

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 02/01/2023 and ending 01/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
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 522 PENSION FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/1958
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) BOARD OF TRUSTEES OF LOCAL 522 PENSION FUND C/O UNITED TEAMSTER FUND 2137 UTICA AVENUE BROOKLYN, NY 11234-3827	2b Employer Identification Number (EIN) 11-6171611 2c Plan Sponsor's telephone number 718-859-2326 2d Business code (see instructions) 423300
	2137 UTICA AVENUE BROOKLYN, NY 11234-3827	

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.	10/28/2024	JAMES KANE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/28/2024	DENNIS MCGUIRE
	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 2403
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 846 6a(2) 844 6b 635 6c 801 6d 2280 6e 171 6f 2451 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 33

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 02/01/2023 and ending 01/31/2024	
A Name of plan LOCAL 522 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 522 PENSION FUND	D Employer Identification Number (EIN) 11-6171611

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	GA02220		02/01/2023	01/31/2024

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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	2628056

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****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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 02/01/2023 and ending 01/31/2024

- ▶ 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 522 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 BOARD OF TRUSTEES OF LOCAL 522 PENSION FUND	D Employer Identification Number (EIN) 11-6171611

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

1a Enter the valuation date: Month 02 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 100323547
(2) Actuarial value of assets for funding standard account.....	1b(2) 108345477
c (1) Accrued liability for plan using immediate gain methods	1c(1) 112137789
(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) 112137789
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) 209896291
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 8063358
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 8154996
(3) Expected plan disbursements for the plan year	1d(3) 8139881

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	10/24/2024
Signature of actuary JAY K. EGELBERG	Date 23-04981
Type or print name of actuary FIRST ACTUARIAL CONSULTING, INC.	Most recent enrollment number 212-395-9555
Firm name 1501 BROADWAY SUITE 1728, NEW YORK, NY 10036-5601	Telephone number (including area code)
Address of the firm	

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

a Current value of assets (see instructions)		2a	100323547
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1)	For retired participants and beneficiaries receiving payment	781	78817235
(2)	For terminated vested participants	768	46223008
(3)	For active participants:		
(a)	Non-vested benefits		16138123
(b)	Vested benefits		68717925
(c)	Total active	845	84856048
(4)	Total	2394	209896291
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	47.80 %

(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		
08/01/2023	3280573						
			Totals ►	3(b)	3280573	3(c)	

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: • 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."	4f	

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		2.60 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.00 %	0.70 %
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)	6.50 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.6 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-8.8 %	
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)	400000	
(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	1590365	163190

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	3482467

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)	23283417	3449876
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 485264**e** Total charges. Add lines 9a through 9d**9e** 7417607**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 756886**g** Employer contributions. Total from column (b) of line 3**9g** 3280573**h** Amortization credits as of valuation date**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 417066**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	
9h	18734219	3560920
9j(1)	17177347	
9j(2)	86378580	

k (1) Waived funding deficiency**(2)** Other credits**9j(3)** 0**9k(1)** 0**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 8015445**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 597838**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**(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** 0**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
		2023
		This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 02/01/2023 and ending 01/31/2024		
A Name of plan LOCAL 522 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 522 PENSION FUND	D Employer Identification Number (EIN) 11-6171611	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP
23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
INVESCO ADVISORS
58-1707262

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ENTRUSTPERMAL PARTNERS OFFSHORE, LP
90-0644478

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

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

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

UNITED TEAMSTER FUND

13-5549593

(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?
13 50	NONE	170458	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EAGLE CAPITAL MANAGEMENT

22-3361201

(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	107902	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES

36-2376645

(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 50	NONE	46897	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CALIBRE CPA GROUP, LLP

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 50	AUDITOR	41049	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY SMITH BARNEY, LLC

11-3658445

(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 50 72	NONE	40000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST ACTUARIAL CONSULTING, LLC

26-3842522

(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 50	NONE	32400	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)

PRINCIPAL CUSTODY SOLUTIONS

42-1466678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	31406	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AUTOMATIC DATA PROCESSING

22-1467904

(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 50	NONE	30550	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERCONTINENTAL REAL ESTATE CORP.

04-2895544

(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	25885	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)

CARY KANE, PLLC

88-1989795

(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 50	LEGAL COUNSEL	16975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNION LABOR LIFE INSURANCE 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	14077	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PACIFIC INCOME ADVISORS

95-4067974

(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	13932	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)

THE BERWYN GROUP

2 SUMMITT PARK DRIVE STE 610
INDEPENDENCE, OH 44131

(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 50	NONE	9300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAXON ADMINISTRATORS, INC.

52-1080377

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	5357	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
MAXON ADMINISTRATORS, INC.	22 23 53	5357
(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 CASUALTY CO. 1625 EYE ST., NW WASHINGTON, DC 20006 13-1423090	COMMISSIONS ON PLACEMENT OF FIDUCIARY INSURANCE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 02/01/2023 and ending 01/31/2024					
A Name of plan LOCAL 522 PENSION FUND				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 522 PENSION FUND				D Employer Identification Number (EIN) 11-6171611	
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: ULLICO SEPARATE ACCOUNT J					
b Name of sponsor of entity listed in (a): UNION LABOR LIFE INSURANCE COMPANY					
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) 2628056		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
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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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b Name of sponsor of entity listed in (a):					
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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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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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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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b Name of sponsor of entity listed in (a):					
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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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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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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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b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
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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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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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b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
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c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at		

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 02/01/2023 and ending 01/31/2024		
A Name of plan LOCAL 522 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 522 PENSION FUND	D Employer Identification Number (EIN) 11-6171611	

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	1107894	1167478
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	286611	350994
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	36754	144946
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4317043	4830078
(2) U.S. Government securities	1c(2)	4458553	4588506
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)	427273	439257
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)	10654744	13472690
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	2373240	1987157
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	2529823	2628056
(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)	73058542	77827923
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)	1084897	885105

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	77563	73988
f Total assets (add all amounts in lines 1a through 1e)	1f	100412937	108396178
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	79638	59856
i Acquisition indebtedness	1i		
j Other liabilities	1j	9752	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	89390	59856
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	100323547	108336322

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)	3390573	
(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)		3390573
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	208577	
(B) U.S. Government securities	2b(1)(B)	93526	
(C) Corporate debt instruments	2b(1)(C)	8544	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	33130	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		343777
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	145067	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1949975	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2095042
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	17869965	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	17401883	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		468082
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-393328	
(B) Other	2b(5)(B)	2529116	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		112311
(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)		6279696
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		14825269

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6096782	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6096782
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	170458	
(3) Recordkeeping fees.....	2i(3)	7599	
(4) IQPA audit fees.....	2i(4)	33449	
(5) Investment advisory and investment management fees	2i(5)	201902	
(6) Bank or trust company trustee/custodial fees	2i(6)	31406	
(7) Actuarial fees	2i(7)	32400	
(8) Legal fees	2i(8)	16975	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	221523	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		715712
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6812494

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8012775
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** as part of Schedule H because:

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?	☒		885105
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.		☒	

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 529734.

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 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 02/01/2023 and ending 01/31/2024					
A Name of plan LOCAL 522 PENSION FUND				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 522 PENSION FUND				D Employer Identification Number (EIN) 11-6171611	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ 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) 2023 v. 230707	

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 **LENOBLE LUMBER**

b EIN **13-2543688**

c Dollar amount contributed by employer **256702**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **01** Day **31** Year **2028**

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

(1) Contribution rate (in dollars and cents) **94.00**

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

a Name of contributing employer **NEW YORK BLOOD CENTER**

b EIN **13-1949477**

c Dollar amount contributed by employer **400842**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **01** Day **31** Year **2022**

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

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **7% OF SALARY**

a Name of contributing employer **GARDEN STATE LUMBER**

b EIN **22-1846048**

c Dollar amount contributed by employer **453318**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **01** Day **31** Year **2026**

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) **84.00**

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

a Name of contributing employer **MERCEDES BENZ OF BROOKLYN**

b EIN **90-0911787**

c Dollar amount contributed by employer **162240**

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 **2025**

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) **80.00**

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

a Name of contributing employer **KINGS AUTOMOTIVE**

b EIN **11-2948111**

c Dollar amount contributed by employer **191280**

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 **04** Day **30** Year **2026**

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) **80.00**

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

a Name of contributing employer **S&J SHEET METAL**

b EIN **13-1879345**

c Dollar amount contributed by employer **174500**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2026**

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):

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 **ISLAND AUTOMOTIVE**

b EIN **11-2948111**

c Dollar amount contributed by employer **153888**

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 **2026**

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) **80.00**

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

a Name of contributing employer **SRS DISTRIBUTION**

b EIN **22-1410747**

c Dollar amount contributed by employer **89380**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **01** Day **31** Year **2027**

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 **CITY LUMBER**

b EIN **13-3777228**

c Dollar amount contributed by employer **100523**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **01** Day **31** Year **2028**

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

(1) Contribution rate (in dollars and cents) **94.00**

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

a Name of contributing employer **L&W SUPPLY CORP.**

b EIN **36-2718996**

c Dollar amount contributed by employer **464310**

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 **03** Day **15** Year **2026**

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) **99.00**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

- 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

1436

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

1503

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

1407

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

a The corresponding number for the plan year immediately preceding the current plan year

15a

0.96

b The corresponding number for the second preceding plan year

15b

1.02

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

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

16a

0

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 58.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 20.0 %

High-Yield Debt: 6.0 % Real Assets: 12.0 % Cash or Cash Equivalents: 3.0 % Other: 1.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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



LOCAL 522 PENSION FUND

FINANCIAL STATEMENTS

JANUARY 31, 2024





LOCAL 522 PENSION FUND

FINANCIAL STATEMENTS

YEARS ENDED JANUARY 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Local 522 Pension Fund

Opinion

We have audited the accompanying financial statements of Local 522 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 January 31, 2024 and 2023, 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 the Plan as of January 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date 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 are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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



Supplemental 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) as of January 31, 2024, and reportable transactions for the year ended January 31, 2024, 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 January 31, 2024 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental 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.

Calibre CPA Group, PLLC

New York, NY
September 5, 2024



LOCAL 522 PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JANUARY 31, 2024 AND 2023

	2024	2023
Assets		
Investments, at fair value		
Cash equivalents	\$ 4,830,078	\$ 4,317,043
U.S. Government securities	4,588,506	4,458,553
Corporate bonds	439,257	427,273
Common stock	13,472,690	10,654,744
Mutual funds	77,827,923	73,058,542
Real estate LLC	1,987,157	2,373,240
Pooled separate account	2,628,056	2,529,823
Hedge funds of funds	885,105	1,084,897
Total investments	<u>106,658,772</u>	<u>98,904,115</u>
Receivables		
Employer contributions	350,994	286,611
Interest and dividends	111,163	36,753
Due from broker for securities sold	33,783	-
Total receivables	<u>495,940</u>	<u>323,364</u>
Cash	<u>1,167,478</u>	<u>1,107,894</u>
Prepaid expenses	<u>73,987</u>	<u>77,564</u>
Total assets	<u>108,396,177</u>	<u>100,412,937</u>
Liabilities		
Accounts payable and accrued expenses	59,855	79,638
Due to broker for securities purchased	-	9,752
Total liabilities	<u>59,855</u>	<u>89,390</u>
Net assets available for benefits	<u>\$ 108,336,322</u>	<u>\$ 100,323,547</u>

See accompanying notes to financial statements.



LOCAL 522 PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JANUARY 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ 8,995,876	\$ (11,522,182)
Interest and dividends	<u>2,438,820</u>	<u>1,856,880</u>
	11,434,696	(9,665,302)
Less investment expenses	<u>233,308</u>	<u>197,222</u>
Net investment income (loss)	11,201,388	(9,862,524)
Employer contributions	<u>3,390,573</u>	<u>3,282,394</u>
Total additions	<u>14,591,961</u>	<u>(6,580,130)</u>
Deductions		
Benefits paid to participants	6,096,782	5,546,459
Administrative expenses	<u>482,404</u>	<u>508,717</u>
Total deductions	<u>6,579,186</u>	<u>6,055,176</u>
Net change	8,012,775	(12,635,306)
Net assets available for benefits		
Beginning of year	<u>100,323,547</u>	<u>112,958,853</u>
End of year	<u>\$ 108,336,322</u>	<u>\$ 100,323,547</u>

See accompanying notes to financial statements.



LOCAL 522 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JANUARY 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

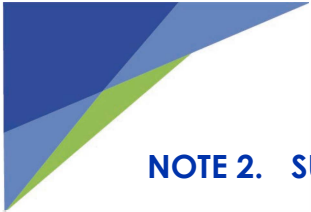
The following brief description of the Local 522 Pension Fund (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer defined benefit pension plan established under an Agreement and Declaration of Trust effective January 2, 1957, as amended, between Teamsters Local 522 (the Union), affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America, and various employers, primarily in the lumber and building supplies industry and having collective bargaining agreements with the Union requiring contributions to the Plan. The Union and the employers agreed to participate in the operation of a Trust Fund for the purpose of providing and maintaining pension benefits for employees of participating employers who are members of the Union. The Plan is administered by a Board of Trustees (Trustees) consisting of union and employer representatives and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits - The Plan provides various forms of retirement pension benefits as well as survivor benefits to eligible participants and beneficiaries as defined in the Plan Document. These include regular pensions, service pensions, early retirement pensions, disability pensions, and deferred vested pensions for those who meet specific eligibility requirements.

Benefits are paid in the form of a life annuity and are 100% vested after five years of vesting credits. The Plan requires (unless waived) participant and spousal benefits providing for actuarially reduced pensions to participants during their lifetime, after which the surviving spouse receives 50% or 75% of the calculated benefits for life depending on the option chosen. The Plan also provides a \$2,500 lump sum death benefit to the beneficiaries of a specific group of retirees.

