

**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**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- 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) \_\_\_\_\_
- B** This return/report is:
  - the first return/report
  - the final return/report
  - an amended return/report
  - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. . . . . ▶
- D** Check box if filing under:
  - Form 5558
  - automatic extension
  - the DFVC program
  - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan <u>MACHINERY MOVERS, RIGGERS &amp; MACH. ERECT. LOCAL 136 SUPPLEMENTAL RETIREMENT PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRSTEEES MACH MVRs,RIGGERS&amp;MACH EREC LOCAL 136 SUPPLEMENTAL RETIRE. PLA</u>  <u>625 ENTERPRISE DR</u> <u>OAK BROOK, IL 60523-8813</u>	<b>1c</b> Effective date of plan <u>07/01/1973</u>  <b>2b</b> Employer Identification Number (EIN) <u>36-1416355</u>  <b>2c</b> Plan Sponsor's telephone number <u>630-472-0626</u>  <b>2d</b> Business code (see instructions) <u>238900</u>

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/15/2025	ROBERT FULTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/15/2025	WILLIAM E JOYCE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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. 230707**

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	375
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	169
	<b>6a(2)</b>	146
	<b>6b</b>	104
	<b>6c</b>	66
	<b>6d</b>	316
	<b>6e</b>	39
	<b>6f</b>	355
	<b>6g(1)</b>	
	<b>6g(2)</b>	
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	26

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

- a Pension Schedules**
- (1)  **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 \_\_\_\_\_
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **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.

<b>A</b> Name of plan <u>MACHINERY MOVERS, RIGGERS &amp; MACH. ERECT. LOCAL 136 SUPPLEMENTAL RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRSTEEES MACH MVRS,RIGGERS&amp;MACH EREC LOCAL 136 SUPPLEMENTAL RETIRE. PLA</u>	<b>D</b> Employer Identification Number (EIN) <u>36-1416355</u>	

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

**1a** Enter the valuation date:                    Month 07                    Day 01                    Year 2023

<b>b</b> Assets		
(1) Current value of assets .....	<b>1b(1)</b>	<u>53310314</u>
(2) Actuarial value of assets for funding standard account.....	<b>1b(2)</b>	<u>56369605</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	<u>70544307</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method.....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method.....	<b>1c(3)</b>	<u>70544307</u>
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	<u>128338528</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	<u>3984076</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	<u>3729026</u>

**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.

<b>SIGN HERE</b>		<u>04/11/2025</u>
	Signature of actuary	Date
	<u>VINCENT REGALBUTO</u>	<u>23-08116</u>
	Type or print name of actuary	Most recent enrollment number
	<u>O'SULLIVAN ASSOCIATES</u>	<u>856-795-7777</u>
	Firm name	Telephone number (including area code)
	<u>1236 BRACE ROAD, CHERRY HILL, NJ 08034</u>	
	Address of the firm	

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

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	53310314
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	155	57143299
<b>(2)</b> For terminated vested participants .....	58	17626269
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		6595354
<b>(b)</b> Vested benefits .....		46973606
<b>(c)</b> Total active .....	169	53568960
<b>(4)</b> Total .....	382	128338528
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	41.54 %

**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	
01/01/2024	4411453					
01/01/2024	150000					
			<b>Totals ▶</b>	<b>3(b)</b>	4561453	
<b>(d) Total withdrawal liability amounts included in line 3(b) total .....</b>					<b>3(d)</b>	150000

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....	<b>4a</b>	79.9 %
<b>b</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 .....	<b>4b</b>	E
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> 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)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> 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 ..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	<b>4f</b>	

**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):

<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>	
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>m</b> 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 .....	<b>5m</b>	

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....			<b>6a</b>	2.45 %
<b>b</b> Rates specified in insurance or annuity contracts .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>c</b> Mortality table code for valuation purposes:				
<b>(1)</b> Males.....	<b>6c(1)</b>	9P	9P	
<b>(2)</b> Females .....	<b>6c(2)</b>	9PF	9PF	
<b>d</b> Valuation liability interest rate.....	<b>6d</b>	6.75 %	6.75 %	
<b>e</b> Salary scale .....	<b>6e</b>	%	<input checked="" type="checkbox"/> N/A	
<b>f</b> Withdrawal liability interest rate:				
<b>(1)</b> Type of interest rate.....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate	<input type="checkbox"/> ERISA 4044	<input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	5.75 %		
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date.....	<b>6g</b>	4.2 %		
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	8.8 %		
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A		
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....	<b>6i(1)</b>	%		
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	224000		
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>		

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	2314639	234320
3	1142	116

**8 Miscellaneous information:**

<b>a</b> 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.....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>c</b> 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? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	<b>8d(2)</b>	
<b>(3)</b> 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? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(4)</b> 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)).....	<b>8d(4)</b>	10
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	02/27/2013
<b>(6)</b> 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? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>e</b> 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) .....	<b>8e</b>	2933191

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any.....	<b>9a</b>	
<b>b</b> Employer's normal cost for plan year as of valuation date .....	<b>9b</b>	1787498

**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	
<b>9c(1)</b>	20817229	2530648
<b>9c(2)</b>		
<b>9c(3)</b>	1503704	528497

**d** Interest as applicable on lines 9a, 9b, and 9c .....

<b>9d</b>	317900
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**e** Total charges. Add lines 9a through 9d.....

<b>9e</b>	5164543
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**Credits to funding standard account:**

**f** Prior year credit balance, if any .....

<b>9f</b>	20786771
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**g** Employer contributions. Total from column (b) of line 3 .....

<b>9g</b>	4561453
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**h** Amortization credits as of valuation date.....

	Outstanding balance	
<b>9h</b>	5045520	898198

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....

<b>9i</b>	1603191
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**j** Full funding limitation (FFL) and credits:

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

<b>9j(1)</b>	42495319	
<b>9j(2)</b>	62530268	
<b>9j(3)</b>		

**k (1)** Waived funding deficiency.....

<b>9k(1)</b>	
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**(2)** Other credits.....

<b>9k(2)</b>	
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**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....

<b>9l</b>	27849613
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**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....

