLUOR CORP	Corporate stocks	N/A	N/A	9,701	289,148	356,027
	FORM FACTOR INC	Corporate stocks	N/A	N/A	10,112	358,885	353,313
	FORTINET INC.	Corporate stocks	N/A	N/A	22,154	1,280,922	1,299,997
	FRANKLIN RESOURCES INC	Corporate stocks	N/A	N/A	25,156	660,723	618,334
	FUJIFILM HOLDINGS SP ADR	Corporate stocks	N/A	N/A	6,958	293,022	403,703
	FUJITSU LTD	Corporate stocks	N/A	N/A	7,887	196,141	186,046
	GAMING AND LEISURE PROPERTIES	Corporate stocks	N/A	N/A	8,624	355,473	392,823
	GARTNER GROUP INC	Corporate stocks	N/A	N/A	3,567	936,712	1,225,657
	GENERAL MILLS INC	Corporate stocks	N/A	N/A	8,160	448,936	522,158
	GENTEX CORP	Corporate stocks	N/A	N/A	7,715	177,663	251,046
	GENUINE PARTS CO	Corporate stocks	N/A	N/A	1,516	194,969	218,880
	GITLAB INC	Corporate stocks	N/A	N/A	16,737	859,102	756,847
	GLACIER BANCORP INC	Corporate stocks	N/A	N/A	9,098	309,558	259,293
	GLOBAL SHIPLEASE INC - CLA	Corporate stocks	N/A	N/A	15,175	244,062	278,310
	GODADDY INC CLASS A	Corporate stocks	N/A	N/A	11,919	911,875	887,727
	GOLDMAN SACHS GROUP INC	Corporate stocks	N/A	N/A	1,908	721,152	617,372