Funding Policy - Funding to provide the benefits is made through monthly contributions by participating employers on behalf of each covered employee as provided for in the applicable prevailing collective bargaining agreements with the Union. Contributions are also made by the Union in its capacity as an employer. Contributions by participants are not permitted under the Plan. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of February 1, 2023 and 2022.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting. Under this basis, revenue is recorded when earned and expenses are recorded as incurred, regardless of when cash is exchanged.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, if any, and the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan determines its valuation policies utilizing information provided by the investment managers and custodian.

Purchases and sales of securities are recognized on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Employer Contributions Receivable - Contributions due from employers are accrued at year end only as to those amounts applicable to contribution periods which ended on or before the financial statement dates and are based on subsequent period cash collections. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, the Plan has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

New Accounting Pronouncement Adopted - During the year ended January 31, 2024, the Plan adopted the provisions of Accounting Standards Update (ASU) 2016-13, *Financial Instruments - Credit Losses* (Topic 326). This ASU replaced the incurred loss methodology with an expected loss methodology that is referred as the current expected credit loss (CECL) methodology. The ASU requires employee benefit plans to immediately recognize the estimated expected credit losses over the life of a financial instrument, including contributions and withdrawal liability receivables. The estimate of expected credit losses considers not only historical information, but also current and future economic conditions and events. The Plan adopted the ASU effective February 1, 2023. The impact of the adoption was not considered material to the financial statements and primarily resulted in additional disclosures.

NOTE 2. S

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

NOTE 3. ACTUARIAL INFORMATION

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered to contributing employers. Accumulated plan benefits include benefits expected to be paid to (a) pensioners or their beneficiaries (b) inactive participants with rights to immediate or deferred pensions or their beneficiaries and (c) active participants or their beneficiaries. Benefits under the Plan vary in amount, depending on the pension for which the participant qualifies, based on the number of pension credits or years of vesting service attained, the participant's age at retirement and the pension option selected.

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuary, First Actuarial Consulting, Inc., and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the present value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of January 31, 2023, are as follows:

Mortality: Healthy - RP 2000 Mortality Table set forward three years projected with scale AA on a fully generational basis.

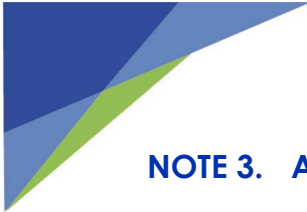
Disabled - RP 2000 disabled mortality table.

Retirement Rates:	<u>Age</u>	<u>Rate</u>
	55-61	10.0%
	62	20.0%
	63-64	15.0%
	65	100.0%

Termination Rates:	<u>Age</u>	<u>Rate</u>
	25	17.2%
	30	16.2%
	35	14.9%
	40	13.1%
	45	10.8%
	50	7.9%

Interest Rate: 6.50% per annum, net of both investment related and administrative expenses.

Administrative expenses: \$400,000 annually.



NOTE 3. ACTUARIAL INFORMATION (CONTINUED)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. In the event the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of February 1, 2023. Had the valuation been performed as of January 31, 2023, there would be no material differences.

The actuarial present value of accumulated plan benefits as of January 31, 2023 is shown below:

Actuarial present value of vested accumulated plan benefits:	
Participants currently receiving benefits	\$ 50,665,489
Participants entitled to deferred benefits	25,085,393
Other participants	<u>34,630,758</u>
Total vested benefits	110,381,640
Actuarial present value of non-vested accumulated plan benefits	<u>7,475,842</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 117,857,482</u>

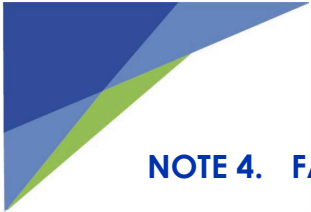
The factors which affected the change in the actuarial present value of accumulated plan benefits from the preceding to the current benefit information date are as follows:

Actuarial present value of accumulated plan benefits - February 1, 2022	<u>\$ 112,640,514</u>
Changes during year due to:	
Decrease in discount period at 6.50%	7,144,211
Benefits paid	(5,546,459)
Additional benefits earned, including experience gains and losses	<u>3,619,216</u>
Total change	<u>5,216,968</u>
Actuarial present value of accumulated plan benefits - January 31, 2023	<u>\$ 117,857,482</u>

Since information on the accumulated plan benefits at January 31, 2024, and changes therein for the year then ended are not included above, the financial statements do not purport to present the complete presentation of the financial status of the Plan as of January 31, 2024, and changes in its financial status for the year then ended. The financial statements present the complete financial status of the Plan as of January 31, 2023.

Pension Protection Act Filings

For each of the years ended January 31, 2024 and 2023, based on actuarial assumptions, participant and financial data, and Plan provisions, the Plan's actuary certified that the Plan was in neither Endangered nor Critical Status (Green Zone) as defined in the Pension Protection Act of 2006 (PPA), as amended.



NOTE 4. 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:

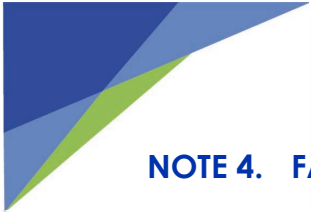
- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- quoted prices for similar assets or liabilities in active markets;
 - quoted prices for identical or similar assets or liabilities in inactive markets;
 - inputs other than quoted prices that are observable for the asset or liability; and
 - inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan uses valuation techniques to measure fair value that are consistent with the market approach and/or income approach, depending on the type of security and the particular circumstance. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable securities. The income approach uses valuation techniques to discount estimated future cash flows to present value.

Accounting standards permit the Plan, as a practical expedient, to estimate the fair value of their investment in certain investment entities that calculate net asset value (NAV) per share by using the NAV as reported by the management of the entity.

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at January 31, 2024 and 2023.

Cash equivalents - Cash equivalents consist of money markets funds that are valued at cost, which approximates fair value.



NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

U.S. Government securities - Valued at the closing price reported in the active market in which the individual securities are traded. Other securities are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds - Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available with comparable securities of issuers with similar credit ratings.

Common stock - Valued at quoted market prices reported on the national securities exchange in which the individual securities are traded. American Depositary Receipts (ADRs) are valued based on the stock's "home-country" exchange price converted to U.S. dollars and sold on American security exchanges.

Mutual funds - Valued at the daily closing price as reported in the active market in which the funds are traded. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price and therefore, are deemed to be actively traded.

Real estate LLC - Valued at the NAV per share at year end as reported by the LLC. The NAV, as provided by the LLC, is used as a practical expedient to estimate fair value. Share values are based on the current appraised value of the underlying real estate properties.

Pooled separate account - Valued at the NAV per share at year end as reported by the insurance company. The NAV, as provided by the insurance company, is used as a practical expedient to estimate fair value. Share values are based on the current market value of the underlying investments.

Hedge funds of funds - Valued at the NAV per share at year end as reported by the fund. The NAV, as provided by the fund, is used as a practical expedient to estimate fair value. Share values are based on the current market value of the underlying securities.

The preceding methods may produce a fair value calculation 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. In addition, the inputs and methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

NOTE 4. 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 January 31, 2024 and 2023.

Description	Assets at Fair Value as of January 31, 2024			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 4,830,078	\$ 4,830,078	\$ -	\$ -
U.S. Government securities	4,588,506	4,564,114	24,392	-
Corporate bonds	439,257	-	439,257	-
Common stock	13,472,690	11,211,417	2,261,273	-
Mutual funds	<u>77,827,923</u>	<u>77,827,923</u>	<u>-</u>	<u>-</u>
Total assets in fair value hierarchy	101,158,454	<u>\$ 98,433,532</u>	<u>\$ 2,724,922</u>	<u>\$ -</u>
Investments measured at NAV*	<u>5,500,318</u>			
Total assets at fair value	<u>\$ 106,658,772</u>			

Description	Assets at Fair Value as of January 31, 2023			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 4,317,043	\$ 4,317,043	\$ -	\$ -
U.S. Government securities	4,458,553	4,090,863	367,690	-
Corporate bonds	427,273	-	427,273	-
Common stock	10,654,744	9,518,380	1,136,364	-
Mutual funds	<u>73,058,542</u>	<u>73,058,542</u>	<u>-</u>	<u>-</u>
Total assets in fair value hierarchy	92,916,155	<u>\$ 90,984,828</u>	<u>\$ 1,931,327</u>	<u>\$ -</u>
Investments measured at NAV*	<u>5,987,960</u>			
Total assets at fair value	<u>\$ 98,904,115</u>			

*In accordance with accounting standards, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

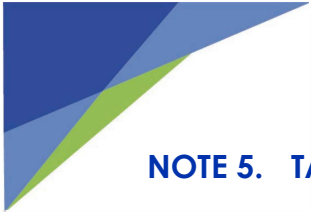
NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments that Calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of January 31, 2024 and 2023. The pooled separate account files U.S. Department of Labor Form 5500 as a direct filing entity (DFE). Accordingly, disclosure of the significant investment strategy for this investment is not required. The Plan did not have any unfunded commitments towards this investment.

Description	Fair Value		Redemption Frequency	Redemption Notice Period
	2024	2023		
Real Estate LLC				
U.S. Real Estate Investment Fund (a)	<u>\$ 1,987,157</u>	<u>\$ 2,373,240</u>	Quarterly	90 days
Pooled Separate Account				
ULLICO Separate Account J	<u>2,628,056</u>	<u>2,529,823</u>	Monthly	90 days
Hedge Funds of Funds				
Entrust Capital Diversified Fund (b)	19,976	27,768	See below	See below
EntrustPermal Special Opps. IV (c)	<u>865,129</u>	<u>1,057,129</u>	See below	See below
	<u>885,105</u>	<u>1,084,897</u>		
Total	<u>\$ 5,500,318</u>	<u>\$ 5,987,960</u>		

- (a) This investment entity includes investments in real estate properties in the United States through an open-ended commingled investment vehicle with a multidisciplinary investment strategy. Diversified nationally, the foundation of the portfolio is yield-driven assets consisting of all property types including office, multi-family, industrial, retail, and mixed-use. The strategy is predominantly focused on core and core-plus properties. The Plan did not have any unfunded commitments towards this investment entity.
- (b) The Plan liquidated its interest in the fund during the fiscal year ended January 31, 2018, except for the fund's interest in Peruvian sovereign bonds. The Plan will receive its pro-rata share of the proceeds of the bond's monetization, however the period over which the monetization will occur is not determined.
- (c) The fund's objective is to invest in highly attractive, select investment opportunities by investing in a broad range of investments, including, but not limited to, global distressed corporate securities, activist equities, value equities, post-reorganizational equities, municipal bonds, high yield bonds, leveraged loans, unsecured debt, collateral debt obligations, mortgage-backed securities, direct lending, sovereign debt, real estate, venture capital, and private equity-type structures. The Plan had a \$106,000 unfunded commitment towards this investment entity as of January 31, 2024.



NOTE 5. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by a determination letter dated November 3, 2015, that the Plan meets the requirements of Internal Revenue Code (IRC) Section 401(a) and is exempt from federal income taxes under IRC Section 501(a). The Plan has been amended since receiving the determination letter. However, the Trustees believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of January 31, 2024 and 2023, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

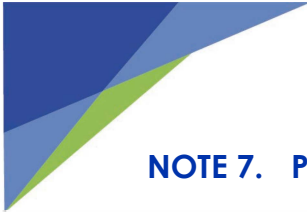
NOTE 6. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and to uncertainties in estimates and assumptions, it is at least reasonably possible that changes in the values of such investments will occur in the near term and that 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 7. PLAN TERMINATION

Although they have not expressed any intention to do so, the Trustees reserve the right to terminate the Plan. 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.



NOTE 7. PLAN TERMINATION (CONTINUED)

The Pension Benefit Guaranty Corporation (PBGC) provides financial assistance to plans that become insolvent and guarantees certain benefits provided by insolvent plans. Generally, the PBGC guarantees a portion of 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.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

NOTE 8. PARTY-IN-INTEREST TRANSACTIONS

The Plan pays certain administrative, investment, and professional fees to various service providers. These transactions are considered exempt party-in-interest transactions under ERISA.

NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of additions per the financial statements to income per the Form 5500 for the years ended January 31, 2024 and 2023:

	2024	2023
Total additions per the financial statements	\$ 14,591,961	\$ (6,580,130)
Add: investment expenses	<u>233,308</u>	<u>197,222</u>
Total income per the Form 5500	<u>\$ 14,825,269</u>	<u>\$ (6,382,908)</u>

The following is a reconciliation of deductions per the financial statements to expenses per the Form 5500 for the years ended January 31, 2024 and 2023:

	2024	2023
Total deductions per the financial statements	\$ 6,579,186	\$ 6,055,176
Add: investment expenses	<u>233,308</u>	<u>197,222</u>
Total expenses per the Form 5500	<u>\$ 6,812,494</u>	<u>\$ 6,252,398</u>



NOTE 10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 5, 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



Schedule MB, line 6 – Summary of Plan Provisions

Plan Year 12-month period beginning on a February 1st.

Membership An employee of a contributing employer becomes a Member of the Plan on the first day any contributing employer is obligated to make a contribution to the Plan of his behalf.

Credited Service For service after December 31, 1957 Credited Service is granted according to the following schedule:

<u>Weeks worked in a Calendar Year</u>	<u>Credited Service</u>
less than 10	0
10 – 20	0.25 of a year
20 – 30	0.50 of a year
30 – 40	0.75 of a year
40 or more	1.00 year

For Fund “C” Members this schedule applies after the merger (effective as of May 1, 2007).