<b>9m</b>	22685070
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**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....

<b>9n</b>	
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**o** Current year's accumulated reconciliation account:

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

<b>9o(1)</b>	
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(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>9o(2)(a)</b>	20693468
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(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....

<b>9o(2)(b)</b>	-19189764
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(3) Total as of valuation date .....

<b>9o(3)</b>	-19189764
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**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

<b>10</b>	
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**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....

Yes  No

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>MACHINERY MOVERS, RIGGERS &amp; MACH. ERECT. LOCAL 136 SUPPLEMENTAL RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRSTEEES MACH MVRS,RIGGERS&amp;MACH EREC LOCAL 136 SUPPLEMENTAL RETIRE. PLA</b>	<b>D</b> Employer Identification Number (EIN) <b>36-1416355</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**PACIFIC INVESTMENT MANAGEMENT CO**

**33-0629048**

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

**AMERICAN CENTURY INVESTMENT MGMT**

**44-0640487**

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

**THE VANGUARD GROUP, INC.**

**23-1945930**

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

**COHEN & STEERS CAPITAL MANAGEMENT**

**01-3335336**

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

HARRIS ASSOCIATES

04-3276558

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

DODGE & COX

94-1441976

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

JP MORGAN INVESTMENT MANAGEMENT

20-1491791

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

INVESCO ADVISERS, INC.

26-6000655

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

CAPITAL RESEARCH AND MANAGEMENT COM

95-1411037

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

CONESTOGA CAPITAL ADVISORS, LLC

23-3072906

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

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**(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)

FIDUCIENT ADVISORS LLC

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	106843	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BENEFITS MANAGEMENT GROUP INC

20-0188125

(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	NONE	84000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

O'SULLIVAN & ASSOCIATES

20-8199367

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	30200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JAMES V. GALLERY AND ASSOC.

20-0188135

(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?
17	NONE	30000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CALIBRE CPA GROUP, PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	19800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GREGORIO STEC KLEIN & HOSE

36-4028033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	15355	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NATIONAL INVESTMENT SERVICES

84-3937993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	11201	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ATLANTA SOSNOFF CAPITAL, LLCA

20-0461050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	10928	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMALGAMATED BANK OF CHICAGO

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 62	NONE	9051	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	VINCENT REGALBUTO	<b>b</b> EIN:	20-8199367
<b>c</b> Position:	SR CONSULTANT & ACTUARY		
<b>d</b> Address:	1236 BRACE ROAD, UNIT E CHERRY HILL, NJ 08034	<b>e</b> Telephone:	856-795-7777

Explanation: O'SULLIVAN ASSOCIATES (EIN: 20-8199367) REMAINS THE ACTUARIAL FIRM. VINCENT REGALBUTO (ENROLLMENT NUMBER 23-08116) REPLACES CRAIG VOELKER (ENROLLMENT NUMBER 23-05537) AS THE ENROLLED ACTUARY DUE TO INTERNAL TRANSITION.

<b>a</b> Name:		<b>b</b> EIN:	
<b>c</b> Position:			
<b>d</b> Address:		<b>e</b> Telephone:	

Explanation:

<b>a</b> Name:		<b>b</b> EIN:	
<b>c</b> Position:			
<b>d</b> Address:		<b>e</b> Telephone:	

Explanation:

<b>a</b> Name:		<b>b</b> EIN:	
<b>c</b> Position:			
<b>d</b> Address:		<b>e</b> Telephone:	

Explanation:

<b>a</b> Name:		<b>b</b> EIN:	
<b>c</b> Position:			
<b>d</b> Address:		<b>e</b> Telephone:	

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

<b>A</b> Name of plan <u>MACHINERY MOVERS, RIGGERS &amp; MACH. ERECT. LOCAL 136 SUPPLEMENTAL RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRSTEEES MACH MVRS,RIGGERS&amp;MACH EREC LOCAL 136 SUPPLEMENTAL RETIRE. PLA</u>	<b>D</b> Employer Identification Number (EIN) <u>36-1416355</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NIS PREFERRED STOCK FUND II, LLC</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>NATIONAL INVESTMENT SERVICES, INC</u>	
<b>c</b> EIN-PN <u>16-1626084-002</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1968274</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>07/01/2023</b> and ending <b>06/30/2024</b>			
<b>A</b> Name of plan <b>MACHINERY MOVERS, RIGGERS &amp; MACH. ERECT. LOCAL 136 SUPPLEMENTAL RETIREMENT PLAN</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;"><b>001</b></td> </tr> </table>	<b>B</b> Three-digit plan number (PN) ►	<b>001</b>
<b>B</b> Three-digit plan number (PN) ►	<b>001</b>		
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRSTEES MACH MVRS,RIGGERS&amp;MACH EREC LOCAL 136 SUPPLEMENTAL RETIRE. PLA</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>D</b> Employer Identification Number (EIN) <b>36-1416355</b></td> </tr> </table>	<b>D</b> Employer Identification Number (EIN) <b>36-1416355</b>	
<b>D</b> Employer Identification Number (EIN) <b>36-1416355</b>			

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	2741792	2341006
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	375116	403227
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	779	82566
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	87906	892819
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	1463942	2052180
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	1755538	1968274
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	46919549	52185153
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	53344622	59925225
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>	34308	62250
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	34308	62250
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	53310314	59862975

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	4561453	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		4561453
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	65213	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		65213
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	15918	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	1820555	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1836473
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	7288811	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	7185145	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		103666
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	440167	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		212736
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		3449429
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		10669137

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	3770645	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3770645
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	84000	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	19800	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	117771	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	9051	
(7) Actuarial fees .....	<b>2i(7)</b>	30200	
(8) Legal fees .....	<b>2i(8)</b>	15355	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	69654	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		345831
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		4116476

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		6552661
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 535654.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

<b>A</b> Name of plan <u>MACHINERY MOVERS, RIGGERS &amp; MACH. ERECT. LOCAL 136 SUPPLEMENTAL RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>TRSTEEES MACH MVRS,RIGGERS&amp;MACH EREC LOCAL 136 SUPPLEMENTAL RETIRE. PLA</u>	<b>D</b> Employer Identification Number (EIN) <u>36-1416355</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
<b>2</b> 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): _____		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	0