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

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

SEPTEMBER 30, 2023

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

EIN 36-6513567
PLAN NO. 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value					
(a)	(b) Identity of Issuer	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	GRACO INC	Corporate stocks	N/A	N/A	6,731	\$ 304,101	\$ 490,555
	GREEN PLAINS INC	Corporate stocks	N/A	N/A	6,443	181,817	193,934
	GSK PLC	Corporate stocks	N/A	N/A	16,543	657,850	599,684
	GUARDAN HEALTH INC	Corporate stocks	N/A	N/A	12,777	595,268	378,710
	GXO LOGISTICS INC	Corporate stocks	N/A	N/A	4,825	304,694	282,986
	HALLIBURTON CO	Corporate stocks	N/A	N/A	7,286	289,378	295,083
	HANMI FINANCIAL CORPORATION	Corporate stocks	N/A	N/A	2,330	38,157	37,816
	HARTFORD FINANCIAL SERVICES	Corporate stocks	N/A	N/A	8,368	564,057	593,375
	HAWKINS INC	Corporate stocks	N/A	N/A	3,375	131,319	198,619
	HAYNES INTERNATIONAL INC	Corporate stocks	N/A	N/A	5,220	177,799	242,834
	HCA HEALTHCARE INC	Corporate stocks	N/A	N/A	1,958	539,237	481,629
	HEALTHCARE SVCS GROUP INC	Corporate stocks	N/A	N/A	14,225	207,200	148,367
	HELIX ENERGY SOLUTIONS CORP	Corporate stocks	N/A	N/A	31,468	137,185	351,498
	HENRY SCHEIN INC	Corporate stocks	N/A	N/A	7,935	574,751	589,174
	HIGHWOOD PROPERTIES INC	Corporate stocks	N/A	N/A	12,487	477,944	257,357
	HITACH I LTD	Corporate stocks	N/A	N/A	3,658	406,279	454,722
	HOLOGIC INC	Corporate stocks	N/A	N/A	7,001	523,001	485,869
	HOMETRUST BANCSHARES INC	Corporate stocks	N/A	N/A	4,465	88,063	96,757
	HONDA MOTOR CO LTD	Corporate stocks	N/A	N/A	18,729	586,573	630,044
	HORIZON BANCORP INDIANA	Corporate stocks	N/A	N/A	3,975	51,394	42,453
	HOST HOTELS & RESORTS INC	Corporate stocks	N/A	N/A	21,653	398,300	347,964
	HUBBELL INC	Corporate stocks	N/A	N/A	2,009	660,333	629,641
	HUBSPOT INC	Corporate stocks	N/A	N/A	2,465	869,351	1,214,013
	HUMANA INC	Corporate stocks	N/A	N/A	1,162	427,432	565,336
	HYATT HOTELS CORP CLA	Corporate stocks	N/A	N/A	8,185	536,883	868,265
	IDT CORP BCOM	Corporate stocks	N/A	N/A	6,895	85,066	152,035
	IMAX CORP	Corporate stocks	N/A	N/A	15,825	218,100	305,739
	IMMUNOCORE HLDGS	Corporate stocks	N/A	N/A	9,756	582,873	506,336
	INARIMED INC	Corporate stocks	N/A	N/A	7,874	544,574	514,960
	INDEPENDENT BANK CORP - MICHIGAN	Corporate stocks	N/A	N/A	11,445	193,062	209,901
	INGREDION INC	Corporate stocks	N/A	N/A	1,039	90,229	102,238
	INSPIRETY INC	Corporate stocks	N/A	N/A	5,709	519,698	557,198
	INSPIRED ENTMT INC	Corporate stocks	N/A	N/A	18,170	213,005	217,313
	INTERNATIONAL SEAWAYS, INC.	Corporate stocks	N/A	N/A	5,290	224,724	238,050
	INTL PAPER CO	Corporate stocks	N/A	N/A	3,078	115,214	109,177
	INTREPID POTASH INC	Corporate stocks	N/A	N/A	7,250	252,521	182,410
	INTUIT	Corporate stocks	N/A	N/A	2,530	1,079,859	1,292,678
	IRHYTHM TECH	Corporate stocks	N/A	N/A	5,124	396,029	482,988
	IRON WOOD PHARMACEUTICALS INC	Corporate stocks	N/A	N/A	29,000	327,554	279,270
	ITT INC	Corporate stocks	N/A	N/A	4,594	300,539	449,799
	JABIL INC	Corporate stocks	N/A	N/A	2,681	101,164	340,192
	JACOBS SOLUTIONS INC	Corporate stocks	N/A	N/A	6,971	821,347	951,542
	JAMES RIVER GROUP HOLDINGS, LTD	Corporate stocks	N/A	N/A	14,375	340,977	220,656
	JFROG LTD JAZZ PHARMACEUTICALS PLC	Corporate stocks	N/A	N/A	5,871	828,888	759,942
	JFROG LTD	Corporate stocks	N/A	N/A	21,546	446,351	546,407
	JUNIPER NETWORKS INC	Corporate stocks	N/A	N/A	13,256	386,104	368,384
	KAO CORP	Corporate stocks	N/A	N/A	46,858	353,704	348,624
	KARUNA THERAPEUTICS INC	Corporate stocks	N/A	N/A	3,347	601,031	565,944
	KBR INC	Corporate stocks	N/A	N/A	5,938	293,351	349,986
	KELLY SERVICES INC LA	Corporate stocks	N/A	N/A	4,600	76,388	83,674
	KIMBALL ELECTRONICS INC	Corporate stocks	N/A	N/A	8,500	167,354	232,730
	KINGFISHER PLC-SPONS ADR	Corporate stocks	N/A	N/A	58,708	458,308	320,017
	KINSALE CAPITAL GROUP INC	Corporate stocks	N/A	N/A	901	154,409	373,131
	KIRBY CORP	Corporate stocks	N/A	N/A	4,271	255,593	353,639
	KLA CORPORATION	Corporate stocks	N/A	N/A	2,864	1,164,899	1,313,602
	KNIGHT SWIFT TRANSHL INC	Corporate stocks	N/A	N/A	10,180	551,451	510,527
	KONTOO RBRANDS INC	Corporate stocks	N/A	N/A	5,493	260,230	241,198
	KROGER CO	Corporate stocks	N/A	N/A	11,022	460,806	493,235
	KULICKE & SOFFA INDUSTRIES, INC	Corporate stocks	N/A	N/A	4,841	262,925	235,418
	KYOCERA CORP	Corporate stocks	N/A	N/A	5,546	341,083	281,975
	LABORATORY CORP OF AMER HLDGS	Corporate stocks	N/A	N/A	2,549	466,119	512,476
	LAKELAND BANCORP INC	Corporate stocks	N/A	N/A	11,845	159,914	149,484
	LAM RESEARCH CORP	Corporate stocks	N/A	N/A	1,812	1,257,195	1,135,707
	LANDSEA HOMES CORP	Corporate stocks	N/A	N/A	24,000	231,983	215,760
	LANTHEUS HOLDINGS INC	Corporate stocks	N/A	N/A	6,567	567,877	456,275
	LATTICE SEMICONDUCTOR CORP	Corporate stocks	N/A	N/A	11,676	726,593	1,003,319
	LEAR CORPORATION	Corporate stocks	N/A	N/A	1,560	185,375	209,352
	LENNAR CORP	Corporate stocks	N/A	N/A	5,286	570,504	593,248
	LIBERTY MEDIA CORP	Corporate stocks	N/A	N/A	3,631	217,963	226,211
	LINCOLN ELECTRIC LDC	Corporate stocks	N/A	N/A	2,785	557,351	506,285
	LIONSGATE ENTERTAINMENT CLUB	Corporate stocks	N/A	N/A	16,591	180,264	130,571
	LITHIA MOTORS INC-CLA	Corporate stocks	N/A	N/A	2,681	768,299	791,780
	LIVANOVA PLC	Corporate stocks	N/A	N/A	5,342	309,371	282,485
	LLOYDS BANKING GROUP PLC	Corporate stocks	N/A	N/A	207,585	662,057	442,156
	LOUISIANA-PACIFIC CORP	Corporate stocks	N/A	N/A	1,543	98,239	85,282
	LUTHERBUR BANK CORP	Corporate stocks	N/A	N/A	14,155	170,424	118,902
	LYONDELLBASELL INDUSTRIES LA	Corporate stocks	N/A	N/A	1,089	86,444	103,128
	MARATHON OIL CORP	Corporate stocks	N/A	N/A	11,087	167,222	296,577
	MARRIOTT INTL CLASS A	Corporate stocks	N/A	N/A	3,054	494,419	600,294
	MARRIOTT VACATIONS WORLD	Corporate stocks	N/A	N/A	3,040	405,022	305,915
	MASCO CORP	Corporate stocks	N/A	N/A	3,869	158,227	206,798
	MCKESSON CORP	Corporate stocks	N/A	N/A	1,254	258,225	545,302
	METLIFE INC	Corporate stocks	N/A	N/A	10,393	588,625	653,824