Vesting Service One year of Vesting Service is granted for each calendar year in which a Participant completes at least 20 weeks of service.

Accrued Benefit Effective February 1, 2017, the monthly accrual earned each calendar year is based on the weekly contribution rate on July 1st of that calendar year, and is determined according to the following schedule:

<u>Weekly Contribution Rate</u>	<u>Accrual for the first 20 Years of Credited Service</u>	<u>Accrual for the next 10 Years of Credited Service</u>
\$5.00 - \$9.99	\$15.83	\$6.33
\$10.00 - \$14.99	22.15	8.86
\$15.00 - \$19.99	28.48	11.39
\$20.00 - \$24.99	34.80	13.92
\$25.00 - \$29.99	41.13	16.45
\$30.00 - \$34.99	47.45	18.98
\$35.00 - \$39.99	53.78	21.51
\$40.00 - \$44.99	60.10	24.04
\$45.00 - \$49.99	66.43	26.57
\$50.00 - \$54.99	72.75	29.10
\$55.00 - \$59.99	79.08	31.63
\$60.00 - \$64.99	85.40	34.16
\$65.00 - \$69.99	91.73	36.69
\$70.00 - \$74.99	98.05	39.22
\$75.00 - \$79.99	104.38	41.75
\$80.00 - \$84.99	110.70	44.28
\$85.00 - \$89.99	117.03	46.81
\$90.00 - \$94.99	123.35	49.34

Plan Name: Local 522 Pension Fund

EIN/PN: 11-6171611/001

Plan Sponsor: Board of Trustees of Local 522 Pension Fund

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

<u>Weekly Contribution Rate</u>	<u>Accrual for the first 20 Years of Credited Service</u>	<u>Accrual for the next 10 Years of Credited Service</u>
\$95.00 - \$99.99	\$129.68	\$51.87
\$100.00+	136.00	54.40

Accrued Benefit for Fund “C” Members for periods prior to the merger is the sum of 1.8% of average annual contributions times Past Service and 3.0% of contributions during the time Future Service is earned.

***Normal
Retirement
Benefit***

Eligibility: Age 62 and 5 years of Vesting Service. For benefits earned under Fund “C”, age 65 and 5 years of participation.

Amount: Accrued Benefit.

***Early
Retirement
Benefit***

Eligibility: Age 55 and 15 years of Credited Service or age 60 and 5 years of Vesting Service, with at least 2.5 years after age 52.

Amount: Accrued Benefit reduced by 5/9 of 1% for each month a Member is younger than age 60 (age 65 for benefit earned under Fund “C”).

***Disability
Benefit***

Eligibility: Completion of 10 years of Credited Service and total and permanent disability. For Fund “C” members, completion of 5 years of Credited Service, and total and permanent disability.

Amount: Accrued Benefit.

***Deferred
Vested Benefit***

Eligibility: 5 years of Vesting Service.

Amount: 3% of the Accrued Benefit projected to age 60 times years of Credited Service up to the maximum of 33-1/3, payable at age 60. For benefits earned under Fund “C”, it is the Accrued Benefit payable at age 65.

***Pre-
Retirement
Death Benefit
for Married
Participants***

Eligibility: 5 years of Vesting Service and married at the time of death.

Amount: 50% of actuarially reduced Accrued Benefit payable to a surviving spouse payable at the earliest retirement age, with an appropriate reduction.

***Post-
Retirement
Death Benefit***

A lump sum of \$2,500.

***Normal Form
of Benefit***

50% Joint and Survivor Annuity for married Members (actuarially reduced), and Life Annuity for non-married Members. For benefits earned under Fund “C”, the unreduced form of benefit is Life Annuity with 36 months guaranteed.

Plan Name: Local 522 Pension Fund
EIN/PN: 11-6171611/001
Plan Sponsor: Board of Trustees of Local 522 Pension Fund

STATEMENT OF ASSETS AND LIABILITIES
AS OF JANUARY 31, 2024

LOCAL 522 PENSION FUND-CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
CASH EQUIVALENTS						
US GOVERNMENT SHORT-TERM						
US TREASURY BILLS						
UNITED STATES TREASURY BILLS DTD 06/15/2023 DUE 06/13/2024 912797FS1						
250,000.000	18704512	238,381.67	245,307.50		6,925.83	0.00
250,000.000	18704512	237,443.73	244,375.00		6,931.27	0.00
300,000.000	18704512	294,828.95	296,763.00		1,934.05	0.00
800,000.000	TOTAL UNITED STATES TREASURY BILLS	770,654.35	786,445.50	1/31/24	15,791.15	0.00
		96.3318	98.1230			
	TOTAL US TREASURY BILLS	770,654.35	786,445.50		15,791.15	0.00
	TOTAL US GOVERNMENT SHORT-TERM	770,654.35	786,445.50		15,791.15	0.00
OTHER CASH EQUIVALENTS						
OTHER MONEY MARKET FUNDS						
ALLSPRING GOVERNMENT MONEY MARKET FUND INSTL CLASS - #1751 VP4560000						
0.030	18704505	0.03	0.03		0.00	0.00
741,432.260	18704506	741,432.26	741,432.26		0.00	3,492.26
56,365.530	18704512	56,365.53	56,365.53		0.00	226.18
367.500	18704516	367.50	367.50		0.00	1.61
95.130	18704517	95.13	95.13		0.00	0.42
264.440	18704519	264.44	264.44		0.00	1.17
0.310	18704521	0.31	0.31		0.00	0.00
9,191.650	18704522	9,191.65	9,191.65		0.00	40.63
1.400	18704523	1.40	1.40		0.00	0.01
130.240	18704524	130.24	130.24		0.00	0.58
1,576.680	18704525	1,576.68	1,576.68		0.00	6.97
3,230,081.830	18704550	3,230,081.83	3,230,081.83		0.00	14,280.92
62.200	18704551	62.20	62.20		0.00	0.27
4,039,569.200	TOTAL ALLSPRING GOVERNMENT	4,039,569.20	4,039,569.20	1/31/24	0.00	18,051.02
		100.0000	100.0000			

STATEMENT OF ASSETS AND LIABILITIES
AS OF JANUARY 31, 2024

LOCAL 522 PENSION FUND-CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	TOTAL OTHER MONEY MARKET FUNDS	4,039,569.20	4,039,569.20		0.00	18,051.02
	TOTAL OTHER CASH EQUIVALENTS	4,039,569.20	4,039,569.20		0.00	18,051.02
	TOTAL CASH EQUIVALENTS	4,810,223.55	4,826,014.70		15,791.15	18,051.02
	<u>BONDS & NOTES</u>					
	US GOVERNMENT					
	US TREASURY NOTES AND BONDS					
	UNITED STATES TREASURY NOTES DTD 03/15/2022 1.750% 03/15/2025 91282CED9					
220,000.000	18704512	209,421.83	213,116.20		3,694.37	1,470.19
220,000.000	TOTAL UNITED STATES TREASURY NOTES	209,421.83 95.1917	213,116.20 96.8710	1/31/24	3,694.37	1,470.19
	UNITED STATES TREASURY NOTES DTD 04/15/2022 2.625% 04/15/2025 91282CEH0					
250,000.000	18704512	242,500.84	244,277.50		1,776.66	1,918.55
250,000.000	TOTAL UNITED STATES TREASURY NOTES	242,500.84 97.0003	244,277.50 97.7110	1/31/24	1,776.66	1,918.55
	UNITED STATES TREASURY NOTES DTD 05/15/2022 2.750% 05/15/2025 91282CEQ0					
300,000.000	18704512	292,829.13	293,439.00		609.87	1,767.86
300,000.000	TOTAL UNITED STATES TREASURY NOTES	292,829.13 97.6097	293,439.00 97.8130	1/31/24	609.87	1,767.86
	UNITED STATES TREASURY NOTES DTD 06/15/2022 2.875% 06/15/2025 91282CEU1					
250,000.000	18704512	243,428.57	244,737.50		1,308.93	942.62
250,000.000	TOTAL UNITED STATES TREASURY NOTES	243,428.57 97.3714	244,737.50 97.8950	1/31/24	1,308.93	942.62

STATEMENT OF ASSETS AND LIABILITIES
AS OF JANUARY 31, 2024

LOCAL 522 PENSION FUND-CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
250,000.000	UNITED STATES TREASURY NOTES DTD 07/15/2022 3.000% 07/15/2025 91282CEY3 18704512	241,016.46	245,010.00		3,993.54	350.27
250,000.000	TOTAL UNITED STATES TREASURY NOTES	241,016.46 96.4066	245,010.00 98.0040	1/31/24	3,993.54	350.27
250,000.000	UNITED STATES TREASURY NOTES DTD 08/15/2022 3.125% 08/15/2025 91282CFE6 18704512	242,266.46	245,282.50		3,016.04	3,609.04
250,000.000	TOTAL UNITED STATES TREASURY NOTES	242,266.46 96.9066	245,282.50 98.1130	1/31/24	3,016.04	3,609.04
250,000.000	UNITED STATES TREASURY NOTES DTD 10/15/2022 4.250% 10/15/2025 91282CFP1 18704512	246,065.29	249,687.50		3,622.21	3,164.28
250,000.000	TOTAL UNITED STATES TREASURY NOTES	246,065.29 98.4261	249,687.50 99.8750	1/31/24	3,622.21	3,164.28
250,000.000	UNITED STATES TREASURY NOTES DTD 11/15/2022 4.500% 11/15/2025 91282CFW6 18704512	250,410.99	250,830.00		419.01	2,410.71
250,000.000	TOTAL UNITED STATES TREASURY NOTES	250,410.99 100.1644	250,830.00 100.3320	1/31/24	419.01	2,410.71
200,000.000	UNITED STATES TREASURY NOTES DTD 02/15/2023 4.000% 02/15/2026 91282CGL9 18704512	199,195.98	199,172.00		23.98-	3,695.65
200,000.000	TOTAL UNITED STATES TREASURY NOTES	199,195.98 99.5980	199,172.00 99.5860	1/31/24	23.98-	3,695.65

STATEMENT OF ASSETS AND LIABILITIES
AS OF JANUARY 31, 2024

LOCAL 522 PENSION FUND-CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	UNITED STATES TREASURY NOTES DTD 05/15/2023 3.625% 05/15/2026 91282CHB0					
250,000.000	18704512	242,725.45	247,265.00		4,539.55	1,941.96
250,000.000	TOTAL UNITED STATES TREASURY NOTES	242,725.45 97.0902	247,265.00 98.9060	1/31/24	4,539.55	1,941.96
	UNITED STATES TREASURY NOTES DTD 08/15/2023 4.375% 08/15/2026 91282CHU8					
250,000.000	18704512	247,891.46	251,747.50		3,856.04	5,052.65
250,000.000	TOTAL UNITED STATES TREASURY NOTES	247,891.46 99.1566	251,747.50 100.6990	1/31/24	3,856.04	5,052.65
	UNITED STATES TREASURY NOTES DTD 12/15/2023 4.375% 12/15/2026 91282CJP7					
150,000.000	18704512	151,254.41	151,429.50		175.09	860.66
150,000.000	TOTAL UNITED STATES TREASURY NOTES	151,254.41 100.8363	151,429.50 100.9530	1/31/24	175.09	860.66
	US TREASURY NOTE DTD 03/15/21 0.250 03/15/2024 91282CBR1					
150,000.000	18704512	144,041.52	149,100.00		5,058.48	143.20
150,000.000	TOTAL US TREASURY NOTE	144,041.52 96.0277	149,100.00 99.4000	1/31/24	5,058.48	143.20
	US TREASURY NOTE DTD 09/15/21 0.375 09/15/2024 91282CCX7					
220,000.000	18704512	203,603.86	213,804.80		10,200.94	315.04
220,000.000	TOTAL US TREASURY NOTE	203,603.86 92.5472	213,804.80 97.1840	1/31/24	10,200.94	315.04

STATEMENT OF ASSETS AND LIABILITIES
AS OF JANUARY 31, 2024

LOCAL 522 PENSION FUND-CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
250,000.000	US TREASURY NOTE DTD 12/15/21 1.000 12/15/2024 91282CDN8 18704512	236,485.21	241,865.00		5,379.79	327.87
250,000.000	TOTAL US TREASURY NOTE	236,485.21 94.5941	241,865.00 96.7460	1/31/24	5,379.79	327.87
250,000.000	US TREASURY NOTE DTD 01/18/22 1.125 01/15/2025 91282CDS7 18704512	233,887.56	241,572.50		7,684.94	131.35
250,000.000	TOTAL US TREASURY NOTE	233,887.56 93.5550	241,572.50 96.6290	1/31/24	7,684.94	131.35
250,000.000	US TREASURY NOTE DTD 11/17/14 2.250 11/15/2024 912828G38 18704512	239,707.87	244,845.00		5,137.13	1,205.36
250,000.000	TOTAL US TREASURY NOTE	239,707.87 95.8831	244,845.00 97.9380	1/31/24	5,137.13	1,205.36
400,000.000	US TREASURY NOTE DTD 02/15/15 2.000 02/15/2025 912828J27 18704512	381,938.84	388,936.00		6,997.16	3,695.65
400,000.000	TOTAL US TREASURY NOTE	381,938.84 95.4847	388,936.00 97.2340	1/31/24	6,997.16	3,695.65
250,000.000	US TREASURY NOTE DTD 05/15/14 2.500 05/15/2024 912828WJ5 18704512	246,553.57	247,997.50		1,443.93	1,339.29
250,000.000	TOTAL US TREASURY NOTE	246,553.57 98.6214	247,997.50 99.1990	1/31/24	1,443.93	1,339.29
	TOTAL US TREASURY NOTES AND BONDS	4,495,225.30	4,564,115.00		68,889.70	34,342.20
	TOTAL US GOVERNMENT	4,495,225.30	4,564,115.00		68,889.70	34,342.20
	CORPORATE BONDS					