<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....  Yes  No

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (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 **ADVANCED STEEL ERECTORS LLC**

**b** EIN **45-2553689** **c** Dollar amount contributed by employer **186449**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2024

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

(1) Contribution rate (in dollars and cents) 18.90

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

**a** Name of contributing employer **MRL ENTERPRISES INC**

**b** EIN **36-2944931** **c** Dollar amount contributed by employer **139199**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2024

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

(1) Contribution rate (in dollars and cents) 18.90

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

**a** Name of contributing employer **ARS CONTRACTING INC**

**b** EIN **36-3839727** **c** Dollar amount contributed by employer **447873**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2024

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

(1) Contribution rate (in dollars and cents) 18.90

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

**a** Name of contributing employer **STEVENSON CRANE RIGGING & HEAVY HAU**

**b** EIN **36-3638757** **c** Dollar amount contributed by employer **491343**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2024

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

(1) Contribution rate (in dollars and cents) 18.90

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

**a** Name of contributing employer **GLOBAL EXPERIENCE SPECIALISTS INC**

**b** EIN **27-0073479** **c** Dollar amount contributed by employer **354341**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2024

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

(1) Contribution rate (in dollars and cents) 19.00

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

**a** Name of contributing employer **FREEMAN EXPOSITIONS LLC**

**b** EIN **42-0661692** **c** Dollar amount contributed by employer **1557335**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2024

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

(1) Contribution rate (in dollars and cents) 19.00

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (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 ROSEMONT EXPOSITION SERVICES

**b** EIN 36-6009134 **c** Dollar amount contributed by employer 95390

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2024

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

(1) Contribution rate (in dollars and cents) 19.00

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

**a** Name of contributing employer USMM INC

**b** EIN 36-4297977 **c** Dollar amount contributed by employer 124400

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2024

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

(1) Contribution rate (in dollars and cents) 18.90

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

**a** Name of contributing employer OH RODSETH

**b** EIN 36-3014923 **c** Dollar amount contributed by employer 115479

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2024

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

(1) Contribution rate (in dollars and cents) 18.90

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

**a** Name of contributing employer STANDARD CARTAGE CO

**b** EIN 36-2391591 **c** Dollar amount contributed by employer 511037

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2024

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

(1) Contribution rate (in dollars and cents) 18.90

(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:

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	1.07
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	0.92

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	1
<b>b</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 .....	<b>16b</b>	525000

**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: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**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 \_\_\_\_\_.







**MACHINERY MOVERS, RIGGERS AND  
MACHINERY ERECTORS LOCAL 136  
SUPPLEMENTAL RETIREMENT FUND**

FINANCIAL STATEMENTS

JUNE 30, 2024





**MACHINERY MOVERS, RIGGERS AND  
MACHINERY ERECTORS LOCAL 136  
SUPPLEMENTAL RETIREMENT FUND**

FINANCIAL STATEMENTS  
AND SUPPLEMENTAL INFORMATION

YEARS ENDED JUNE 30, 2024 AND 2023

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of  
Machinery Movers, Riggers and Machinery Erectors  
Local 136 Supplemental Retirement Fund  
Oak Brook, Illinois

### Opinion

We have audited the accompanying financial statements of the Machinery Movers, Riggers and Machinery Erectors Local 136 Supplemental Retirement Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 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 June 30, 2024 and 2023 and the changes in its net assets 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. 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 generally accepted auditing standards 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 generally accepted auditing standards, 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) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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 DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

### **Other Supplemental Information**

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

*Calibre CPA Group, PLLC*

Chicago, IL  
January 8, 2025



**MACHINERY MOVERS, RIGGERS AND MACHINERY ERECTORS  
LOCAL 136 SUPPLEMENTAL RETIREMENT FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2024 AND 2023

	2024	2023
<b>Assets</b>		
<b>Assets</b>		
Investments, at fair value	\$ 57,098,426	\$ 50,226,935
Receivables		
Employer contributions	403,227	375,116
Due from affiliated fund	6,250	-
Withdrawal liability settlement	72,270	-
Accrued interest	4,046	779
Total receivables	485,793	375,895
Non-interest bearing cash	2,341,006	2,741,792
Total assets	59,925,225	53,344,622
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts payable and accrued expenses	62,250	34,308
<b>Net assets available for benefits</b>	\$ 59,862,975	\$ 53,310,314

See accompanying notes to financial statements.



**MACHINERY MOVERS, RIGGERS AND MACHINERY ERECTORS  
LOCAL 136 SUPPLEMENTAL RETIREMENT FUND**

STATEMENTS OF CHANGES IN NET ASSETS  
AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2024 AND 2023

	2024	2023
<b>Additions to net assets attributed to</b>		
Investment income		
Net appreciation in fair value of investments	\$ 4,205,998	\$ 2,500,395
Interest and dividends	1,901,686	1,864,020
Investment expenses	<u>(117,771)</u>	<u>(102,186)</u>
Net investment income	5,989,913	4,262,229
Withdrawal liability settlement	150,000	525,000
Employer contributions - net of reciprocity out	<u>4,411,453</u>	<u>5,046,158</u>
Total additions	<u>10,551,366</u>	<u>9,833,387</u>
<b>Deductions from net assets attributed to</b>		
Benefits paid	3,770,645	3,729,026
General and administrative expenses	<u>228,060</u>	<u>231,944</u>
Total deductions	<u>3,998,705</u>	<u>3,960,970</u>
<b>Net change</b>	6,552,661	5,872,417
<b>Net assets available for benefits</b>		
Beginning of year	<u>53,310,314</u>	<u>47,437,897</u>
End of year	<u>\$ 59,862,975</u>	<u>\$ 53,310,314</u>

See accompanying notes to financial statements.



## MACHINERY MOVERS, RIGGERS AND MACHINERY ERECTORS LOCAL 136 SUPPLEMENTAL RETIREMENT FUND

### NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

#### NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Machinery Movers, Riggers and Machinery Erectors Local 136 Supplemental Retirement Fund (the Plan) provides general information only. Participants should refer to the trust agreement for a more complete description of the Plan's provisions.