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

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

SEPTEMBER 30, 2023

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

EIN 36-6513567
PLAN NO. 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value					
(a)	(b) Identity of Issuer	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	MGIC INVESTMENT	Corporate stocks	N/A	N/A	19,288	\$ 234,543	\$ 321,917
	MGM RESORTS INTERNATIONAL	Corporate stocks	N/A	N/A	14,221	668,315	522,764
	MGP INGREDIENTS INC	Corporate stocks	N/A	N/A	2,425	211,620	255,789
	MIRATI THERAPEUTICS INC	Corporate stocks	N/A	N/A	14,838	956,847	646,343
	MISTRAS GROUP INC	Corporate stocks	N/A	N/A	20,504	144,840	111,747
	MITSUBISHI ELECTRIC UNSP ADR	Corporate stocks	N/A	N/A	16,760	433,483	415,330
	MOLSON COORS BEVERAGE CO	Corporate stocks	N/A	N/A	14,129	814,297	898,463
	MOLINA HEALTHCARE INC	Corporate stocks	N/A	N/A	4,907	986,251	1,608,956
	MONGOOD INC	Corporate stocks	N/A	N/A	3,353	1,015,382	1,159,669
	MUELLER INDUSTRIES INC	Corporate stocks	N/A	N/A	3,033	236,776	227,960
	MURPHY USA INC	Corporate stocks	N/A	N/A	1,945	492,344	664,665
	MYERS INDUSTRIES INC	Corporate stocks	N/A	N/A	7,050	141,877	126,407
	NATIONAL FUEL GAS CO	Corporate stocks	N/A	N/A	5,758	311,283	298,898
	NATIONAL HEALTHCARE CORP	Corporate stocks	N/A	N/A	2,050	138,102	131,159
	NATURAL GROCERS BY VITAMIN C	Corporate stocks	N/A	N/A	14,157	204,330	182,767
	NEUROCRINE BIOSCIENCES	Corporate stocks	N/A	N/A	7,287	790,030	819,788
	NEW YORK TIMES CO CLASS A STOCK	Corporate stocks	N/A	N/A	18,019	660,388	742,383
	NEXSTAR MEDIA GROUP INC	Corporate stocks	N/A	N/A	2,366	398,341	339,213
	NORDSON CORP	Corporate stocks	N/A	N/A	3,094	211,173	690,488
	NORDSTROM INC	Corporate stocks	N/A	N/A	14,351	268,151	214,404
	NORTHEAST BKLEWISTON	Corporate stocks	N/A	N/A	4,145	92,354	182,795
	NORTHWEST PIPE CO	Corporate stocks	N/A	N/A	9,375	225,617	282,844
	NORWEGIAN CRUISE LINE HOLDINGS LTD	Corporate stocks	N/A	N/A	17,577	336,565	289,669
	NOVARTIS AG-ADR	Corporate stocks	N/A	N/A	6,422	546,170	654,145
	NOW INC/DE	Corporate stocks	N/A	N/A	8,815	82,214	104,634
	NUCOR CORP	Corporate stocks	N/A	N/A	563	43,346	88,025
	NVE CORPORATION	Corporate stocks	N/A	N/A	975	50,812	80,087
	NVENTELEC PLC	Corporate stocks	N/A	N/A	9,336	521,280	494,715
	NVR INC	Corporate stocks	N/A	N/A	98	535,754	584,403
	OASIS PETROLEUM INC	Corporate stocks	N/A	N/A	1,458	87,275	236,298
	OGE ENERGY CORP	Corporate stocks	N/A	N/A	6,615	236,484	220,478
	O-I GLASS INC	Corporate stocks	N/A	N/A	15,247	205,883	255,082
	OIL-DRI CORP OF AMERICA	Corporate stocks	N/A	N/A	4,095	127,640	252,866
	OIL STATES INTERNATIONAL INC	Corporate stocks	N/A	N/A	15,575	97,856	130,363
	OLIN CORP	Corporate stocks	N/A	N/A	3,506	66,283	175,230
	ON SEMICONDUCTOR CORPORATION	Corporate stocks	N/A	N/A	13,562	1,072,147	1,260,588
	OPTION CARE HEALTH INC	Corporate stocks	N/A	N/A	9,482	329,511	306,743
	O'REILLY AUTOMOTIVE INC	Corporate stocks	N/A	N/A	654	561,124	594,394
	ORGANON & CO	Corporate stocks	N/A	N/A	12,943	415,818	224,690