STATEMENT OF ASSETS AND LIABILITIES
AS OF JANUARY 31, 2024

LOCAL 522 PENSION FUND-CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
CORPORATE BONDS						
45,000.000	AMAZON.COM INC DTD 05/12/21 0.450 05/12/2024 023135BW5 18704512	44,934.30	44,382.15		552.15-	44.44
45,000.000	TOTAL AMAZON.COM INC	44,934.30 99.8540	44,382.15 98.6270	1/31/24	552.15-	44.44
55,000.000	CHARLES SCHWAB CORP DTD 03/18/21 0.750 03/18/2024 808513BN4 18704512	54,972.50	54,669.45		303.05-	152.40
55,000.000	TOTAL CHARLES SCHWAB CORP	54,972.50 99.9500	54,669.45 99.3990	1/31/24	303.05-	152.40
50,000.000	EIDP INC DTD 05/15/2023 4.500% 05/15/2026 CALLABLE 263534CQ0 18704512	49,941.50	49,857.00		84.50-	475.00
50,000.000	TOTAL EIDP INC	49,941.50 99.8830	49,857.00 99.7140	1/31/24	84.50-	475.00
50,000.000	HORMEL FOODS CORP DTD 06/03/21 0.650 06/03/2024 440452AG5 18704512	49,991.00	49,188.50		802.50-	52.36
50,000.000	TOTAL HORMEL FOODS CORP	49,991.00 99.9820	49,188.50 98.3770	1/31/24	802.50-	52.36
50,000.000	JPMORGAN CHASE & CO DTD 12/15/2022 VAR CPN 12/15/2025 NON CALLABLE 46647PDM5 18704512	50,181.50	50,028.00		153.50-	354.33
50,000.000	TOTAL JPMORGAN CHASE & CO	50,181.50 100.3630	50,028.00 100.0560	1/31/24	153.50-	354.33

STATEMENT OF ASSETS AND LIABILITIES
AS OF JANUARY 31, 2024

LOCAL 522 PENSION FUND-CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	REALTY INCOME CORP DTD 01/13/2023 5.050% 01/13/2026 CALLABLE 756109BQ6					
50,000.000	18704512	49,809.00	50,001.00		192.00	126.25
50,000.000	TOTAL REALTY INCOME CORP	49,809.00 99.6180	50,001.00 100.0020	1/31/24	192.00	126.25
	UNITEDHEALTH GROUP INC DTD 05/19/21 0.550 05/15/2024 91324PEB4					
50,000.000	18704512	49,948.00	49,323.00		625.00-	58.06
50,000.000	TOTAL UNITEDHEALTH GROUP INC	49,948.00 99.8960	49,323.00 98.6460	1/31/24	625.00-	58.06
	TOTAL CORPORATE BONDS	349,777.80	347,449.10		2,328.70-	1,262.84
	TOTAL CORPORATE BONDS	349,777.80	347,449.10		2,328.70-	1,262.84
	FOREIGN BONDS					
	FOREIGN CORPORATE BONDS					
	BANK OF MONTREAL MEDIUM TERM NOTE CONVERTIBLE DTD 12/11/2023 5.266% 12/11/2026 CALLABLE 06368LC53					
45,000.000	18704512	45,000.00	45,582.75		582.75	329.13
45,000.000	TOTAL BANK OF MONTREAL	45,000.00 100.0000	45,582.75 101.2950	1/31/24	582.75	329.13
	CANADIAN IMPERIAL BANK CONVERTIBLE DTD 10/03/2023 5.926% 10/02/2026 NON CALLABLE 13607LWT6					
45,000.000	18704512	45,000.00	46,225.35		1,225.35	874.09
45,000.000	TOTAL CANADIAN IMPERIAL BANK	45,000.00 100.0000	46,225.35 102.7230	1/31/24	1,225.35	874.09

STATEMENT OF ASSETS AND LIABILITIES
AS OF JANUARY 31, 2024

LOCAL 522 PENSION FUND-CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	TOTAL FOREIGN CORPORATE BONDS	90,000.00	91,808.10		1,808.10	1,203.22
	TOTAL FOREIGN BONDS	90,000.00	91,808.10		1,808.10	1,203.22
	MORTGAGE/ASSET-BACKED SECURITIES					
	US GOVERNMENT MORTGAGE POOL					
	FED NATL MTG ASSN POOL #CA4574 DTD 10/01/19 4.000 08/01/2049 3140QCCL8 18704512	23,185.99	21,235.12		1,950.87-	74.52
22,354.640	TOTAL FED NATL MTG ASSN POOL #CA4574	23,185.99 103.7189	21,235.12 94.9920	1/31/24	1,950.87-	74.52
	FED NATL MTG ASSN POOL #930871 DTD 04/01/09 5.000 04/01/2039 31412PFLO 18704512	3,317.92	3,156.06		161.86-	13.04
3,128.030	TOTAL FED NATL MTG ASSN POOL #930871	3,317.92 106.0706	3,156.06 100.8960	1/31/24	161.86-	13.04
	TOTAL US GOVERNMENT MORTGAGE POOL	26,503.91	24,391.18		2,112.73-	87.56
	TOTAL MORTGAGE/ASSET-BACKED SECURITIES	26,503.91	24,391.18		2,112.73-	87.56
	TOTAL BONDS & NOTES	4,961,507.01	5,027,763.38		66,256.37	36,895.82
	<u>EQUITIES</u>					
	COMMON STOCKS					
	AMERICAN DEPOSITORY RECEIPTS					
	BAYER AG - ADR SPONSORED ADR 072730302 18704506	362,978.28	188,577.72		174,400.56-	0.00
24,084.000	TOTAL BAYER AG - ADR	362,978.28 15.0713	188,577.72 7.8300	1/31/24	174,400.56-	0.00

STATEMENT OF ASSETS AND LIABILITIES
AS OF JANUARY 31, 2024

LOCAL 522 PENSION FUND-CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
52,071.000	PROSUS NV 74365P108 18704506	360,912.61	308,260.32		52,652.29-	0.00
52,071.000	TOTAL PROSUS NV	360,912.61 6.9312	308,260.32 5.9200	1/31/24	52,652.29-	0.00
4,974.000	ROYAL DUTCH SHELL PLC ADR 780259305 18704506	289,825.80	312,914.34		23,088.54	0.00
4,974.000	TOTAL ROYAL DUTCH SHELL PLC ADR	289,825.80 58.2682	312,914.34 62.9100	1/31/24	23,088.54	0.00
12,674.000	SAFRAN SA 786584102 18704506	393,402.56	591,115.36		197,712.80	0.00
12,674.000	TOTAL SAFRAN SA	393,402.56 31.0401	591,115.36 46.6400	1/31/24	197,712.80	0.00
2,528.000	SAP SE 803054204 18704506	338,104.59	437,596.80		99,492.21	0.00
2,528.000	TOTAL SAP SE	338,104.59 133.7439	437,596.80 173.1000	1/31/24	99,492.21	0.00
3,743.000	TAIWAN SEMICONDUCTOR MANUFACTU - ADR SPONSORED ADR 874039100 18704506	347,746.07	422,809.28		75,063.21	0.00
3,743.000	TOTAL TAIWAN SEMICONDUCTOR MANUFACTU -	347,746.07 92.9057	422,809.28 112.9600	1/31/24	75,063.21	0.00
	TOTAL AMERICAN DEPOSITORY RECEIPTS	2,092,969.91	2,261,273.82		168,303.91	0.00
	INDUSTRIALS					

STATEMENT OF ASSETS AND LIABILITIES
AS OF JANUARY 31, 2024

LOCAL 522 PENSION FUND-CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
1,824.000	WOODWARD INC. 980745103 18704506	189,668.17	251,292.48		61,624.31	0.00
1,824.000	TOTAL WOODWARD INC.	189,668.17 103.9847	251,292.48 137.7700	1/31/24	61,624.31	0.00
	TOTAL INDUSTRIALS	189,668.17	251,292.48		61,624.31	0.00
	CONSUMER DISCRETIONARY					
7,516.000	AMAZON COM INC COM 023135106 18704506	686,196.07	1,166,483.20		480,287.13	0.00
7,516.000	TOTAL AMAZON COM INC COM	686,196.07 91.2980	1,166,483.20 155.2000	1/31/24	480,287.13	0.00
173.000	CHARTER COMMUNICATIONS INC 16119P108 18704506	58,304.49	64,132.83		5,828.34	0.00
173.000	TOTAL CHARTER COMMUNICATIONS INC	58,304.49 337.0202	64,132.83 370.7100	1/31/24	5,828.34	0.00
9,561.000	COMCAST CORP CLASS A 20030N101 18704506	349,238.49	444,968.94		95,730.45	0.00
9,561.000	TOTAL COMCAST CORP CLASS A	349,238.49 36.5274	444,968.94 46.5400	1/31/24	95,730.45	0.00
1,730.000	HILTON WORLDWIDE HOLDINGS INC 43300A203 18704506	145,615.28	330,360.80		184,745.52	0.00
1,730.000	TOTAL HILTON WORLDWIDE HOLDINGS INC	145,615.28 84.1707	330,360.80 190.9600	1/31/24	184,745.52	0.00
4,647.000	LIBERTY BROADBAND CORP 530307305 18704506	444,994.07	364,557.15		80,436.92-	0.00
4,647.000	TOTAL LIBERTY BROADBAND CORP	444,994.07 95.7594	364,557.15 78.4500	1/31/24	80,436.92-	0.00

STATEMENT OF ASSETS AND LIABILITIES
AS OF JANUARY 31, 2024

LOCAL 522 PENSION FUND-CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
	MARRIOTT INTERNATIONAL INC CLASS A 571903202					
<u>1,291.000</u>	18704506	<u>118,997.95</u>	<u>309,491.43</u>		<u>190,493.48</u>	<u>0.00</u>
1,291.000	TOTAL MARRIOTT INTERNATIONAL INC CLASS	118,997.95	309,491.43		190,493.48	0.00
		92.1750	239.7300	1/31/24		
	NETFLIX INC 64110L106					
<u>1,050.000</u>	18704506	<u>343,441.27</u>	<u>592,315.50</u>		<u>248,874.23</u>	<u>0.00</u>
1,050.000	TOTAL NETFLIX INC	343,441.27	592,315.50		248,874.23	0.00
		327.0869	564.1100	1/31/24		
	TOTAL CONSUMER DISCRETIONARY	2,146,787.62	3,272,309.85		1,125,522.23	0.00
	ENERGY					
	CONOCOPHILLIPS 20825C104					
<u>8,081.000</u>	18704506	<u>850,155.31</u>	<u>904,021.47</u>		<u>53,866.16</u>	<u>0.00</u>
8,081.000	TOTAL CONOCOPHILLIPS	850,155.31	904,021.47		53,866.16	0.00
		105.2042	111.8700	1/31/24		
	OCCIDENTAL PETE CORP 674599105					
<u>7,815.000</u>	18704506	<u>490,060.37</u>	<u>449,909.55</u>		<u>40,150.82-</u>	<u>0.00</u>
7,815.000	TOTAL OCCIDENTAL PETE CORP	490,060.37	449,909.55		40,150.82-	0.00
		62.7077	57.5700	1/31/24		
	TOTAL ENERGY	1,340,215.68	1,353,931.02		13,715.34	0.00
	FINANCIALS					
	CAPITAL ONE FINANCIAL CORP 14040H105					
<u>3,065.000</u>	18704506	<u>264,643.15</u>	<u>414,755.80</u>		<u>150,112.65</u>	<u>0.00</u>
3,065.000	TOTAL CAPITAL ONE FINANCIAL CORP	264,643.15	414,755.80		150,112.65	0.00
		86.3436	135.3200	1/31/24		

STATEMENT OF ASSETS AND LIABILITIES
AS OF JANUARY 31, 2024

LOCAL 522 PENSION FUND-CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
1,526.000	GOLDMAN SACHS GROUP INC 38141G104 18704506	286,163.53	585,999.26		299,835.73	0.00
1,526.000	TOTAL GOLDMAN SACHS GROUP INC	286,163.53 187.5252	585,999.26 384.0100	1/31/24	299,835.73	0.00
11,590.000	WELLS FARGO & CO 949746101 18704506	459,976.21	581,586.20		121,609.99	0.00
11,590.000	TOTAL WELLS FARGO & CO	459,976.21 39.6873	581,586.20 50.1800	1/31/24	121,609.99	0.00
	TOTAL FINANCIALS	1,010,782.89	1,582,341.26		571,558.37	0.00
	INFORMATION TECHNOLOGY					
2,499.000	ALPHABET INC CL A 02079K305 18704506	96,520.66	350,109.90		253,589.24	0.00
2,499.000	TOTAL ALPHABET INC CL A	96,520.66 38.6237	350,109.90 140.1000	1/31/24	253,589.24	0.00
4,100.000	ALPHABET INC CL C 02079K107 18704506	141,079.13	581,380.00		440,300.87	0.00
4,100.000	TOTAL ALPHABET INC CL C	141,079.13 34.4095	581,380.00 141.8000	1/31/24	440,300.87	0.00
2,228.000	META PLATFORMS INC CL A 30303M102 18704506	420,989.17	869,231.92		448,242.75	0.00
2,228.000	TOTAL META PLATFORMS INC CL A	420,989.17 188.9538	869,231.92 390.1400	1/31/24	448,242.75	0.00
2,812.000	MICROSOFT CORP 594918104 18704506	323,275.20	1,117,994.96		794,719.76	0.00
2,812.000	TOTAL MICROSOFT CORP	323,275.20 114.9627	1,117,994.96 397.5800	1/31/24	794,719.76	0.00