**General** - The Plan is a defined benefit pension plan covering all eligible employees under a collective bargaining agreement between employers and Local No. 136. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Pension Benefits** - A participant is eligible for normal retirement benefit if he has attained age 62. The normal retirement benefit per month, payable in the form of a single life annuity, equals .80% of employer contributions accumulated in the participant's account on or after July 1, 2023. For the period from July 1, 2009 through June 30, 2023, contributions are applied at .75%. For the period from July 1, 2005 through June 30, 2009, contributions are applied at 1%. For the period July 1, 2003 through June 30, 2005, contributions are applied at 3%. For contributions earned prior to July 1, 2003, contributions are applied at 3.1%. The benefit becomes 100% vested after 5 years of service. Participants who are married have the option of a joint and survivor benefit.

A participant earns a year of service upon working 800 hours.

The Plan permits early retirement after the completion of 20 years of service or attainment of age 50 and the completion of 5 years of service. Prior to May 2, 2005, participants were allowed to receive the value of their benefits as a lump-sum distribution upon retirement or termination or in the form of an annuity, payable monthly. Effective May 2, 2005, the Plan suspended the payment of lump-sum benefits.

If an active participant dies after vesting and is married, the surviving spouse receives a monthly life annuity equal to the 50% joint and survivor benefit payable beginning the later of the month after the date of death or the participant's earliest retirement age, paid as if the participant retired on that date with the 50% joint and survivor benefit, and then died.

In addition, there is a supplemental death benefit provided by insurance equal to 10 times the monthly pension benefit limited to \$50,000 for retirees receiving benefits prior to January 1, 2007.



## NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

An active participant, who becomes totally disabled after vesting, will receive a monthly disability benefit which equals the benefit that the participant has accumulated at the time the participant becomes disabled.

## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

**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.

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

Investment cash held by the investment custodian represents assets held for investment purposes and are reported as investments.

**Actuarial Present Value of Accumulated Plan Benefits** - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributed under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the employees' total credited services, which is the sum of (a) past service credits and (b) future service credits. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

**Employer Contributions Receivable** - Contributions receivable at June 30, 2024 and 2023 represents amounts received subsequent to year end for work performed through June 30. Employer records are subject to audit and additional revenue, if any, that may arise as a result of these audits is recognized when received. Based on review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, management has concluded that any expected credit losses on balances outstanding at year end will be immaterial.



## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

**Benefits** - Benefit payments are recorded upon distribution.

**Expenses** - The Plan's expenses are paid by the Plan as provided by the plan document. Expenses incurred in connection with the general administration of the Plan are reported as deductions in the accompanying statements of changes in net assets available for benefits.

**New Accounting Pronouncement Adopted** - During the year ended June 30, 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 to 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 receivable due from employers. 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 July 1, 2023. The impact of the adoption was not considered material to the financial statements and primarily resulted in additional disclosures.

## NOTE 3. PRIORITIES UPON TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated.

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The prior amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations.
3. All other vested benefits not insured by the PBGC.
4. All nonvested benefits.



### **NOTE 3. PRIORITIES UPON TERMINATION (CONTINUED)**

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pension. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceiling is actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

### **NOTE 4. TAX STATUS**

The Plan obtained its latest determination letter on February 24, 2015, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. They believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. As of June 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### **NOTE 5. FUNDING POLICY**

The Board of Trustees (Trustees) established a funding policy and method in order to promote the purpose of the Trust Fund and to ensure compliance with ERISA. Each employer contributes to the Plan such amounts and at such times as are required by the applicable provisions of the collective bargaining agreement, or such other agreements as are approved by the Trustees. The Plan is financed entirely by employer contributions



## NOTE 5. FUNDING POLICY (CONTINUED)

as specified in the applicable bargaining agreement. Employers contribute at "Trade Show" rates and "Street Contract" rates. For the plan years ended June 30, 2024 and 2023, Trade Show employers contributed at an hourly rate of \$19.00 and \$18.50, respectively, for each hour a participant has worked. For the plan years ended June 30, 2024 and 2023, Street contract employers contributed at an hourly rate of \$18.90 and \$18.40, respectively, for each hour a participant has worked. The Plan exceeded the minimum funding requirement contributions for the year ended June 30, 2024.

## NOTE 6. ACTUARIAL INFORMATION

The actuarial present value of accumulated plan benefits and changes in accumulated plan benefits as of the most recent actuarial report, July 1, 2023, is:

<u>Accumulated plan benefits</u>	
Vested benefits	
Participants currently receiving payments	\$ 39,308,710
Other participants	<u>32,005,499</u>
Total vested benefits	71,314,209
Nonvested benefits	<u>3,395,925</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 74,710,134</u>
<u>Changes in accumulated plan benefits</u>	
Actuarial present value of accumulated plan benefits at July 1, 2022	<u>\$ 71,339,439</u>
Increase (decrease) during the year attributable to	
Benefits accumulated and net gains	2,595,425
Passage of time	4,681,729
Assumption changes	53,369
Plan amendments	1,142
Benefits paid	<u>(3,960,970)</u>
Net decrease	<u>3,370,695</u>
Actuarial present value of accumulated plan benefits at July 1, 2023	<u>\$ 74,710,134</u>

The significant actuarial assumptions used in the latest valuation of July 1, 2023 were (a) life expectancy of participants (PRI-2012 Blue Collar Employee using Scale MP-2021 generational mortality improvement), (b) retirement age of participants (age 55 at a rate of 25% rate, ages 56-61 at a rate of 5%, ages 62-64 at a rate of 50%, and age 65 at a rate of 100%), (c) investment return of 6.75%, and (d) administrative expenses of \$224,000, increasing 2% per year.



## **NOTE 6. ACTUARIAL INFORMATION (CONTINUED)**

The following assumption was changed from the previous valuation to better reflect anticipated Plan experience: the expense assumption was changed from \$220,000 to \$224,000, increasing by 2% per year.