	OSHKOSH CORPORATION	Corporate stocks	N/A	N/A	2,256	232,882	215,290
	OUTSET MEDICAL INC	Corporate stocks	N/A	N/A	7,696	364,580	83,732
	OVINTIV INC	Corporate stocks	N/A	N/A	12,820	545,006	609,847
	OWENS CORNING INC	Corporate stocks	N/A	N/A	694	43,570	94,669
	PACKAGING CORP OF AMERICA	Corporate stocks	N/A	N/A	736	76,321	113,013
	PARKER HANNIFIN CORP	Corporate stocks	N/A	N/A	577	60,336	224,753
	PAYCHEX INC	Corporate stocks	N/A	N/A	10,920	1,249,402	1,259,404
	PAYCOM SOFTWARE INC	Corporate stocks	N/A	N/A	1,902	581,922	493,132
	PC-TEL INC	Corporate stocks	N/A	N/A	16,962	93,154	70,562
	PENSKE AUTOMOTIVE GROUP INC	Corporate stocks	N/A	N/A	4,107	621,642	686,115
	PENTAIR PLC	Corporate stocks	N/A	N/A	6,171	297,352	399,572
	PEOPLES BANCORP INC	Corporate stocks	N/A	N/A	6,125	159,106	155,453
	PERFORMANCE FOOD GROUP	Corporate stocks	N/A	N/A	5,121	197,028	301,422
	PERMIAN RESOURCES CORP	Corporate stocks	N/A	N/A	26,644	278,567	371,950
	PERRIGO COMPANY PLC	Corporate stocks	N/A	N/A	8,931	456,476	285,345
	PHILIPS ELECTRONICS NV	Corporate stocks	N/A	N/A	20,787	319,923	414,493
	PINNACLE WEST CAPITAL CORP	Corporate stocks	N/A	N/A	3,206	240,452	236,218
	POSTAL REALTY TRUST INC	Corporate stocks	N/A	N/A	4,945	89,794	66,758
	POST HOLDINGS INC	Corporate stocks	N/A	N/A	6,218	546,163	533,131
	POWER INTEGRATIONS INC	Corporate stocks	N/A	N/A	6,797	226,447	518,679
	PPL CORPORATION	Corporate stocks	N/A	N/A	9,914	288,960	233,574
	PREMIER FINANCIAL CORP	Corporate stocks	N/A	N/A	9,190	188,398	156,781
	PRESTIGE BRANDS HOLDINGS INC	Corporate stocks	N/A	N/A	4,450	268,087	254,496
	PRIMIS FINANCE CORP	Corporate stocks	N/A	N/A	18,650	257,009	151,998
	PRINCE GEORGE	Corporate stocks	N/A	N/A	1,031	85,066	105,574
	PROGRESS SOFTWARE CORP	Corporate stocks	N/A	N/A	4,025	195,136	211,635
	PROSPER CITY BANCSHARES INC	Corporate stocks	N/A	N/A	3,503	239,633	191,194
	PUBLIC SERVICES ENTERPRISES	Corporate stocks	N/A	N/A	4,207	235,990	239,420
	PULTE GROUP INC	Corporate stocks	N/A	N/A	22,153	1,286,837	1,640,430
	PVH CORP	Corporate stocks	N/A	N/A	3,600	216,830	275,436
	QUEST DIAGNOSTICS INC	Corporate stocks	N/A	N/A	4,407	557,830	537,037
	RALPH LAUREN CORP	Corporate stocks	N/A	N/A	2,792	298,453	324,123
	RANGER ENERGY SVCS INC	Corporate stocks	N/A	N/A	2,600	37,273	36,868
	RANGE RESOURCES CORP	Corporate stocks	N/A	N/A	8,647	215,435	280,249
	RAYMOND JAMES FINANCIAL INC	Corporate stocks	N/A	N/A	6,324	608,940	635,119
	RB GLOBAL INC	Corporate stocks	N/A	N/A	4,168	282,423	260,500
	REGAL REXNORD CORP	Corporate stocks	N/A	N/A	4,147	603,756	592,523
	REGIONS FINANCIAL CORP	Corporate stocks	N/A	N/A	36,269	646,987	623,827
	REINSURANCE GROUP OF AMERICA INC	Corporate stocks	N/A	N/A	1,700	182,910	246,823
	RELIANCE STEEL & ALUMINUM	Corporate stocks	N/A	N/A	1,795	314,345	470,703
	ROYAL CARIBBEAN GROUP	Corporate stocks	N/A	N/A	14,491	1,235,454	1,335,201
	RYDER SYSTEMS INC	Corporate stocks	N/A	N/A	5,094	468,095	544,803
	SAIA INC	Corporate stocks	N/A	N/A	1,006	152,685	401,042
	SANOFI AVENTIS-ADR	Corporate stocks	N/A	N/A	11,634	550,474	624,048