STATEMENT OF ASSETS AND LIABILITIES
AS OF JANUARY 31, 2024

LOCAL 522 PENSION FUND-CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
	VISA INC-CLASS A SHRS 92826C839					
718.000	18704506	146,053.48	196,200.68		50,147.20	0.00
718.000	TOTAL VISA INC-CLASS A SHRS	146,053.48	196,200.68		50,147.20	0.00
		203.4171	273.2600	1/31/24		
	TOTAL INFORMATION TECHNOLOGY	1,127,917.64	3,114,917.46		1,986,999.82	0.00
	UTILITIES					
	GENERAL ELEC CO 369604301					
4,779.000	18704506	287,651.72	632,835.18		345,183.46	0.00
4,779.000	TOTAL GENERAL ELEC CO	287,651.72	632,835.18		345,183.46	0.00
		60.1908	132.4200	1/31/24		
	TOTAL UTILITIES	287,651.72	632,835.18		345,183.46	0.00
	HEALTH CARE					
	ELEVANCE HEALTH INC 036752103					
904.000	18704506	355,783.31	446,069.76		90,286.45	0.00
904.000	TOTAL ELEVANCE HEALTH INC	355,783.31	446,069.76		90,286.45	0.00
		393.5656	493.4400	1/31/24		
	HUMANA INC 444859102					
303.000	18704506	112,885.16	114,552.18		1,667.02	0.00
303.000	TOTAL HUMANA INC	112,885.16	114,552.18		1,667.02	0.00
		372.5583	378.0600	1/31/24		
	UNITEDHEALTH GROUP INC 91324P102					
866.000	18704506	173,593.89	443,166.84		269,572.95	0.00
866.000	TOTAL UNITEDHEALTH GROUP INC	173,593.89	443,166.84		269,572.95	0.00
		200.4548	511.7400	1/31/24		
	TOTAL HEALTH CARE	642,262.36	1,003,788.78		361,526.42	0.00

STATEMENT OF ASSETS AND LIABILITIES
AS OF JANUARY 31, 2024

LOCAL 522 PENSION FUND-CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
TELECOMMUNICATION SERVICES						
	GCI LIBERTY INC CL A ESCROW CUSIP 361ESC049					
3,423.000	18704506	0.00	0.00		0.00	0.00
3,423.000	TOTAL GCI LIBERTY INC CL A	0.00 0.0000	0.00 0.0000	5/19/23	0.00	0.00
	TOTAL TELECOMMUNICATION SERVICES	0.00	0.00		0.00	0.00
	TOTAL COMMON STOCKS	8,838,255.99	13,472,689.85		4,634,433.86	0.00
	TOTAL EQUITIES	8,838,255.99	13,472,689.85		4,634,433.86	0.00
<u>MUTUAL FUNDS</u>						
MUTUAL FUNDS - EQUITY						
	LAZARD GLOBAL LISTED INFRASTRUCTURE PORTFOLIO CLASS INST #1243 52106N459					
140,003.520	18704526	2,287,998.88	2,140,653.82		147,345.06-	0.00
140,003.520	TOTAL LAZARD GLOBAL LISTED INFRASTRUCTU	2,287,998.88 16.3424	2,140,653.82 15.2900	1/31/24	147,345.06-	0.00
	VANGUARD DEVELOPED MARKETS INDEX FUND CLASS INST #137 921943882					
539,321.951	18704518	7,300,810.96	8,213,873.31		913,062.35	0.00
539,321.951	TOTAL VANGUARD DEVELOPED MARKETS INDEX	7,300,810.96 13.5370	8,213,873.31 15.2300	1/31/24	913,062.35	0.00
	VANGUARD GROWTH INDEX FUND CLASS ADM 922908660					
80,222.967	18704519	4,598,826.55	13,125,279.63		8,526,453.08	0.00
80,222.967	TOTAL VANGUARD GROWTH INDEX FUND CLASS	4,598,826.55 57.3256	13,125,279.63 163.6100	1/31/24	8,526,453.08	0.00

STATEMENT OF ASSETS AND LIABILITIES
AS OF JANUARY 31, 2024

LOCAL 522 PENSION FUND-CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	VANGUARD MID CAP INDEX FUND CLASS ADM 922908645					
40,910.783	18704517	5,716,631.78	11,609,252.89		5,892,621.11	0.00
40,910.783	TOTAL VANGUARD MID CAP INDEX FUND CLASS	5,716,631.78	11,609,252.89		5,892,621.11	0.00
		139.7341	283.7700	1/31/24		
	VANGUARD REAL ESTATE INDEX FUND CLASS INST #3123 921908869					
319,275.907	18704524	5,880,096.04	5,877,869.45		2,226.59-	0.00
319,275.907	TOTAL VANGUARD REAL ESTATE INDEX FUND	5,880,096.04	5,877,869.45		2,226.59-	0.00
		18.4170	18.4100	1/31/24		
	VANGUARD 500 INDEX FUND ADMIRAL SHARES 922908710					
32,542.574	18704516	7,972,857.90	14,558,245.90		6,585,388.00	0.00
32,542.574	TOTAL VANGUARD 500 INDEX FUND	7,972,857.90	14,558,245.90		6,585,388.00	0.00
		244.9978	447.3600	1/31/24		
	TOTAL MUTUAL FUNDS - EQUITY	33,757,222.11	55,525,175.00		21,767,952.89	0.00
	MUTUAL FUNDS - CORPORATE BONDS					
	FIDELITY ADVISOR INVESTMENT GRADE BOND FUND CLASS I #1126 316146869					
502,605.048	18704551	4,357,863.53	3,638,860.55		719,002.98-	11,653.25
502,605.048	TOTAL FIDELITY ADVISOR INVESTMENT GRADE	4,357,863.53	3,638,860.55		719,002.98-	11,653.25
		8.6706	7.2400	1/31/24		
	FIDELITY INFLATION PROTECTED BOND INDEX FUND CLASS FAI #2418 31635T104					
180,576.009	18704521	1,867,272.69	1,637,824.40		229,448.29-	562.46
180,576.009	TOTAL FIDELITY INFLATION PROTECTED BOND	1,867,272.69	1,637,824.40		229,448.29-	562.46
		10.3406	9.0700	1/31/24		

STATEMENT OF ASSETS AND LIABILITIES
AS OF JANUARY 31, 2024

LOCAL 522 PENSION FUND-CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	MAINSTAY MACKAY CONVERTIBLE FUND CLASS I #2584 56063N600 18704525					
374,314.715		6,822,970.31	6,730,178.58		92,791.73-	0.00
374,314.715	TOTAL MAINSTAY MACKAY CONVERTIBLE FUND	6,822,970.31 18.2279	6,730,178.58 17.9800	1/31/24	92,791.73-	0.00
	PIMCO REAL RETURN BOND FUND CLASS A #4010 693391120 18704522					
151,463.028		1,689,271.57	1,525,232.69		164,038.88-	0.00
151,463.028	TOTAL PIMCO REAL RETURN BOND FUND	1,689,271.57 11.1530	1,525,232.69 10.0700	1/31/24	164,038.88-	0.00
	TOTAL MUTUAL FUNDS - CORPORATE BONDS	14,737,378.10	13,532,096.22		1,205,281.88-	12,215.71
	TOTAL MUTUAL FUNDS	48,494,600.21	69,057,271.22		20,562,671.01	12,215.71
	TOTAL ASSETS AND LIABILITIES	67,104,586.76	92,383,739.15		25,279,152.39	67,162.55
	CASH	4,062.89	4,062.89			
	PENDING TRADES	33,782.69	33,782.69			
	ACCRUED INCOME	67,162.55	67,162.55			
TOTAL ACCOUNT		67,209,594.89	92,488,747.28		25,279,152.39	



LOCAL 522 PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JANUARY 31, 2024

Attachment to 2023 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan Name: Local 522 Pension Fund

Plan Sponsor's Name: Board of Trustees of Local 522 Pension Fund

EIN: 11-6171611

PN: 001

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment including maturity rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Invesco	Invesco Short Term Bond Fund	\$9,264,238	\$ 8,770,652
	Entrust Global	EntrustPermal Special Opps. IV	\$894,000	\$ 865,129
	Entrust Global	Entrust Capital Diversified Fund	\$525,253	\$ 19,976
	ULLICO	ULLICO Separate Account J	\$2,483,379	\$ 2,628,056
	US Real Estate	US Real Estate Investment Fund LLC	\$2,509,901	\$ 1,987,157
	SubTotal		\$ 15,676,771	\$ 14,270,970
	Add: Investments Reported by Principal Custody		\$ 67,108,650	\$ 92,387,802
	Total Investments		\$ 82,785,421	\$ 106,658,772

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

Age	Years of Pension Service										Total
	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 and up	
Under 25	3	23	1								27
25 to 29	6	35	14								55
30 to 34	7	51	19	1	2						80
35 to 39	8	33	16	11	7						75
40 to 44	4	33	24	15	25	8					109
45 to 49		38	20	13	30	7	1		1		110
50 to 54	5	31	31	15	16	23	3				124
55 to 59	3	34	29	17	27	14	4	4	1		133
60 to 64		10	12	9	32	9	5	2	1		80
65 to 69		2	7	5	11	8	3	2	2	2	42
70 & up			2	1	4	1				2	10
Total	36	290	175	87	154	70	16	8	5	4	845

Plan Name: Local 522 Pension Fund

EIN/PN: 11-6171611/001

Plan Sponsor: Board of Trustees of Local 522 Pension Fund

Schedule MB, line 3(d) – Withdrawal Liability Amounts

There were no withdrawal liability payments collected during the 2023 Plan Year.

Plan Name: Local 522 Pension Fund
EIN/PN: 11-6171611/001
Plan Sponsor: Board of Trustees of Local 522 Pension Fund

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

	Date of First Charge or Credit	Remaining Period (years)	Outstanding Balance (beg. of year)	Amortization Charge or Credit
1. <u>Amortization Charges</u>				
(a) Actuarial loss	2/1/2009	1.00	\$399,309	\$399,309
(b) ENIL 2008 ¹ in 2009	2/1/2009	15.00	5,367,267	550,745
(c) Actuarial loss	2/1/2010	2.00	896,247	463,278
(d) ENIL 2008 in 2011	2/1/2011	15.00	2,716,468	278,743
(e) Assumption change	2/1/2012	4.00	674,921	186,219
(f) ENIL 2008 in 2012	2/1/2012	15.00	1,727,288	177,240
(g) ENIL 2008 in 2013	2/1/2013	15.00	2,378,886	244,102
(h) ENIL 2008 in 2014	2/1/2014	15.00	2,462,014	252,630
(i) Actuarial loss	2/1/2015	7.00	616,413	106,895
(j) Actuarial loss	2/1/2016	8.00	1,309,805	205,001
(k) Actuarial loss	2/1/2017	9.00	1,708,053	245,012
(l) Actuarial loss	2/1/2019	11.00	1,219,891	152,038
(m) Actuarial loss	2/1/2020	12.00	216,490	25,474
(n) Actuarial loss	2/1/2023	15.00	<u>1,590,365</u>	<u>163,190</u>
Total			\$23,283,417	\$3,449,876
2. <u>Amortization Credits</u>				
(a) Combined Credits	2/1/2022	6.24	<u>\$18,734,219</u>	<u>\$3,560,920</u>
Total			\$18,734,219	\$3,560,920
3. <u>Net Amortization Charges and Credits</u>				
(a) Total amortization charges			\$23,283,417	\$3,449,876
(b) Total amortization credits			<u>(18,734,219)</u>	<u>(3,560,920)</u>
(c) Net amortization charges and credits			\$4,549,198	(\$111,044)
4. Credit Balance on February 1, 2022			<u>756,886</u>	
5. Unfunded Actuarial Accrued Liability: (3) – (4)			\$3,792,312	
6. <u>Unfunded Actuarial Accrued Liability</u>				
(a) Actuarial accrued liability			\$112,137,789	
(b) Actuarial value of assets			<u>(108,345,477)</u>	
(c) Unfunded liability			\$3,792,312	
(d) Unfunded liability with balance equation minimum			\$3,792,312	

¹ Eligible Net Investment Loss in 2008 per PRA '10.

Plan Name: Local 522 Pension Fund
EIN/PN: 11-6171611/001
Plan Sponsor: Board of Trustees of Local 522 Pension Fund

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

1. Current liability interest rate and mortality table.

The interest rate and mortality table used to determine the RPA '94 current liability were changed to comply with the requirements of Code Section 431(c).

N:\Fact\Local 522\gov forms\2023\Sch MB\Local 522 Sch MB attachments v2024 10 22 v01.docx

Plan Name: Local 522 Pension Fund
EIN/PN: 11-6171611/001
Plan Sponsor: Board of Trustees of Local 522 Pension Fund

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

Actuarial Assumptions

Interest Rate Valuation 7.00% per annum
RPA Current Liability 2.60% per annum
Withdrawal Liability 6.50% per annum

Mortality Healthy: RP-2000 mortality table set forward three years and projected with scale AA on a fully generational basis.

Disabled: RP-2000 disabled mortality table.

Current Liability: The tables specified in IRC Sections 431(c)(6)(D)(iv)&(v).

Retirement Rates Retirement rates are as follows:

Age	Rate	Age	Rate
55-61	10.0%	63-64	15.0%
62	20.0	65	100.0

Termination Rates Sample rates are as follows:

Age	Rate	Age	Rate	Age	Rate
25	17.2%	35	14.9%	45	10.8%
30	16.2	40	13.1	50	7.9

Disability Rates Sample rates are as follows:

Age	Rate	Age	Rate	Age	Rate
25	0.07%	35	0.17%	45	0.36%
30	0.12	40	0.24	50	0.65
				55	1.17

Administrative Expenses \$400,000, for measurement of funding obligations only.