The actuarial cost method used was the Unit Credit.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Since information on the accumulated plan benefits of the Machinery Movers, Riggers and Machinery Erectors Local 136 Supplemental Retirement Fund at June 30, 2024 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of June 30, 2024 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended June 30, 2024. The complete financial status of the Plan is presented as of June 30, 2023.

## **NOTE 7. FAIR VALUE MEASUREMENTS**

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

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

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

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

## NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

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.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

*Common stock:* Valued at the closing price reported in the active market in which the individual securities are traded.

*Registered investment companies:* Valued based on the closing price reported in the active market in which the funds are traded.

*Short-term investment funds:* Valued using amortized cost which approximates fair value.

*Common collective trust:* Valued based on the net asset value of the trust in proportion to the Plan's capital percentage as of the close of business on the last day of each month.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future 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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2024.

	Assets at Fair Value as of June 30, 2024			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 2,052,180	\$ 2,052,180	\$ -	\$ -
Registered investment companies	52,185,153	52,185,153	-	-
Short-term investment funds	<u>892,819</u>	<u>892,819</u>	-	-
Total	55,130,152	<u>\$ 55,130,152</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value *				
Common collective trust	<u>1,968,274</u>			
Total	<u>\$ 57,098,426</u>			

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

## NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2023.

	Assets at Fair Value as of June 30, 2023			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 1,463,942	\$ 1,463,942	\$ -	\$ -
Registered investment companies	46,919,549	46,919,549	-	-
Short-term investment funds	<u>87,906</u>	<u>87,906</u>	-	-
Total	48,471,397	<u>\$ 48,471,397</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value *				
Common collective trust	<u>1,755,538</u>			
Total	<u>\$ 50,226,935</u>			

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

## NOTE 8. FAIR VALUE OF INVESTMENTS THAT CALCULATE NET ASSET VALUE

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

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

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

The following table summarizes investments measured at fair value based on NAV per share as of June 30, 2024:

<u>June 30, 2024</u>	<u>Fair Value</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>	<u>Unfunded Commitments</u>
Common collective trust	<u>\$ 1,968,274</u>	Quarterly	See below	<u>\$ -</u>



## NOTE 8. FAIR VALUE OF INVESTMENTS THAT CALCULATE NET ASSET VALUE (CONTINUED)

The following table summarizes investments measured at fair value based on NAV per share as of June 30, 2023:

<u>June 30, 2023</u>	<u>Fair Value</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>	<u>Unfunded Commitments</u>
Common collective trust	<u>\$ 1,755,538</u>	Quarterly	See below	<u>\$ -</u>

NIS Preferred Stock Fund II, LLC (LLC) reports as a direct filing entity.

Under the terms of the operating agreement, the management of the LLC shall endeavor to distribute the amount so due without interest thereon within ten business days after the applicable withdrawal date; provided however, that any withdrawal may be delayed in whole or in part (a) if the manager determines that it cannot reasonably make the distribution applicable to the withdrawn interest on account of any order, directive or legal impediment by an official or agency of any government or any other cause reasonably beyond the manager's control, or (b) to the extent such delay is deemed necessary by the manager in its sole discretion to prevent such withdrawal from having a material adverse effect on the LLC or any other member. In the event of the withdrawal of 90% or more of a member's capital account, the manager may, in its sole discretion, cause the LLC to retain up to 10% of such member's withdrawal proceeds until a date 90 days after the end of the fiscal year in which such withdrawal occurs. No interest or other investment return shall be paid on such deferred amounts. As of the date of this audit report, there are no known restrictions to the normal payout of the Plan's investment interest.

## NOTE 9. WITHDRAWAL LIABILITY

During the year ended June 30, 2023, the Trustees of the Plan entered into a settlement agreement with an employer for \$525,000 in full satisfaction of their withdrawal liability.

During the year ended June 30, 2024, the Trustees of the Plan entered into a settlement agreement with an employer for \$150,000 in full satisfaction of their withdrawal liability. As of June 30, 2024, \$72,270 was due to the Plan from the employer.

## NOTE 10. RISKS AND UNCERTAINTIES

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



## NOTE 10. RISKS AND UNCERTAINTIES (CONTINUED)

Plan contributions are made and the actuarial present value of accumulated plan benefits are 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 11. DUE FROM AFFILIATED FUND AND PARTY-IN-INTEREST TRANSACTIONS

As of June 30, 2024, the Plan has a \$6,250 receivable from Machinery Movers, Riggers and Machinery Erectors Local 136 Defined Contribution Retirement Trust Fund (DC Fund) (a related party) for DC Fund expenses paid by the Plan.

The Plan pays certain investment and administrative fees directly to service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

## NOTE 12. FUNDING DEFICIENCY

The IRS has approved the Plan's application for funding relief. The approval is conditional under the following conditions:

- Create and maintain a Rehabilitation Plan with real funding strength; and
- No benefit improvements while under funding relief.

As of July 1, 2013, the Plan emerged from Critical status and was certified as Endangered because it had a fund ratio of less than 80% and was not projected to have an accumulated funding deficiency. The Trustees adopted a Rehabilitation Plan which included the funding strategy originally crafted for the 412(e) relief application and the following benefit changes and contribution rate increases, and has been re-characterized as a Funding Improvement Plan:

### Effective 7/1

### Benefit Changes

2002	Increased contribution rate to \$0.60/hour from \$4.63 to \$5.23. Of the increase, only half (\$0.30/hour) will accrue future benefits under the percent-of-contribution accruals formula, the remaining \$0.30/hour is to reduce the unfunded liability.
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## NOTE 12. FUNDING DEFICIENCY (CONTINUED)

### Effective 7/1

### Benefit Changes

2003	Reduced the future accrual rate from 3.1% of contributions made on a member's behalf to 3.0%.  Reduced future vesting from 100% after 3 years to 5 years.  Changed the future definition of a year of vesting service from 500 hours to 800 hours.  Limited the lump sum payment option to \$800,000.  Strengthened the enforcement of the Return-to-Work suspension of benefit rules.
2005	Reduced the future accrual rate from 3.00% of contributions made on a member's behalf to 1.00%.
2009	Reduced the future accrual rate from 1.00% of contributions made on a member's behalf to 0.75%.  Ceased paying lump sum benefits other than the \$5,000 automatic cash out.
2003 - 2022	Contribution rate increases from \$5.53 per hour to \$18.40 per hour for street contractors and \$18.50 per hour for show contractors. The contribution increases on and after July 1, 2013 were not part of the Funding Improvement Plan and 412(e) Funding relief application.