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

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

SEPTEMBER 30, 2023

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

EIN 36-6513567
PLAN NO. 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value					
(a)	(b) Identity of Issuer	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	SAREPTA THERAPEUTICS INC	Corporate stocks	N/A	N/A	5,169	\$ 655,995	\$ 626,586
	SCIENTIFIC GAMES CORP	Corporate stocks	N/A	N/A	4,212	279,898	300,442
	SECOM CO	Corporate stocks	N/A	N/A	22,191	377,676	376,981
	SELECT MEDICAL HOLDINGS CORP	Corporate stocks	N/A	N/A	9,350	200,686	236,275
	SENECA FOODS CORP CLA	Corporate stocks	N/A	N/A	5,850	282,961	314,906
	SHELL PLC(ADR)	Corporate stocks	N/A	N/A	12,008	547,870	773,075
	SHOCKWAVE MED INC	Corporate stocks	N/A	N/A	3,362	335,028	669,374
	SHOE CARNIVAL INC	Corporate stocks	N/A	N/A	10,755	195,205	258,443
	SIERRA BANCORP	Corporate stocks	N/A	N/A	7,250	152,235	137,460
	SILICOM LTD.	Corporate stocks	N/A	N/A	3,340	122,295	87,174
	SILVERBOW RESOURCES INC	Corporate stocks	N/A	N/A	5,275	172,175	188,687
	SILVER CREST METALS	Corporate stocks	N/A	N/A	38,450	218,475	169,565
	SINGAPORE TELECOMMUNICATIONS	Corporate stocks	N/A	N/A	14,217	389,797	252,067
	SITE CTRS CORP COM NEW	Corporate stocks	N/A	N/A	21,093	366,979	260,077
	SMART FINANCIAL INC	Corporate stocks	N/A	N/A	3,890	83,198	83,129
	SMART GLOBAL HOLDINGS INC	Corporate stocks	N/A	N/A	5,920	91,409	144,152
	SM ENERGY CO	Corporate stocks	N/A	N/A	7,429	273,306	294,560
	SMITH AO CORP	Corporate stocks	N/A	N/A	10,700	562,381	707,591
	SNAM RETE GAS-UNSPONSOR ADR	Corporate stocks	N/A	N/A	62,538	695,776	589,171
	SNAP-ON INC	Corporate stocks	N/A	N/A	877	175,417	223,688
	SONOCO PRODUCTS CO	Corporate stocks	N/A	N/A	1,719	94,036	93,428
	SONY CORP SPONSORED ADR	Corporate stocks	N/A	N/A	5,971	469,135	492,070
	SOUTHSTATE CORP	Corporate stocks	N/A	N/A	4,355	319,677	293,353
	SPARTAN NASH CO	Corporate stocks	N/A	N/A	4,375	91,577	96,250
	SPOK HOLDINGS INC	Corporate stocks	N/A	N/A	23,475	236,488	334,988
	SPRINGWORKS THERAPEUTICS INC	Corporate stocks	N/A	N/A	11,834	769,145	273,602
	SSE PLC	Corporate stocks	N/A	N/A	15,173	243,901	298,165
	STANDARD MOTOR PRODUCTS INC	Corporate stocks	N/A	N/A	7,325	301,273	246,267
	STATE STREET CORP	Corporate stocks	N/A	N/A	9,240	679,277	618,710
	STEEL DYNAMICS INC	Corporate stocks	N/A	N/A	914	35,380	97,999
	STEVEN MADDEN LTD	Corporate stocks	N/A	N/A	6,186	211,517	196,529
	STIFEL FINANCIAL CORP	Corporate stocks	N/A	N/A	11,187	614,557	687,329
	SUPERMICRO COMPUTER, INC.	Corporate stocks	N/A	N/A	5,025	955,686	1,377,956
	SYNCHRONY FINANCIAL	Corporate stocks	N/A	N/A	20,701	613,188	632,830
	SYNOVUS FINANCIAL CORP	Corporate stocks	N/A	N/A	8,773	318,115	243,889
	TAIWAN SEMICONDUCTOR	Corporate stocks	N/A	N/A	2,491	78,377	216,468
	TAKEDA PHARMACEUTICALS PADRA	Corporate stocks	N/A	N/A	36,450	778,415	563,882
	TAYLOR MORRISON HOME CORP	Corporate stocks	N/A	N/A	14,528	656,293	619,038
	TELIA COMPANY AB.UNSPON ADR	Corporate stocks	N/A	N/A	40,163	409,048	166,877
	TENET HEALTHCARE CORP	Corporate stocks	N/A	N/A	11,640	801,291	766,960
	TERADATA CORP	Corporate stocks	N/A	N/A	7,258	325,403	326,755
	TEREX CORP	Corporate stocks	N/A	N/A	4,689	262,704	270,180
	TESCO PLC	Corporate stocks	N/A	N/A	49,284	522,073	476,773
	TETRA TECH INC	Corporate stocks	N/A	N/A	23,024	74,817	146,893
	TEXT RON INC	Corporate stocks	N/A	N/A	5,379	425,695	420,315
	THE CIGNA GROUP	Corporate stocks	N/A	N/A	1,886	449,732	539,528
	THE SHYFT GROUP INC	Corporate stocks	N/A	N/A	11,315	292,302	169,386
	TIMKEN CO	Corporate stocks	N/A	N/A	2,987	241,530	219,515
	T-MOBILE US INC	Corporate stocks	N/A	N/A	1,668	152,188	233,603
	TOLL BROTHERS INC	Corporate stocks	N/A	N/A	7,338	531,714	542,718
	TOP BUILD CORP	Corporate stocks	N/A	N/A	3,133	554,936	788,263
	TOTAL ENERGIES	Corporate stocks	N/A	N/A	4,941	248,116	324,920
	TOYOTA INDUSTRIES	Corporate stocks	N/A	N/A	7,011	413,800	553,224
	TURNING POINT BRANDS INC	Corporate stocks	N/A	N/A	9,700	218,701	223,973
	TUTOR PERINI CORP	Corporate stocks	N/A	N/A	37,465	347,262	293,351
	TYLER TECHNOLOGIES INC	Corporate stocks	N/A	N/A	2,782	1,004,125	1,074,241
	UGI CORP NEW	Corporate stocks	N/A	N/A	23,550	726,748	541,650
	UNITED FIRE GROUP INC	Corporate stocks	N/A	N/A	7,523	216,269	148,579
	UNITED OVERSEAS BANK LTD SP ADR	Corporate stocks	N/A	N/A	14,205	485,359	593,215
	UNITED RENTALS INC	Corporate stocks	N/A	N/A	523	89,481	232,510
	UNITIL CORP	Corporate stocks	N/A	N/A	5,590	275,907	238,749
	UNIVERSAL ELECTRONICS INC	Corporate stocks	N/A	N/A	2,000	78,904	18,100
	UNIVERSAL STAINLESS & ALLOY	Corporate stocks	N/A	N/A	6,870	77,860	90,066
	UNUM GROUP	Corporate stocks	N/A	N/A	20,361	701,287	1,001,558
	UPM KYMMENE OYJ	Corporate stocks	N/A	N/A	2,780	89,555	95,571
	VAALCO ENERGY INC	Corporate stocks	N/A	N/A	28,155	149,681	123,600
	VALLEY NATIONAL BANCORP	Corporate stocks	N/A	N/A	29,077	339,119	248,899
	VALMONT INDUSTRIES	Corporate stocks	N/A	N/A	1,711	425,397	410,999
	VERACYTE INC	Corporate stocks	N/A	N/A	8,086	195,102	180,560
	VERITEX HLDGS INC	Corporate stocks	N/A	N/A	12,553	245,188	225,326
	VERIZON COMMUNICATIONS	Corporate stocks	N/A	N/A	7,720	351,118	250,205
	VISHAY PRECISION GROUP INC	Corporate stocks	N/A	N/A	5,015	160,136	168,404
	VISTEON CORP	Corporate stocks	N/A	N/A	2,141	189,706	295,608
	VISTRA	Corporate stocks	N/A	N/A	18,014	348,260	597,705
	VONTIER CORP	Corporate stocks	N/A	N/A	7,072	220,244	218,666
	VOYA FINANCIAL INC	Corporate stocks	N/A	N/A	4,104	174,063	272,711
	WABTEC CORP	Corporate stocks	N/A	N/A	2,970	239,955	315,622
	WASHINGTON TRUST BANCORP	Corporate stocks	N/A	N/A	3,995	180,713	105,188
	WATERSTONE FINANCIAL INC	Corporate stocks	N/A	N/A	8,600	165,690	94,170
	WAYSIDE TECHNOLOGY GROUP INC	Corporate stocks	N/A	N/A	1,925	86,601	82,794
	WELLS FARGO CO	Corporate stocks	N/A	N/A	16,012	606,152	654,250
	WESTERN UNION CO	Corporate stocks	N/A	N/A	42,491	520,304	560,031
	WESTLAKE CORP	Corporate stocks	N/A	N/A	2,924	154,992	364,535