Marriage 80% of participants are assumed to be married. Husbands are assumed to be three years older than wives.

Form of Payment Participants are assumed to elect the normal form.

Future Increases in Maximum Benefits It is assumed that maximum benefit and plan compensation limitations under Internal Revenue Code will not increase in the future.

Plan Name: Local 522 Pension Fund
EIN/PN: 11-6171611/001
Plan Sponsor: Board of Trustees of Local 522 Pension Fund

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods (cont'd)

Benefits Not Included in the Valuation Accrued benefits for terminated vested participants who are over age 72 are not included in the valuation.

Actuarial Methods

Cost Method The Traditional Unit Credit cost method is employed in this valuation. Under this method, an “accrued benefit” is calculated as of the beginning of the year and is projected as of the end of the year for each benefit that may be payable in the future. The “accrued benefit” is based on the plan’s accrual formula and upon service as of the beginning or end of the year. For benefits where the plan’s accrual formula is not relevant, benefits are assumed to accrue on a straight-line basis over the period during which the employee earns credited service. The actuarial accrued liability is the present value of the “accrued benefit” as of the beginning of the year for employed participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the “accrued benefit” as of the beginning and the “accrued benefit” projected to the end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.

Asset Method The Smoothed Market Value with Phase-In method is employed in this valuation. The actuarial value of assets is determined by adjusting the market value of assets to reflect the asset gains and losses (the difference between expected investment return and actual investment return) during each of the last 5 years at the rate of 20% per year. The actuarial value is subject to a restriction that it not be less than 80% or more than 120% of market value. The Actuarial Value of Assets was reset to Market Value as of February 1, 2018 with future smoothing of asset gains and losses subsequent to that date.

Changes in Assumptions and Methods Since the Prior Valuation

Current liability determined as of February 1, 2023, was based on 2.60% interest and the IRS 2023 Combined Static Mortality table. These assumptions were updated from 2.21% interest and the IRS 2022 Combined Static Mortality table utilized as of February 1, 2022, to comply with the requirements of Code section 431(c).

There were no other changes to the actuarial methods from the Plan’s prior actuarial valuation.

Modeling Disclosure in Accordance with Actuarial Standards of Practice No. 56

FACT utilizes ProVal, an actuarial valuation program leased from Winklevoss Technologies, to calculate liabilities, normal costs and projected benefit payments. Winklevoss Technologies employs actuaries

Plan Name: Local 522 Pension Fund
EIN/PN: 11-6171611/001
Plan Sponsor: Board of Trustees of Local 522 Pension Fund

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods (cont'd)

who are experts in the development of actuarial software and ProVal is utilized by many actuarial consulting firms worldwide.

We have used ProVal in accordance with its original intended purpose. Our staff customizes the ProVal software to value the benefits described in this report. The results from ProVal are reviewed as they relate to the Plan, and we have not identified any material inconsistencies in the results that would affect the contents of this actuarial valuation report.

Plan Name: Local 522 Pension Fund
EIN/PN: 11-6171611/001
Plan Sponsor: Board of Trustees of Local 522 Pension Fund

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

<u>Plan Year</u>	<u>Employer Contributions</u>	<u>Withdrawal Liability Payments</u>	<u>Total</u>
2023	\$3,376,000	\$0	\$3,376,000
2024	3,376,000	0	3,376,000
2025	3,376,000	0	3,376,000
2026	3,376,000	0	3,376,000
2027	3,376,000	0	3,376,000
2028	3,376,000	0	3,376,000
2029	3,376,000	0	3,376,000
2030	3,376,000	0	3,376,000
2031	3,376,000	0	3,376,000
2032	3,376,000	0	3,376,000

Plan Name: Local 522 Pension Fund
EIN/PN: 11-6171611/001
Plan Sponsor: Board of Trustees of Local 522 Pension Fund

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

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2023	\$1,098,404	\$1,135,560	\$5,905,917	\$8,139,881
2024	1,377,859	1,269,962	5,690,476	8,338,297
2025	1,724,153	1,402,385	5,480,461	8,606,999
2026	2,015,521	1,559,003	5,227,027	8,801,551
2027	2,306,683	1,656,264	5,007,966	8,970,913
2028	2,571,208	1,730,927	4,780,585	9,082,720
2029	2,809,070	1,802,553	4,553,976	9,165,599
2030	3,044,217	1,842,090	4,327,313	9,213,620
2031	3,225,807	1,871,318	4,101,237	9,198,362
2032	3,385,412	1,954,666	3,875,525	9,215,603
2033	3,517,364	1,993,604	3,650,217	9,161,185
2034	3,648,511	2,031,271	3,425,676	9,105,458
2035	3,767,651	2,069,973	3,202,553	9,040,177
2036	3,858,106	2,061,985	2,981,329	8,901,420
2037	3,900,486	2,065,691	2,762,662	8,728,839
2038	3,949,113	2,058,750	2,547,268	8,555,131
2039	3,992,171	2,079,114	2,336,387	8,407,672
2040	4,037,641	2,070,912	2,130,755	8,239,308
2041	4,036,542	2,063,976	1,931,276	8,031,794
2042	3,986,723	2,050,077	1,739,243	7,776,043
2043	3,927,703	2,041,756	1,555,672	7,525,131
2044	3,828,731	2,002,588	1,381,373	7,212,692
2045	3,759,550	1,932,159	1,217,729	6,909,438
2046	3,657,108	1,860,158	1,065,242	6,582,508
2047	3,532,790	1,803,061	924,509	6,260,360
2048	3,400,265	1,756,606	796,107	5,952,978
2049	3,259,663	1,678,799	680,193	5,618,655
2050	3,122,277	1,589,447	576,699	5,288,423
2051	2,975,783	1,504,999	485,403	4,966,185
2052	2,816,913	1,417,090	406,078	4,640,081
2053	2,653,898	1,329,305	338,034	4,321,237
2054	2,523,049	1,242,877	280,466	4,046,392
2055	2,373,587	1,159,139	232,254	3,764,980
2056	2,216,537	1,078,317	192,429	3,487,283
2057	2,062,289	1,005,808	159,799	3,227,896
2058	1,920,889	931,670	133,218	2,985,777
2059	1,785,728	859,459	111,701	2,756,888
2060	1,646,127	790,745	94,330	2,531,202
2061	1,511,602	725,263	80,318	2,317,183
2062	1,383,603	663,115	69,044	2,115,762

Plan Name: Local 522 Pension Fund
EIN/PN: 11-6171611/001
Plan Sponsor: Board of Trustees of Local 522 Pension Fund

***Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments
(cont'd)***

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2063	\$1,261,932	\$604,073	\$59,934	\$1,925,939
2064	1,147,111	548,118	52,508	1,747,737
2065	1,039,418	495,327	46,381	1,581,126
2066	938,602	445,478	41,291	1,425,371
2067	844,420	398,638	37,037	1,280,095
2068	756,801	354,478	33,432	1,144,711
2069	675,771	313,299	30,374	1,019,444
2070	601,193	274,959	27,762	903,914
2071	532,772	239,441	25,550	797,763
2072	470,547	206,820	23,663	701,030

Plan Name: Local 522 Pension Fund
EIN/PN: 11-6171611/001
Plan Sponsor: Board of Trustees of Local 522 Pension Fund

Schedule MB, line 3 – Contributions Made to the Plan for the Plan Year

Unless otherwise noted, contributions are paid in substantially equal monthly installments pursuant to collective bargaining agreements. The interest credited to the Funding Standard Account is therefore assumed to be equivalent to an August 1 contribution date.

The source of contributions for the Plan Year ending January 31, 2024, was the Fund auditor's report.

Plan Name: Local 522 Pension Fund
EIN/PN: 11-6171611/001
Plan Sponsor: Board of Trustees of Local 522 Pension Fund

Local 522 Pension Fund
EIN: 11-6171611, Plan #001
Attachment to 2023 Form 5500
Schedule R, Line 13e - Information on Contribution Rates and Base Units

Employer	EIN	Contribution Rate	Base Units	CBA Expires
S&J Sheet Metal	13-1879345	\$5, \$10, \$20, \$25, \$30, \$35, \$40, \$79	Weekly	5/31/2026
SRS Distribution	22-1410747	\$38 or \$64	Weekly	1/31/2027

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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. 1510-0110
1510-0089**2023****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**

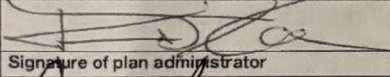
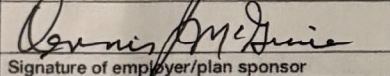
For calendar plan year 2023 or fiscal plan year beginning 02/01/2023 and ending 01/31/2024	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	☒
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 522 PENSION FUND	1b Three-digit plan number (PN) ▶ 001
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) BOARD OF TRUSTEES OF LOCAL 522 PENSION FUND C/O UNITED TEAMSTER FUND 2137 UTICA AVENUE BROOKLYN NY 11234-3827	1c Effective date of plan 01/01/1958 2b Employer Identification Number (EIN) 11-6171611 2c Plan Sponsor's telephone number (718) 859-2326 2d Business code (see instructions) 423300

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		10/28/2024	JAMES KANE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/28/2024	DENNIS MCGUIRE
	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 (2023)
v. 230728

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD FEBRUARY 1, 2023 THROUGH JANUARY 31, 2024

LOCAL 522 PENSION FUND-CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----	-----
		BEGINNING MARKET VALUE		84,584,839.30			
		COMPARATIVE VALUE (5%)		4,229,241.96			
		-----		-----			
ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751							
18704506	02/01/23 B	1,483	1.000	0	1,483-	1,483	
18704506	02/08/23 B	105,646	1.000	0	105,646-	105,646	
18704506	02/08/23 B	1,539	1.000	0	1,539-	1,539	
18704506	02/10/23 B	730	1.000	0	730-	730	
18704506	02/10/23 B	1,897	1.000	0	1,897-	1,897	
18704506	02/15/23 B	1,812	1.000	0	1,812-	1,812	
18704506	02/17/23 B	1,755	1.000	0	1,755-	1,755	
18704506	02/24/23 B	4,445	1.000	0	4,445-	4,445	
18704506	03/01/23 B	7,193	1.000	0	7,193-	7,193	
18704506	03/09/23 B	2,292	1.000	0	2,292-	2,292	
18704506	03/16/23 B	7,102	1.000	0	7,102-	7,102	
18704506	03/21/23 B	37,599	1.000	0	37,599-	37,599	
18704506	03/24/23 B	531	1.000	0	531-	531	
18704506	03/28/23 B	3,392	1.000	0	3,392-	3,392	
18704506	03/30/23 B	3,720	1.000	0	3,720-	3,720	
18704506	03/31/23 B	1,022	1.000	0	1,022-	1,022	
18704506	04/03/23 B	1,789	1.000	0	1,789-	1,789	
18704506	04/11/23 B	75,709	1.000	0	75,709-	75,709	
18704506	04/14/23 B	2,201	1.000	0	2,201-	2,201	
18704506	04/19/23 B	5,951	1.000	0	5,951-	5,951	
18704506	04/20/23 B	36,182	1.000	0	36,182-	36,182	
18704506	04/24/23 B	22,152	1.000	0	22,152-	22,152	
18704506	04/25/23 B	39,816	1.000	0	39,816-	39,816	
18704506	04/26/23 B	23,806	1.000	0	23,806-	23,806	
18704506	04/27/23 B	19,435	1.000	0	19,435-	19,435	
18704506	05/01/23 B	54,045	1.000	0	54,045-	54,045	
18704506	05/02/23 B	849	1.000	0	849-	849	
18704506	05/15/23 B	1,812	1.000	0	1,812-	1,812	
18704506	05/15/23 B	6,570	1.000	0	6,570-	6,570	
18704506	05/17/23 B	6,568	1.000	0	6,568-	6,568	
18704506	05/22/23 B	112,137	1.000	0	112,137-	112,137	
18704506	06/01/23 B	6,648	1.000	0	6,648-	6,648	
18704506	06/02/23 B	1,871	1.000	0	1,871-	1,871	
18704506	06/02/23 B	2	1.000	0	2-	2	
18704506	06/05/23 B	401	1.000	0	401-	401	
18704506	06/07/23 B	239,425	1.000	0	239,425-	239,425	
18704506	06/08/23 B	35,669	1.000	0	35,669-	35,669	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD FEBRUARY 1, 2023 THROUGH JANUARY 31, 2024