As of July 1, 2024, the Plan was certified to be neither in Endangered status nor in Critical status, in other words, the Plan is in the "Green Zone" because it had a funded ratio greater than 80% and was not projected to have an accumulated funding deficiency within the next seven years.

## NOTE 13. RECONCILIATION OF FINANCIAL STATEMENT TO FORM 5500

The following is a reconciliation of additions per the statement of changes in net assets available for benefits to income and expenses per the Form 5500 for the year ended June 30, 2024:

Total additions per the statement of changes in net assets available for benefits	\$ 10,551,366
Investment expenses	<u>117,771</u>
Total additions per Form 5500	<u>\$ 10,669,137</u>



**NOTE 13. RECONCILIATION OF FINANCIAL STATEMENT TO FORM 5500  
(CONTINUED)**

The following is a reconciliation of deductions per the statement of changes in net assets available for benefits to income and expenses per the Form 5500 for the year ended June 30, 2024:

Total deductions per the statement of changes in net assets available for benefits	\$ 3,998,705
Investment expenses	<u>117,771</u>
Total deductions per Form 5500	<u>\$ 4,116,476</u>

**NOTE 14. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through January 8, 2025, 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





**MACHINERY MOVERS, RIGGERS AND MACHINERY ERECTORS  
LOCAL 136 SUPPLEMENTAL RETIREMENT FUND**

SCHEDULES OF GENERAL AND ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Administration	\$ 84,000	\$ 84,174
Accounting and auditing	19,800	22,336
Actuarial consulting	30,200	34,188
Bank charges	9,051	7,335
Legal fees	15,355	11,556
Consulting	30,000	30,000
Dues and subscriptions	890	680
Insurance	25,119	25,986
Office supplies and postage	520	1,161
PBGC insurance	<u>13,125</u>	<u>14,528</u>
Total general and administrative expenses	<u>\$ 228,060</u>	<u>\$ 231,944</u>

**7.5. Summary of Plan Provisions (Line 6)**

**Plan Year:** July 1 through June 30

**Pension Credit Year:** July 1 through June 30

**Year of Service:** Hours Worked  
 in a Plan Year  
 for One Year  
 of Service

<u>Period</u>	<u>of Service</u>
After 6/30/2007	800
Prior to 7/1/2007	1,000

**Participation:** After completion of 500 hours of covered employment

**Break in Service:** Less than 500 hours of covered employment

**Vesting Service:** One Year of Service provides one year of Vesting Service

**Normal Retirement Benefit:**

Eligibility Age 62 with 5 Years of Service

Amount A monthly life annuity equal to a percent of employer contributions made on a participant's behalf as per the following table:

<u>Contributions Contributed</u>	<u>Applicable Percentage</u>
Prior to 7/1/2003	3.10%
7/1/2003 – 6/30/2005	3.00%
7/1/2005 – 6/30/2009	1.00%
7/1/2009 – 6/30/2023	0.75%
7/1/2023 and after	0.80%

Normal Form If married: Reduced 50% J&S (Husband & Wife Form)  
 If rejected, or if not married: Life

**Early Retirement:**

Age / Service Requirement 50 and vested; or 20 Years of Service

Amount A factor multiplied by the Normal Retirement Benefit which varies by age at retirement. Factors for age 50 and older are as follows:

<u>Age</u>	<u>Factor</u>	<u>Age</u>	<u>Factor</u>
50	0.387097	57	0.577419
51	0.390323	58	0.641935
52	0.403226	59	0.716129
53	0.406452	60	0.796774
54	0.422581	61	0.893548
55	0.470968	62	1.000000
56	0.529032		

**Late Retirement:**

Amount	The greater of a or b: a) The Normal Retirement Benefit as of the Participant's Normal Retirement Age, actuarially increased to actual retirement age, or b) The Normal Retirement Benefit accrued through the Participants actual retirement age.
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**Disability:**

Requirement	5 Years of Service (3 Years of Service prior to 2007)
Amount	Accrued Normal Retirement Benefit

**Vesting:**

Requirement	5 Years of Service (3 Years of Service prior to 2007)
Amount	Accrued Normal Retirement Benefit

**Pre-Retirement Death Benefits:**

Surviving Spouse's Pension	
Age Requirement	None
Service Requirement	5 Years of Service
Amount	A monthly life annuity equal to the 50% Joint & Survivor benefit payable beginning the later of the month after the date of death or the participant's earliest retirement age, paid as if he retired on that date with the 50% Joint & Survivor benefit, and then died.
Charge for Coverage	None

**Post-Retirement Death Benefits:**

Amount	Any remaining guaranteed payments or survivor payments as defined by the benefit payment option and the provisions of the Plan.
Optional Forms of Benefit	<ul style="list-style-type: none"> <li>➤ Joint and 50% survivor (QJSA)</li> <li>➤ Joint and survivor (100%, 66 2/3%, 75%)</li> <li>➤ 5, 10, and 15 years certain</li> </ul> <p>All optional forms of benefit are actuarially equivalent to a single-life annuity.</p>
Suspension of Benefits	A pensioner's benefit is suspended while working over the hour threshold in Prohibited Employment.
Hours Threshold	39 hours, whether under or over Normal Retirement Age

Prohibited Employment

Employment where pensioner is compensated while working:

- in the same industry in which participants covered by the Plan worked at the pensioner's effective date; and
- in the same profession, trade, or craft as that performed by the pensioner at any time under the Plan; and
- in the state of Illinois, or any area covered by the Plan or a reciprocal agreement.