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

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

SEPTEMBER 30, 2023

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

EIN 36-6513567
PLAN NO. 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value					
(a)	(b) Identity of Issuer	Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	WH GROUP LTD SPON ADR	Corporate stocks	N/A	N/A	22,843	\$ 372,909	\$ 239,760
	WINGSTOP INC	Corporate stocks	N/A	N/A	3,579	615,889	643,647
	WPP PLC	Corporate stocks	N/A	N/A	9,825	664,653	437,992
	XENON PHARMACEUTICALS INC.	Corporate stocks	N/A	N/A	7,827	329,536	267,370
	Total corporate stocks - line 1c(4)(B)					161,033,265	173,923,537
	Limited partnerships						
	American Core Realty Fund	Limited partnerships	N/A	N/A	N/A	56,035,704	64,868,979
	CK Opportunities Offshore Fund, LP	Limited partnerships	N/A	N/A	N/A	7,411,417	8,406,449
	Corbin Erisa Opportunity Fund, LP	Limited partnerships	N/A	N/A	N/A	11,787,279	19,039,313
	Grosvenor Institutional Partners, LP	Limited partnerships	N/A	N/A	N/A	30,500,000	60,983,125
	INVESCO VENTURE ALPHA FUND II, LP	Limited partnerships	N/A	N/A	N/A	4,302,608	4,886,259
	JP MORGAN IIF ERISA LP	Limited partnerships	N/A	N/A	N/A	7,000,000	7,392,046
	Labor Impact Feeder Fund, LP	Limited partnerships	N/A	N/A	N/A	2,553,429	4,711,580
	Private Advisors Small Company Buyout V-ERISA	Limited partnerships	N/A	N/A	N/A	3,673,671	3,535,834
	Private Advisors Small Company Private Equity Fund VIII, LP	Limited partnerships	N/A	N/A	N/A	4,039,536	9,083,387
	Vintage VIII Offshore SCSP	Limited partnerships	N/A	N/A	N/A	3,827,002	6,804,008
	White Oak Pinnacle Fund, LP		0 0	N/A	N/A	5,734,824	3,402,221
	Total limited partnerships - line 1c(5)					127,303,644	193,113,201
	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
	Pooled separate account						
	ULLICO	Pooled separate account	N/A	N/A	1,110,500	18,775,530	19,422,579
	Total pooled separate account - line 1c(10)					18,775,530	19,422,579
	Common collective trusts						
	ASB ALLEGIANCE CHEVY CHASE TRUST	Common collective trusts	N/A	N/A	N/A	16,637,625	13,899,932
	INVESCO INTERNATIONAL GROWTH TRUST CLASS I	Common collective trusts	N/A	N/A	N/A	10,101,430	13,877,877
	L&G MSCI ACWI ex US Index	Common collective trusts	N/A	N/A	N/A	16,249,483	20,501,688
	L&G S&P 500 Index	Common collective trusts	N/A	N/A	N/A	71,983,056	82,577,324
	LOOMIS SAYLES LARGE CAP GROWTH TRUST	Common collective trusts	N/A	N/A	N/A	52,847,087	64,691,086
	NIS CORE FIXED INCOME FUND	Common collective trusts	N/A	N/A	N/A	71,731,404	92,924,255
	NIS INTERMEDIATE FIXED INCOME FUND	Common collective trusts	N/A	N/A	N/A	33,544,147	36,203,032
	RAINIER INTL SMALL CAP EQ CIT FD CL A	Common collective trusts	N/A	N/A	N/A	10,000,000	12,024,003
	Total common collective trusts - line 1c(9)					283,094,232	336,699,197
	Total assets (held at end of year) - at fair value					\$ 674,667,000	\$ 809,884,113
	Investments at contract value					Cost	Current Value
	Insurance company contract						
	UNITED OF OMAHA					\$ 2,470,957	\$ 2,470,957
	Total insurance company contracts - line 1c(14)					\$ 2,470,957	\$ 2,470,957

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2022 Form 5500 Schedule MB

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

Distribution Of Active Members By Age And Service As Of October 1, 2022																				
	Years of 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	
	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben
Under 25	44	30.95	60	163	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25 to 29	42	38.74	108	237	39	812	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
30 to 34	50	35	159	297	96	901	21	1,318	2	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
35 to 39	36	46.21	122	329	144	1,033	48	1,487	48	2,076	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
40 to 44	17	N/A	102	282	127	1,027	73	1,709	91	2,448	56	2,738	4	N/A	0	N/A	0	N/A	0	N/A
45 to 49	17	N/A	78	329	82	1,112	53	1,742	101	2,418	109	3,298	27	3,606	2	N/A	0	N/A	0	N/A
50 to 54	21	56.29	55	364	56	1,103	46	1,722	97	2,507	127	3,144	71	3,768	33	3,853	2	N/A	0	N/A
55 to 59	2	N/A	43	281	43	1,040	44	1,784	74	2,476	95	3,070	68	3,758	64	3,773	23	4,612	0	N/A
60 to 64	4	N/A	24	286	30	1,073	20	1,370	33	2,138	50	3,105	39	3,007	50	3,705	40	3,704	25	4,416
65 to 69	0	N/A	4	N/A	5	N/A	4	N/A	6	N/A	12	N/A	10	N/A	5	N/A	4	N/A	14	N/A
70 & up	1	N/A	1	N/A	0	N/A	2	N/A	1	N/A	2	N/A	1	N/A	0	N/A	1	N/A	1	N/A
Total	234	39	756	287	623	1,020	311	1,644	453	2,384	451	3,108	220	3,544	154	3,762	70	3,966	40	4,438

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2022 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, 2022						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	10/1/2022 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
10. Experience Loss	10/1/2022	15,546,361	15.00	15,546,361	15.00	1,612,437
11. Plan Amendment	10/1/2022	37,685,457	15.00	37,685,457	15.00	3,908,658
TOTAL CHARGES		284,952,764		\$ 195,341,788		\$ 35,927,629
CREDITS						
1. Experience Gain	10/1/2018	\$ 914,417	15.00	\$ 756,302	12.00	\$ 95,023
2. Experience Gain	10/1/2019	3,565,643	15.00	3,118,549	13.00	370,174
3. Experience Gain	10/1/2021	17,453,135	15.00	16,769,223	15.00	1,810,203
TOTAL CREDITS		\$ 21,933,195		\$ 20,644,074		\$ 2,275,400
NET CHARGE		\$ 263,019,569		\$ 174,697,714		\$ 33,652,229

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

1. The RPA '94 Current Liability interest rate was changed from 2.28% to 2.38% to comply with appropriate guidance and remains within the required corridor as prescribed by the IRS.
2. The RPA '94 Current Liability mortality table changed from the 2021 static mortality table to the 2022 static mortality table to comply with appropriate guidance.
3. For financial disclosure under FASB ASC 960, the per capita annual expense to determine future administrative expense was changed from \$160.56 to \$151.56.

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2022 Form 5500 Schedule MB

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

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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
10. Experience Loss	10/1/2022	15,546,361	15.00	15,546,361	15.00	1,612,437
11. Plan Amendment	10/1/2022	37,685,457	15.00	37,685,457	15.00	3,908,658
TOTAL CHARGES		284,952,764		\$ 195,341,788		\$ 35,927,629
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3. Experience Gain	10/1/2021	17,453,135	15.00	16,769,223	15.00	1,810,203
TOTAL CREDITS		\$ 21,933,195		\$ 20,644,074		\$ 2,275,400
NET CHARGE		\$ 263,019,569		\$ 174,697,714		\$ 33,652,229

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

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2. The RPA '94 Current Liability mortality table changed from the 2021 static mortality table to the 2022 static mortality table to comply with appropriate guidance.
3. For financial disclosure under FASB ASC 960, the per capita annual expense to determine future administrative expense was changed from \$160.56 to \$151.56.