LOCAL 522 PENSION FUND-CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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18704506	06/09/23 B	23,571	1.000	0	23,571-	23,571	
18704506	06/12/23 B	19,332	1.000	0	19,332-	19,332	
18704506	06/14/23 B	685	1.000	0	685-	685	
18704506	06/16/23 B	16,685	1.000	0	16,685-	16,685	
18704506	06/20/23 B	19,969	1.000	0	19,969-	19,969	
18704506	06/21/23 B	15,711	1.000	0	15,711-	15,711	
18704506	06/21/23 B	3,096	1.000	0	3,096-	3,096	
18704506	06/22/23 B	20,014	1.000	0	20,014-	20,014	
18704506	06/23/23 B	9,645	1.000	0	9,645-	9,645	
18704506	06/26/23 B	3,888	1.000	0	3,888-	3,888	
18704506	06/26/23 B	3,392	1.000	0	3,392-	3,392	
18704506	06/27/23 B	27,806	1.000	0	27,806-	27,806	
18704506	06/27/23 B	3,096	1.000	0	3,096-	3,096	
18704506	06/29/23 B	3,720	1.000	0	3,720-	3,720	
18704506	06/30/23 B	1,171	1.000	0	1,171-	1,171	
18704506	07/03/23 B	3,517	1.000	0	3,517-	3,517	
18704506	07/14/23 B	3,269	1.000	0	3,269-	3,269	
18704506	07/17/23 B	76,288	1.000	0	76,288-	76,288	
18704506	07/19/23 B	47,837	1.000	0	47,837-	47,837	
18704506	07/20/23 B	23,102	1.000	0	23,102-	23,102	
18704506	07/25/23 B	517	1.000	0	517-	517	
18704506	07/26/23 B	3,274	1.000	0	3,274-	3,274	
18704506	08/01/23 B	4,037	1.000	0	4,037-	4,037	
18704506	08/07/23 B	102,989	1.000	0	102,989-	102,989	
18704506	08/10/23 B	25,532	1.000	0	25,532-	25,532	
18704506	08/15/23 B	43,213	1.000	0	43,213-	43,213	
18704506	08/17/23 B	27,634	1.000	0	27,634-	27,634	
18704506	08/22/23 B	39,522	1.000	0	39,522-	39,522	
18704506	08/23/23 B	18,628	1.000	0	18,628-	18,628	
18704506	08/25/23 B	18,315	1.000	0	18,315-	18,315	
18704506	08/28/23 B	10,906	1.000	0	10,906-	10,906	
18704506	08/29/23 B	6,042	1.000	0	6,042-	6,042	
18704506	08/30/23 B	11,712	1.000	0	11,712-	11,712	
18704506	08/31/23 B	10,425	1.000	0	10,425-	10,425	
18704506	09/01/23 B	12,206	1.000	0	12,206-	12,206	
18704506	09/12/23 B	24,169	1.000	0	24,169-	24,169	
18704506	09/13/23 B	25,633	1.000	0	25,633-	25,633	
18704506	09/14/23 B	62,445	1.000	0	62,445-	62,445	
18704506	09/15/23 B	78,233	1.000	0	78,233-	78,233	
18704506	09/18/23 B	6,645	1.000	0	6,645-	6,645	
18704506	09/19/23 B	31,518	1.000	0	31,518-	31,518	
18704506	09/20/23 B	16,277	1.000	0	16,277-	16,277	
18704506	09/22/23 B	531	1.000	0	531-	531	
18704506	09/26/23 B	26,947	1.000	0	26,947-	26,947	
18704506	09/27/23 B	5,165	1.000	0	5,165-	5,165	
18704506	09/28/23 B	14,310	1.000	0	14,310-	14,310	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD FEBRUARY 1, 2023 THROUGH JANUARY 31, 2024

LOCAL 522 PENSION FUND-CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----	-----
18704506	09/29/23 B	1,965	1.000	0	1,965-	1,965	
18704506	10/02/23 B	34,076	1.000	0	34,076-	34,076	
18704506	10/04/23 B	15,175	1.000	0	15,175-	15,175	
18704506	10/05/23 B	15,664	1.000	0	15,664-	15,664	
18704506	10/06/23 B	1	1.000	0	1-	1	
18704506	10/16/23 B	35,955	1.000	0	35,955-	35,955	
18704506	10/17/23 B	16,496	1.000	0	16,496-	16,496	
18704506	10/18/23 B	28,308	1.000	0	28,308-	28,308	
18704506	10/25/23 B	3,247	1.000	0	3,247-	3,247	
18704506	10/26/23 B	43,776	1.000	0	43,776-	43,776	
18704506	11/01/23 B	3,997	1.000	0	3,997-	3,997	
18704506	11/24/23 B	1,839	1.000	0	1,839-	1,839	
18704506	11/30/23 B	22,515	1.000	0	22,515-	22,515	
18704506	12/01/23 B	49,456	1.000	0	49,456-	49,456	
18704506	12/01/23 B	4,057	1.000	0	4,057-	4,057	
18704506	12/04/23 B	401	1.000	0	401-	401	
18704506	12/07/23 B	40,058	1.000	0	40,058-	40,058	
18704506	12/08/23 B	4,268	1.000	0	4,268-	4,268	
18704506	12/12/23 B	1,844	1.000	0	1,844-	1,844	
18704506	12/14/23 B	2,078	1.000	0	2,078-	2,078	
18704506	12/18/23 B	22,618	1.000	0	22,618-	22,618	
18704506	12/19/23 B	47,054	1.000	0	47,054-	47,054	
18704506	12/20/23 B	3,457	1.000	0	3,457-	3,457	
18704506	12/20/23 B	2,453	1.000	0	2,453-	2,453	
18704506	12/28/23 B	4,092	1.000	0	4,092-	4,092	
18704506	12/29/23 B	958	1.000	0	958-	958	
18704506	01/02/24 B	3,771	1.000	0	3,771-	3,771	
18704506	01/03/24 B	3,685	1.000	0	3,685-	3,685	
18704506	01/11/24 B	1,275	1.000	0	1,275-	1,275	
18704506	01/12/24 B	75,946	1.000	0	75,946-	75,946	
18704506	01/16/24 B	1,250	1.000	0	1,250-	1,250	
18704506	01/24/24 B	2,773	1.000	0	2,773-	2,773	
18704506	01/25/24 B	382	1.000	0	382-	382	
18704506	01/31/24 B	24,144	1.000	0	24,144-	24,144	
18704512	02/01/23 B	186	1.000	0	186-	186	
18704512	02/15/23 B	225,669	1.000	0	225,669-	225,669	
18704512	02/27/23 B	141	1.000	0	141-	141	
18704512	03/01/23 B	253	1.000	0	253-	253	
18704512	03/08/23 B	313	1.000	0	313-	313	
18704512	03/15/23 B	253,119	1.000	0	253,119-	253,119	
18704512	03/20/23 B	206	1.000	0	206-	206	
18704512	03/27/23 B	139	1.000	0	139-	139	
18704512	04/03/23 B	337	1.000	0	337-	337	
18704512	04/17/23 B	250,469	1.000	0	250,469-	250,469	
18704512	04/20/23 B	250,000	1.000	0	250,000-	250,000	
18704512	04/25/23 B	140	1.000	0	140-	140	

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TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
18704512	04/26/23 B	100	1.000	0	100-	100	
18704512	05/01/23 B	272	1.000	0	272-	272	
18704512	05/05/23 B	100,188	1.000	0	100,188-	100,188	
18704512	05/11/23 B	40,150	1.000	0	40,150-	40,150	
18704512	05/12/23 B	101	1.000	0	101-	101	
18704512	05/15/23 B	258,550	1.000	0	258,550-	258,550	
18704512	05/18/23 B	220,000	1.000	0	220,000-	220,000	
18704512	05/25/23 B	139	1.000	0	139-	139	
18704512	06/01/23 B	561	1.000	0	561-	561	
18704512	06/05/23 B	163	1.000	0	163-	163	
18704512	06/15/23 B	256,699	1.000	0	256,699-	256,699	
18704512	06/26/23 B	138	1.000	0	138-	138	
18704512	07/03/23 B	321	1.000	0	321-	321	
18704512	07/13/23 B	251,263	1.000	0	251,263-	251,263	
18704512	07/17/23 B	201,669	1.000	0	201,669-	201,669	
18704512	07/25/23 B	140	1.000	0	140-	140	
18704512	08/01/23 B	284	1.000	0	284-	284	
18704512	08/15/23 B	254,156	1.000	0	254,156-	254,156	
18704512	08/25/23 B	139	1.000	0	139-	139	
18704512	09/01/23 B	200	1.000	0	200-	200	
18704512	09/08/23 B	250,313	1.000	0	250,313-	250,313	
18704512	09/15/23 B	252,806	1.000	0	252,806-	252,806	
18704512	09/18/23 B	206	1.000	0	206-	206	
18704512	09/25/23 B	139	1.000	0	139-	139	
18704512	10/02/23 B	60,578	1.000	0	60,578-	60,578	
18704512	10/16/23 B	250,156	1.000	0	250,156-	250,156	
18704512	10/16/23 B	3,281	1.000	0	3,281-	3,281	
18704512	10/25/23 B	140	1.000	0	140-	140	
18704512	10/26/23 B	40,100	1.000	0	40,100-	40,100	
18704512	11/01/23 B	392	1.000	0	392-	392	
18704512	11/13/23 B	101	1.000	0	101-	101	
18704512	11/15/23 B	246,144	1.000	0	246,144-	246,144	
18704512	11/27/23 B	139	1.000	0	139-	139	
18704512	12/01/23 B	538	1.000	0	538-	538	
18704512	12/04/23 B	163	1.000	0	163-	163	
18704512	12/14/23 B	300,000	1.000	0	300,000-	300,000	
18704512	12/15/23 B	256,387	1.000	0	256,387-	256,387	
18704512	12/26/23 B	140	1.000	0	140-	140	
18704512	01/02/24 B	698	1.000	0	698-	698	
18704512	01/16/24 B	226,556	1.000	0	226,556-	226,556	
18704512	01/25/24 B	142	1.000	0	142-	142	
18704516	02/01/23 B	1	1.000	0	1-	1	
18704516	03/01/23 B	1	1.000	0	1-	1	
18704516	03/22/23 B	360,000	1.000	0	360,000-	360,000	
18704516	04/03/23 B	1	1.000	0	1-	1	
18704516	05/01/23 B	1	1.000	0	1-	1	

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TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
18704516	06/01/23 B	1	1.000	0	1-	1	
18704516	06/23/23 B	250,000	1.000	0	250,000-	250,000	
18704516	07/03/23 B	1	1.000	0	1-	1	
18704516	07/19/23 B	400,000	1.000	0	400,000-	400,000	
18704516	08/01/23 B	1	1.000	0	1-	1	
18704516	09/01/23 B	1	1.000	0	1-	1	
18704516	09/18/23 B	250,000	1.000	0	250,000-	250,000	
18704516	10/02/23 B	72	1.000	0	72-	72	
18704516	11/01/23 B	1	1.000	0	1-	1	
18704516	11/17/23 B	200,000	1.000	0	200,000-	200,000	
18704516	12/01/23 B	1	1.000	0	1-	1	
18704516	12/22/23 B	200,000	1.000	0	200,000-	200,000	
18704516	01/02/24 B	116	1.000	0	116-	116	
18704516	01/23/24 B	350,000	1.000	0	350,000-	350,000	
18704517	02/01/23 B	0	1.000	0	0-	0	
18704517	03/01/23 B	0	1.000	0	0-	0	
18704517	04/03/23 B	0	1.000	0	0-	0	
18704517	05/01/23 B	0	1.000	0	0-	0	
18704517	06/01/23 B	0	1.000	0	0-	0	
18704517	07/03/23 B	0	1.000	0	0-	0	
18704517	08/01/23 B	0	1.000	0	0-	0	
18704517	09/01/23 B	0	1.000	0	0-	0	
18704517	10/02/23 B	0	1.000	0	0-	0	
18704517	11/01/23 B	0	1.000	0	0-	0	
18704517	12/01/23 B	0	1.000	0	0-	0	
18704517	01/02/24 B	0	1.000	0	0-	0	
18704519	02/01/23 B	1	1.000	0	1-	1	
18704519	02/24/23 B	250,000	1.000	0	250,000-	250,000	
18704519	03/01/23 B	1	1.000	0	1-	1	
18704519	04/03/23 B	1	1.000	0	1-	1	
18704519	04/25/23 B	300,000	1.000	0	300,000-	300,000	
18704519	05/01/23 B	1	1.000	0	1-	1	
18704519	05/25/23 B	200,000	1.000	0	200,000-	200,000	
18704519	06/01/23 B	1	1.000	0	1-	1	
18704519	06/23/23 B	250,000	1.000	0	250,000-	250,000	
18704519	07/03/23 B	1	1.000	0	1-	1	
18704519	08/01/23 B	1	1.000	0	1-	1	
18704519	09/01/23 B	1	1.000	0	1-	1	
18704519	10/02/23 B	1	1.000	0	1-	1	
18704519	10/25/23 B	250,000	1.000	0	250,000-	250,000	
18704519	11/01/23 B	1	1.000	0	1-	1	
18704519	11/17/23 B	200,000	1.000	0	200,000-	200,000	
18704519	12/01/23 B	1	1.000	0	1-	1	
18704519	01/02/24 B	1	1.000	0	1-	1	
18704522	02/01/23 B	8	1.000	0	8-	8	
18704522	02/09/23 B	1,453	1.000	0	1,453-	1,453	