Recalculation of Benefit

Additional accruals (in years where the participant earned more than 500 hours in a plan year) are offset by the value of benefit payments received

# MACHINERY MOVERS, RIGGERS AND MACHINERY ERECTORS LOCAL 136 SUPPLEMENTAL RETIREMENT FUND

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JUNE 30, 2024

Schedule H, Page 4, Line 4i

EIN No.: 36-1416355  
Plan No.: 001

(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares							
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value or Shares	(d) Cost	(e) Current Value
	Common stock						
	AbbVie Inc.	Common stock	N/A	N/A	140	\$ 20,891	\$ 24,013
	Adobe Inc.	Common stock	N/A	N/A	75	36,520	41,666
	Advanced Micro Devices, Inc.	Common stock	N/A	N/A	165	23,667	26,765
	Alphabet Inc.	Common stock	N/A	N/A	628	73,359	114,390
	Amazon.com, Inc.	Common stock	N/A	N/A	700	103,652	135,275
	American Express Company	Common stock	N/A	N/A	80	13,652	18,524
	Amgen Inc.	Common stock	N/A	N/A	57	17,086	17,810
	APA Corporation	Common stock	N/A	N/A	435	14,954	12,806
	Apple Inc.	Common stock	N/A	N/A	1,025	102,956	215,886
	Broadcom Inc.	Common stock	N/A	N/A	54	29,483	86,699
	Cisco Systems, Inc.	Common stock	N/A	N/A	195	10,180	9,264
	ConocoPhillips	Common stock	N/A	N/A	150	15,200	17,157
	Costco Wholesale Corporation	Common stock	N/A	N/A	47	22,272	39,950
	Datadog, Inc.	Common stock	N/A	N/A	75	8,492	9,727
	DICK'S Sporting Goods, Inc.	Common stock	N/A	N/A	95	11,011	20,411
	Eaton Corporation plc	Common stock	N/A	N/A	100	26,932	31,355
	Eli Lilly and Company	Common stock	N/A	N/A	30	11,924	27,161
	Freeport-McMoRan Inc.	Common stock	N/A	N/A	200	9,776	9,720
	The Goldman Sachs Group, Inc.	Common stock	N/A	N/A	77	26,070	34,829
	The Home Depot, Inc.	Common stock	N/A	N/A	50	16,124	17,212
	IBM Corporation	Common stock	N/A	N/A	210	33,415	36,319
	Intuit Inc.	Common stock	N/A	N/A	50	22,642	32,860
	JPMorgan Chase & Co.	Common stock	N/A	N/A	130	20,047	26,294
	KKR & Co. Inc.	Common stock	N/A	N/A	95	10,143	9,998
	Lam Research Corporation	Common stock	N/A	N/A	23	11,010	24,492
	Lululemon Athletica Inc.	Common stock	N/A	N/A	35	12,897	10,454
	Merck & Co., Inc.	Common stock	N/A	N/A	145	12,071	17,951
	Meta Platforms, Inc.	Common stock	N/A	N/A	168	38,242	84,709
	Micron Technology, Inc.	Common stock	N/A	N/A	220	13,288	28,937
	Microsoft Corporation	Common stock	N/A	N/A	470	91,080	210,066
	Morgan Stanley	Common stock	N/A	N/A	220	18,511	21,382
	Netflix, Inc.	Common stock	N/A	N/A	54	18,152	36,444
	Northrop Grumman Corporation	Common stock	N/A	N/A	20	7,470	8,719
	NVIDIA Corporation	Common stock	N/A	N/A	1,875	39,026	231,637
	Palo Alto Networks, Inc.	Common stock	N/A	N/A	102	23,598	34,579
	PepsiCo, Inc.	Common stock	N/A	N/A	80	13,837	13,194
	RTX Corporation	Common stock	N/A	N/A	190	18,976	19,074
	ServiceNow, Inc.	Common stock	N/A	N/A	51	30,105	40,120
	Shopify Inc.	Common stock	N/A	N/A	160	9,565	10,568
	Synopsys, Inc.	Common stock	N/A	N/A	25	14,373	14,876
	T-Mobile US, Inc.	Common stock	N/A	N/A	115	16,023	20,261
	Target Corporation	Common stock	N/A	N/A	60	9,658	8,882
	The Coca-Cola Company	Common stock	N/A	N/A	385	23,611	24,505
	Uber Technologies, Inc.	Common stock	N/A	N/A	480	20,465	34,886
	Ulta Beauty, Inc.	Common stock	N/A	N/A	30	11,441	11,576
	United Rentals Inc	Common stock	N/A	N/A	42	19,368	27,163
	UnitedHealth Group Incorporated	Common stock	N/A	N/A	73	33,313	37,176
	Vertex Pharmaceuticals Incorporated	Common stock	N/A	N/A	63	20,486	29,529
	Visa Inc.	Common stock	N/A	N/A	133	29,249	34,909
	Total common stock					<u>1,236,263</u>	<u>2,052,180</u>

# MACHINERY MOVERS, RIGGERS AND MACHINERY ERECTORS LOCAL 136 SUPPLEMENTAL RETIREMENT FUND

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

JUNE 30, 2024

Plan No.: 001

(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value or Shares							
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value or Shares	(d) Cost	(e) Current Value
	Registered investment companies						
	American Century Small Cap Value	Registered investment company	N/A	N/A	157,212	\$ 1,421,532	\$ 1,646,013
	American Funds Europacific Growth	Registered investment company	N/A	N/A	77,009	3,807,846	4,409,540
	Artisan High Income Fund	Registered investment company	N/A	N/A	378,342	3,302,395	3,374,811
	Cohen & Steers Realty Shares	Registered investment company	N/A	N/A	40,726	1,664,763	1,864,449
	Conestoga Small Cap Institutional	Registered investment company	N/A	N/A	24,142	1,262,650	1,721,799
	Dodge & Cox Income Fund	Registered investment company	N/A	N/A	1,047,617	14,250,599	12,969,492
	Dodge & Cox Stock Fund	Registered investment company	N/A	N/A	18,442	2,790,711	4,736,789
	Invesco SteelPath MLP Select 40	Registered investment company	N/A	N/A	514,721	3,946,077	4,565,573
	JPMorgan Emerging Markets Equity	Registered investment company	N/A	N/A	152,510	4,661,244	4,794,916
	JPMorgan Large Cap Growth	Registered investment company	N/A	N/A	76,090	3,468,864	5,684,720
	Oakmark International	Registered investment company	N/A	N/A	161,267	3,441,396	4,141,341
	PIMCO Commodity Real Return Strat	Registered investment company	N/A	N/A	61,398	1,115,106	819,661
	PIMCO Real Return Fund	Registered investment company	N/A	N/A	73,423	831,406	730,559
	Vanguard Inflation-Protected	Registered investment company	N/A	N/A	31,708	833,913	725,490
	Total registered investment companies					<u>46,798,502</u>	<u>52,185,153</u>
	Short-term investment funds						
	Charles Schwab Bank	Short-term investment	N/A	N/A	64,078	64,078	64,078
	Goldman Financial Square Govt	Short-term investment	N/A	N/A	828,741	828,741	828,741
	Total short-term investment funds					<u>892,819</u>	<u>892,819</u>
	Common collective trust						
	NIS Preferred Stock Fund II, LLC	Common collective trust	N/A	N/A	295,682	605,000	1,968,274
	Total assets (held at end of year)					<u>\$ 49,532,584</u>	<u>\$ 57,098,426</u>