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2022 Form 5500 Schedule MB

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

Valuation Date: October 1, 2022

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

2.38% (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, 2022 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 \$151.56 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

2022 Applicable Mortality Table

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2022 Form 5500 Schedule MB

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:

<u>Scavengers</u>		<u>Garage Attendants</u>	
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:

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

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2022 Form 5500 Schedule MB

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
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
2022	\$382.20/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.

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2022 Form 5500 Schedule MB

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 RPA '94 Current Liability interest rate was changed from 2.28% to 2.38% 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 2021 static mortality table to the 2022 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 \$160.56 to \$151.56.

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.

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 1
DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS	658,277.	949,382.
PREPAID EXPENSES	2,784,645.	3,149,165.
DUE FROM BROKER	0.	102,686.
TOTAL TO SCHEDULE H, LINE 1B(3)	3,442,922.	4,201,233.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 2
DESCRIPTION	BEGINNING	ENDING
DUE TO BROKER	168,750.	0.
DUE TO RELATED ORGANIZATIONS	0.	60,628.
TOTAL TO SCHEDULE H, LINE 1J	168,750.	60,628.

SCHEDULE H	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
SECURITIES LITIGATION		495.
MISCELLANEOUS INCOME		14,840.
COMMISSION RECAPTURE		5,270.
WITHDRAWAL LIABILITY INCOME		48,595.
NET INVESTMENT GAIN ON PARTNERSHIPS		-2,877,349.
TOTAL TO SCHEDULE H, LINE 2C		-2,808,149.

SCHEDULE H

OTHER ADMINISTRATIVE EXPENSES

STATEMENT 4

DESCRIPTION

AMOUNT

COMPUTER MAINTENANCE	64,282.
DEPRECIATION- OFFICE EQUIPMENT	20,269.
FIDUCIARY LIABILITY & BONDING INSURANCE	120,806.
INSURANCE CONTRACT EXPENSE CHARGES	92,670.
PLAN TERMINATION INSURANCE	255,232.
BUILDING EXPENSES	1,069,691.
ADMINISTRATIVE EXPENSES REIMBURSED TO LOCAL 731 EXCAVATORS	
WELFARE FUND	472,405.
PRINTING, POSTAGE AND OFFICE EXPENSE	80,564.
TOTAL TO SCHEDULE H, LINE 2I(4)	2,175,919.

Local No. 731, I.B. of T. Pension Fund
Pension Trust Fund
EIN: 36-6513567
September 30, 2023

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		382.20	9/30/2024
	Garage Attendant		62.00	9/30/2024
Groot Recycling and Waste Services		36-2430346		
	Private Scavenger		382.20	9/30/2024
	Garage Attendant		62.00	9/30/2024
Lake Shore Waste Services, LLC		36-4437735		
	Private Scavenger		382.20	9/30/2024
	Garage Attendant		62.00	9/30/2024
Homewood Transfer Trailer		36-3519935		
	Private Scavenger		382.20	9/30/2024
	Garage Attendant		62.00	9/30/2024

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2022 Form 5500 Schedule MB

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	\$ 3,279,613	\$ 3,241,735	\$ 32,682,606	\$ 39,203,954
2023	6,714,253	3,975,678	31,972,014	42,661,945
2024	10,043,352	4,682,087	31,246,435	45,971,874
2025	13,460,735	5,451,819	30,418,262	49,330,816
2026	16,807,274	6,231,108	29,572,792	52,611,174
2027	19,896,360	6,707,579	28,654,162	55,258,101
2028	22,742,132	7,267,757	27,789,356	57,799,245
2029	25,482,496	7,910,874	26,841,432	60,234,802
2030	27,957,613	8,661,130	25,920,511	62,539,254
2031	30,297,924	9,315,628	24,943,265	64,556,817
2032	32,416,448	9,878,941	23,922,539	66,217,928
2033	34,200,975	10,338,522	22,907,850	67,447,347
2034	35,796,799	10,750,670	21,865,418	68,412,887
2035	37,178,342	10,952,740	20,798,376	68,929,458
2036	38,249,321	10,991,420	19,710,004	68,950,745
2037	39,100,719	11,053,714	18,605,092	68,759,525
2038	39,740,679	11,170,363	17,488,598	68,399,640
2039	40,284,704	11,087,219	16,366,309	67,738,232
2040	40,560,726	11,067,148	15,244,742	66,872,616
2041	40,636,536	10,985,663	14,130,313	65,752,512
2042	40,551,628	10,825,160	13,029,639	64,406,427
2043	40,249,176	10,656,048	11,949,708	62,854,932
2044	39,800,299	10,413,796	10,897,625	61,111,720
2045	39,144,529	10,045,458	9,880,533	59,070,520
2046	38,369,981	9,684,268	8,905,539	56,959,788

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2047	\$ 37,430,744	\$ 9,293,837	\$ 7,979,254	\$ 54,703,835
2048	36,373,283	8,857,246	7,107,072	52,337,601
2049	35,213,331	8,401,227	6,292,981	49,907,539
2050	33,934,949	7,898,073	5,539,868	47,372,890
2051	32,534,376	7,405,398	4,849,061	44,788,835
2052	31,071,261	6,905,071	4,220,600	42,196,932
2053	29,557,543	6,429,824	3,653,441	39,640,808
2054	28,011,524	5,924,059	3,145,609	37,081,192
2055	26,423,712	5,434,667	2,694,049	34,552,428
2056	24,842,618	4,959,173	2,295,191	32,096,982
2057	23,242,492	4,507,131	1,945,057	29,694,680
2058	21,662,358	4,073,953	1,639,459	27,375,770
2059	20,083,848	3,663,925	1,374,269	25,122,042
2060	18,551,399	3,276,625	1,145,530	22,973,554
2061	17,050,739	2,915,924	949,306	20,915,969
2062	15,606,581	2,582,140	781,941	18,970,662
2063	14,221,626	2,275,394	640,151	17,137,171
2064	12,905,477	1,995,248	520,855	15,421,580
2065	11,658,223	1,740,982	421,127	13,820,332
2066	10,481,271	1,511,356	338,376	12,331,003
2067	9,381,249	1,305,098	270,122	10,956,469
2068	8,359,557	1,120,835	214,248	9,694,640
2069	7,414,476	957,120	168,995	8,540,591
2070	6,545,909	812,609	132,651	7,491,169
2071	5,752,223	685,739	103,587	6,541,549

- Based on 2022 funding assumptions
- Amounts payable mid-year
- Per the 5500 instructions, the benefit payments do not include additional accruals, new entrants, or expected expenses.