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TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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18704522	03/01/23 B	14	1.000	0	14-	14	
18704522	04/03/23 B	17	1.000	0	17-	17	
18704522	05/01/23 B	18	1.000	0	18-	18	
18704522	05/02/23 B	1,425	1.000	0	1,425-	1,425	
18704522	06/01/23 B	25	1.000	0	25-	25	
18704522	07/03/23 B	25	1.000	0	25-	25	
18704522	07/05/23 B	533	1.000	0	533-	533	
18704522	08/01/23 B	28	1.000	0	28-	28	
18704522	08/02/23 B	906	1.000	0	906-	906	
18704522	09/01/23 B	33	1.000	0	33-	33	
18704522	10/02/23 B	32	1.000	0	32-	32	
18704522	10/03/23 B	544	1.000	0	544-	544	
18704522	11/01/23 B	36	1.000	0	36-	36	
18704522	11/02/23 B	903	1.000	0	903-	903	
18704522	12/01/23 B	39	1.000	0	39-	39	
18704522	01/02/24 B	41	1.000	0	41-	41	
18704523	05/01/23 B	0	1.000	0	0-	0	
18704523	06/01/23 B	0	1.000	0	0-	0	
18704523	07/03/23 B	0	1.000	0	0-	0	
18704523	08/01/23 B	0	1.000	0	0-	0	
18704523	09/01/23 B	0	1.000	0	0-	0	
18704523	10/02/23 B	0	1.000	0	0-	0	
18704523	11/01/23 B	0	1.000	0	0-	0	
18704523	12/01/23 B	0	1.000	0	0-	0	
18704523	01/02/24 B	0	1.000	0	0-	0	
18704524	02/01/23 B	0	1.000	0	0-	0	
18704524	03/01/23 B	0	1.000	0	0-	0	
18704524	04/03/23 B	0	1.000	0	0-	0	
18704524	05/01/23 B	0	1.000	0	0-	0	
18704524	06/01/23 B	1	1.000	0	1-	1	
18704524	07/03/23 B	1	1.000	0	1-	1	
18704524	08/01/23 B	1	1.000	0	1-	1	
18704524	09/01/23 B	1	1.000	0	1-	1	
18704524	10/02/23 B	1	1.000	0	1-	1	
18704524	11/01/23 B	1	1.000	0	1-	1	
18704524	12/01/23 B	1	1.000	0	1-	1	
18704524	01/02/24 B	1	1.000	0	1-	1	
18704525	02/01/23 B	5	1.000	0	5-	5	
18704525	03/01/23 B	5	1.000	0	5-	5	
18704525	03/06/23 B	7	1.000	0	7-	7	
18704525	04/03/23 B	6	1.000	0	6-	6	
18704525	05/01/23 B	6	1.000	0	6-	6	
18704525	06/01/23 B	6	1.000	0	6-	6	
18704525	07/03/23 B	6	1.000	0	6-	6	
18704525	07/05/23 B	7	1.000	0	7-	7	
18704525	08/01/23 B	6	1.000	0	6-	6	

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TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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18704525	09/01/23 B	7	1.000	0	7-	7	
18704525	09/05/23 B	7	1.000	0	7-	7	
18704525	10/02/23 B	7	1.000	0	7-	7	
18704525	11/01/23 B	7	1.000	0	7-	7	
18704525	12/01/23 B	7	1.000	0	7-	7	
18704525	12/04/23 B	7	1.000	0	7-	7	
18704525	01/02/24 B	7	1.000	0	7-	7	
18704550	02/01/23 B	10,667	1.000	0	10,667-	10,667	
18704550	03/01/23 B	10,196	1.000	0	10,196-	10,196	
18704550	03/10/23 B	78	1.000	0	78-	78	
18704550	04/03/23 B	11,693	1.000	0	11,693-	11,693	
18704550	05/01/23 B	11,930	1.000	0	11,930-	11,930	
18704550	06/01/23 B	12,986	1.000	0	12,986-	12,986	
18704550	07/03/23 B	12,748	1.000	0	12,748-	12,748	
18704550	08/01/23 B	13,398	1.000	0	13,398-	13,398	
18704550	09/01/23 B	13,945	1.000	0	13,945-	13,945	
18704550	10/02/23 B	13,567	1.000	0	13,567-	13,567	
18704550	11/01/23 B	14,137	1.000	0	14,137-	14,137	
18704550	12/01/23 B	13,756	1.000	0	13,756-	13,756	
18704550	01/02/24 B	14,263	1.000	0	14,263-	14,263	
18704551	02/01/23 B	0	1.000	0	0-	0	
18704551	03/01/23 B	0	1.000	0	0-	0	
18704551	04/03/23 B	0	1.000	0	0-	0	
18704551	05/01/23 B	0	1.000	0	0-	0	
18704551	06/01/23 B	0	1.000	0	0-	0	
18704551	07/03/23 B	0	1.000	0	0-	0	
18704551	08/01/23 B	0	1.000	0	0-	0	
18704551	09/01/23 B	0	1.000	0	0-	0	
18704551	10/02/23 B	0	1.000	0	0-	0	
18704551	11/01/23 B	0	1.000	0	0-	0	
18704551	12/01/23 B	0	1.000	0	0-	0	
18704551	01/02/24 B	0	1.000	0	0-	0	
SUB-TOTAL OF BUYS # 299				0	10,421,938	10,421,938	
18704506	02/09/23 S	7,872	1.000	0	7,872	7,872	0
18704506	02/13/23 S	61,976	1.000	0	61,976	61,976	0
18704506	03/07/23 S	54,673	1.000	0	54,673	54,673	0
18704506	03/10/23 S	15,371	1.000	0	15,371	15,371	0
18704506	03/13/23 S	17,538	1.000	0	17,538	17,538	0
18704506	03/14/23 S	1,170	1.000	0	1,170	1,170	0
18704506	03/15/23 S	54,727	1.000	0	54,727	54,727	0
18704506	04/04/23 S	59,217	1.000	0	59,217	59,217	0
18704506	04/21/23 S	25,846	1.000	0	25,846	25,846	0
18704506	05/23/23 S	23,607	1.000	0	23,607	23,607	0
18704506	05/24/23 S	10,969	1.000	0	10,969	10,969	0

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TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
18704506	05/25/23 S	20,299	1.000	0	20,299	20,299	0
18704506	05/26/23 S	15,991	1.000	0	15,991	15,991	0
18704506	05/30/23 S	28,665	1.000	0	28,665	28,665	0
18704506	05/31/23 S	24,649	1.000	0	24,649	24,649	0
18704506	06/13/23 S	1,066	1.000	0	1,066	1,066	0
18704506	06/15/23 S	172,224	1.000	0	172,224	172,224	0
18704506	07/06/23 S	3,096	1.000	0	3,096	3,096	0
18704506	07/13/23 S	76,180	1.000	0	76,180	76,180	0
18704506	07/24/23 S	79,140	1.000	0	79,140	79,140	0
18704506	08/08/23 S	20,555	1.000	0	20,555	20,555	0
18704506	08/09/23 S	14,345	1.000	0	14,345	14,345	0
18704506	08/11/23 S	71,369	1.000	0	71,369	71,369	0
18704506	08/14/23 S	6,867	1.000	0	6,867	6,867	0
18704506	08/18/23 S	50,616	1.000	0	50,616	50,616	0
18704506	08/21/23 S	49,160	1.000	0	49,160	49,160	0
18704506	08/24/23 S	54,078	1.000	0	54,078	54,078	0
18704506	09/18/23 S	158,562	1.000	0	158,562	158,562	0
18704506	10/03/23 S	79,503	1.000	0	79,503	79,503	0
18704506	10/05/23 S	823	1.000	0	823	823	0
18704506	10/06/23 S	137,149	1.000	0	137,149	137,149	0
18704506	10/10/23 S	57,139	1.000	0	57,139	57,139	0
18704506	10/11/23 S	122,370	1.000	0	122,370	122,370	0
18704506	10/12/23 S	36,652	1.000	0	36,652	36,652	0
18704506	10/13/23 S	12,290	1.000	0	12,290	12,290	0
18704506	10/27/23 S	37,048	1.000	0	37,048	37,048	0
18704506	10/31/23 S	46,046	1.000	0	46,046	46,046	0
18704506	11/09/23 S	22,927	1.000	0	22,927	22,927	0
18704506	11/10/23 S	9,613	1.000	0	9,613	9,613	0
18704506	11/14/23 S	31,751	1.000	0	31,751	31,751	0
18704506	11/15/23 S	6,256	1.000	0	6,256	6,256	0
18704506	12/14/23 S	14,480	1.000	0	14,480	14,480	0
18704506	12/15/23 S	20,761	1.000	0	20,761	20,761	0
18704506	12/21/23 S	39,724	1.000	0	39,724	39,724	0
18704506	12/22/23 S	11,440	1.000	0	11,440	11,440	0
18704506	12/27/23 S	18,833	1.000	0	18,833	18,833	0
18704506	01/05/24 S	36,038	1.000	0	36,038	36,038	0
18704506	01/08/24 S	70,868	1.000	0	70,868	70,868	0
18704506	01/16/24 S	17,872	1.000	0	17,872	17,872	0
18704506	01/17/24 S	23,015	1.000	0	23,015	23,015	0
18704506	01/29/24 S	67,738	1.000	0	67,738	67,738	0
18704512	02/21/23 S	234,144	1.000	0	234,144	234,144	0
18704512	03/17/23 S	237,117	1.000	0	237,117	237,117	0
18704512	04/19/23 S	242,555	1.000	0	242,555	242,555	0
18704512	04/21/23 S	240,132	1.000	0	240,132	240,132	0
18704512	05/16/23 S	292,852	1.000	0	292,852	292,852	0
18704512	05/17/23 S	49,954	1.000	0	49,954	49,954	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD FEBRUARY 1, 2023 THROUGH JANUARY 31, 2024

LOCAL 522 PENSION FUND-CONSOLIDATED
ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----	-----
18704512	05/19/23 S	246,489	1.000	0	246,489	246,489	0
18704512	06/16/23 S	292,301	1.000	0	292,301	292,301	0
18704512	07/14/23 S	237,444	1.000	0	237,444	237,444	0
18704512	07/19/23 S	238,382	1.000	0	238,382	238,382	0
18704512	08/16/23 S	241,669	1.000	0	241,669	241,669	0
18704512	09/11/23 S	248,694	1.000	0	248,694	248,694	0
18704512	09/18/23 S	245,828	1.000	0	245,828	245,828	0
18704512	10/03/23 S	45,000	1.000	0	45,000	45,000	0
18704512	10/17/23 S	242,842	1.000	0	242,842	242,842	0
18704512	10/17/23 S	3,281	1.000	0	3,281	3,281	0
18704512	11/16/23 S	244,241	1.000	0	244,241	244,241	0
18704512	12/11/23 S	45,000	1.000	0	45,000	45,000	0
18704512	12/18/23 S	251,431	1.000	0	251,431	251,431	0
18704512	12/19/23 S	294,829	1.000	0	294,829	294,829	0
18704512	12/27/23 S	52,454	1.000	0	52,454	52,454	0
18704512	01/17/24 S	202,566	1.000	0	202,566	202,566	0
18704516	03/22/23 S	360,000	1.000	0	360,000	360,000	0
18704516	06/23/23 S	250,000	1.000	0	250,000	250,000	0
18704516	07/19/23 S	400,000	1.000	0	400,000	400,000	0
18704516	09/20/23 S	250,000	1.000	0	250,000	250,000	0
18704516	11/17/23 S	200,000	1.000	0	200,000	200,000	0
18704516	12/26/23 S	200,000	1.000	0	200,000	200,000	0
18704516	01/23/24 S	350,000	1.000	0	350,000	350,000	0
18704519	02/24/23 S	250,000	1.000	0	250,000	250,000	0
18704519	04/25/23 S	300,000	1.000	0	300,000	300,000	0
18704519	05/25/23 S	200,000	1.000	0	200,000	200,000	0
18704519	06/23/23 S	250,000	1.000	0	250,000	250,000	0
18704519	10/25/23 S	250,000	1.000	0	250,000	250,000	0
18704519	11/17/23 S	200,000	1.000	0	200,000	200,000	0
SUB-TOTAL OF SALES # 86				0	9,989,369	9,989,369	0
SUB-TOTAL				0	20,411,307	20,411,307	0
GRAND TOTAL				0	20,411,307	20,411,307	0

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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 02/01/2023 and ending 01/31/2024

▶ **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 522 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 BOARD OF TRUSTEES OF LOCAL 522 PENSION FUND	D Employer Identification Number (EIN) 11-6171611

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

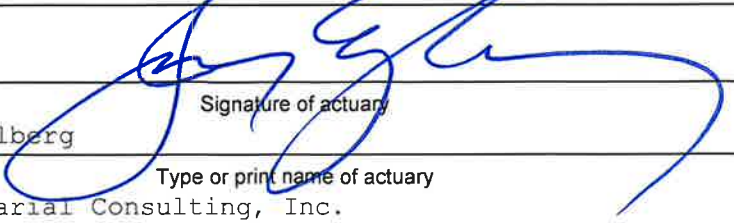
1a Enter the valuation date: Month 2 Day 1 Year 2023

b Assets

(1) Current value of assets.....	1b(1)	100,323,547
(2) Actuarial value of assets for funding standard account.....	1b(2)	108,345,477
c (1) Accrued liability for plan using immediate gain methods.....	1c(1)	112,137,789
(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)	112,137,789
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)	209,896,291
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	8,063,358
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	8,154,996
(3) Expected plan disbursements for the plan year.....	1d(3)	8,139,881

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		10.24.2024
Jay K. Egelberg	Signature of actuary	Date
First Actuarial Consulting, Inc.	Type or print name of actuary	23-04981
1501 Broadway Suite 1728	Firm name	Most recent enrollment number
New York	Address of the firm	(212) 395-9555
		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) 2023
v. 230728

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	100,323,547
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	781	78,817,235
(2) For terminated vested participants	768	46,223,008
(3) For active participants:		
(a) Non-vested benefits		16,138,123
(b) Vested benefits		68,717,925
(c) Total active	845	84,856,048
(4) Total	2,394	209,896,291
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	47.80 %

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
08/01/2023	3,280,573				
Totals ▶			3(b)	3,280,573	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	96.6 %
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, does line 1(c) reflect any benefit reductions for the first time (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	2.60 %
	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	7.00 %
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)	6.50%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.6%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-8.8%
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)	400,000
(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	1,590,365	163,190

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	3,482,467

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)	23,283,417	3,449,876
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c..... **9d** 485,264**e** Total charges. Add lines 9a through 9d..... **9e** 7,417,607**Credits to funding standard account:****f** Prior year credit balance, if any..... **9f** 756,886**g** Employer contributions. Total from column (b) of line 3..... **9g** 3,280,573

	Outstanding balance	
h Amortization credits as of valuation date.....	9h 18,734,219	3,560,920

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... **9i** 417,066**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)	17,177,347	
9j(2)	86,378,580	
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)**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 current 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** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No