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2022 Form 5500 Schedule MB

Schedule MB, line 6f(1) – Description of Withdrawal Liability Interest Rate

- Active and terminated vested participants: 7.20% per year
- Retired participants: 6.90% per year

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2022 Form 5500 Schedule MB

Schedule MB, line 8b(3) – Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	\$ 50,821,422	\$ 0	\$ 50,821,422
2023	53,611,665	0	53,611,665
2024	53,611,665	0	53,611,665
2025	53,611,665	0	53,611,665
2026	53,611,665	0	53,611,665
2027	53,611,665	0	53,611,665
2028	53,611,665	0	53,611,665
2029	53,611,665	0	53,611,665
2030	53,611,665	0	53,611,665
2031	53,611,665	0	53,611,665

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 2022 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning <u>10/01/2022</u> and ending <u>09/30/2023</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.) ☐ a single-employer plan ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here ☒ D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____ E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II Basic Plan Information - enter all requested information											
1a Name of plan LOCAL NO. 731, I.B. OF T., PENSION FUND 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 10/01/1962</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 36-6513567</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 630-887-4150</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 562000</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 10/01/1962		2b Employer Identification Number (EIN) 36-6513567		2c Plan Sponsor's telephone number 630-887-4150		2d Business code (see instructions) 562000	
1b Three-digit plan number (PN) ►	001										
1c Effective date of plan 10/01/1962											
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		7/5/2024	JOHN LISNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		7/5/2024	STEVE VOGRIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

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	8,091
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)	3,312
a (2) Total number of active participants at the end of the plan year	6a(2)	3,289
b Retired or separated participants receiving benefits	6b	2,062
c Other retired or separated participants entitled to future benefits	6c	2,222
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	7,573
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	646
f Total. Add lines 6d and 6e	6f	8,219
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	142
--	----------	-----

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, 2023

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	\$111,834,718	\$ -	\$111,834,718	\$ 111,834,718	\$ -
L&G S&P 500 Index	71,983,056	-	71,983,056	71,983,056	-
Goldman Financial Square Govt-A Fd# 465	-	105,375,780	105,375,780	105,375,780	-
ASB Labor Equity Index Fund		71,983,258	67,912,861	71,983,258	4,070,397

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2022**This Form is Open to Public
Inspection**For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023▶ **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) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 10 Day 1 Year 2022**b Assets**(1) Current value of assets **1b(1)** 743,937,925(2) Actuarial value of assets for funding standard account **1b(2)** 794,924,465**c** (1) Accrued liability for plan using immediate gain methods **1c(1)** 772,264,229

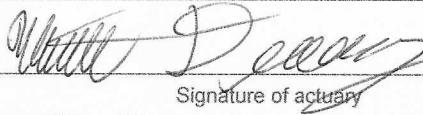
(2) Information for plans using spread gain methods:

(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)** 772,264,229**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)** 1,593,605,887(b) Expected increase in current liability due to benefits accruing during the plan year **1d(2)(b)** 44,186,651(c) Expected release from "RPA '94" current liability for the plan year **1d(2)(c)** 38,777,547(3) Expected plan disbursements for the plan year **1d(3)** 39,091,132**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

Matt Deveney, FSA, EA

Type or print name of actuary

Cheiron, Inc.

Firm name

8300 Greensboro Drive
Suite 800
McLean

VA 22102

Address of the firm

7/1/2024

Date

23-07754

Most recent enrollment number

(877) 243-4766

Telephone number (including area code)

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

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

Schedule MB (Form 5500) 2022
v. 220413

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	743,937,925
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2,565	503,351,991
(2) For terminated vested participants	2,216	234,858,969
(3) For active participants:		
(a) Non-vested benefits		107,122,870
(b) Vested benefits		748,272,057
(c) Total active	3,312	855,394,927
(4) Total	8,093	1,593,605,887
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	46.68 %

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
11/15/2022	4,444,751		04/14/2023	3,854,246	
12/15/2022	4,292,203		05/15/2023	4,905,264	
01/13/2023	5,062,428		06/15/2023	4,013,524	
02/15/2023	3,824,629		07/15/2023	3,964,517	
03/15/2023	3,904,063		08/15/2023	4,626,327	
Totals ▶			3(b)	52,039,489	3(c)
					0

(d) Total withdrawal liability amounts included in line 3(b) total	3(d)	0
--	-------------	---

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	102.9 %
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 plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.38 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.20 % 6.90 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-9.6 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1,226,610
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	15,546,361	1,612,437
3	37,685,457	3,908,658

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or 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	16,211,343

c Amortization charges as of valuation date:

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

(2) Funding waivers

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

	Outstanding balance	
9c(1)	195,341,788	35,927,629
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c..... **9d** 3,754,006**e** Total charges. Add lines 9a through 9d..... **9e** 55,892,978**Credits to funding standard account:****f** Prior year credit balance, if any..... **9f** 197,357,950**g** Employer contributions. Total from column (b) of line 3..... **9g** 52,039,489**h** Amortization credits as of valuation date..... **9h** 20,644,074 2,275,400**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... **9i** 15,938,175**j** Full funding limitation (FFL) and credits:

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

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

(3) FFL credit

	Outstanding balance	
9j(1)	259,312,080	
9j(2)	663,140,504	
9j(3)		0

k (1) Waived funding deficiency

(2) Other credits

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)..... **9l** 267,611,014**m** Credit balance: If line 9l is greater than line 9e, enter the difference**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2022 plan year

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

(a) Reconciliation outstanding balance as of valuation date

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

(3) Total as of valuation date

9o(1)	0
9o(2)(a)	0
9o(2)(b)	0
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

[illegible]