**7.8. Schedule of Active Participant Data (Line 8b(2))**

Age	Years of Pension Credit																	
	0-1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Accrued	Accrued						
	No.	Mo.	Ben.	No.	Mo.	Ben.	No.	Mo.	Ben.	No.	Mo.	Ben.	No.	Mo.	Ben.	No.	Mo.	Ben.
<25	4	82	460	1	1,054	-	-	-	-	-	-	-	-	-	-	-	-	-
25-29	2	95	485	4	1,391	-	-	-	-	-	-	-	-	-	-	-	-	-
30-34	4	230	528	4	1,551	2	2,624	-	-	-	-	-	-	-	-	-	-	-
35-39	1	259	423	6	1,486	2	2,549	2	2,489	-	-	-	-	-	-	-	-	-
40-44	3	123	416	6	1,462	2	2,063	2	4,135	4	4,570	-	-	-	-	-	-	-
45-49	2	270	717	6	1,760	3	2,152	1	4,618	5	5,311	-	-	-	-	-	-	-
50-54	1	194	737	4	1,796	2	2,159	7	4,453	7	6,716	-	-	-	-	-	-	-
55-59	4	122	1,187	3	1,547	-	-	3	4,083	6	6,071	-	-	-	-	-	-	-
60-61	-	-	1,310	-	-	-	-	1	5,669	4	6,076	-	-	-	-	-	-	-
62-64	1	391	938	1	2,089	1	1,941	2	4,033	-	-	-	-	-	-	-	-	-
65+	-	-	-	-	-	-	-	-	-	2	7,972	-	-	-	-	-	-	-

**7. Government (5500) Reporting**

**7.1. Illustration Supporting Actuarial Certification of Status (Line 4b)**

Based on the following actuarial measures, the Machinery Movers, Riggers, and Machinery Erectors Local 136 Supplemental Retirement Plan is in “Endangered” status as per the Pension Protection Act.

- 1 Funded Percentage..... Greater than 80%
- 2 Date of projected funded deficiency..... Not within the next seven years

Below is a ten year projection of the Plan’s Funded Percentage and Credit Balance supporting the Actuarial Certification.

As of July 1,	Funded %	Credit Balance
2023	79.9%	\$ 20,786,771
2024	81.3%	22,478,283
2025	83.6%	24,247,194
2026	83.2%	25,826,739
2027	86.0%	27,639,604
2028	88.6%	29,634,008
2029	91.2%	31,795,708
2030	93.8%	34,141,336
2031	96.5%	36,795,499
2032	99.3%	\$ 39,890,958

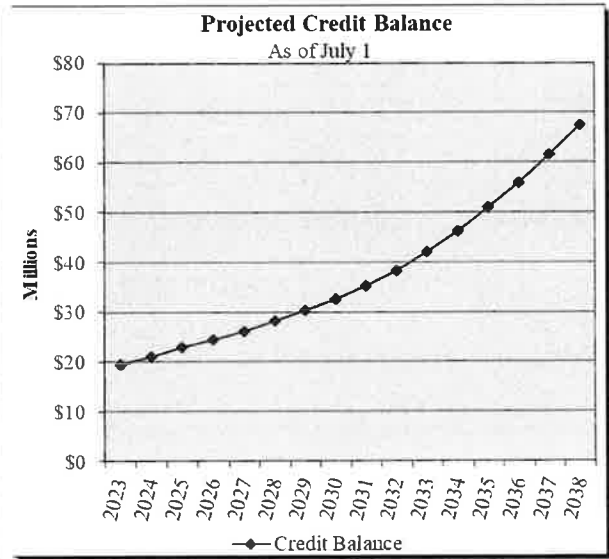
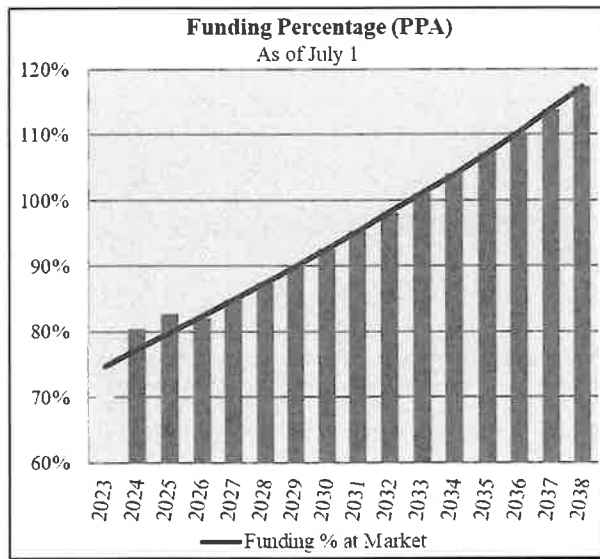
**Zone Certification**  
**As of July 1, 2023**  
**for**  
**Machinery Movers, Riggers, and Machinery Erectors**  
**Local 136 Supplemental Plan**  
**EIN: 36-1416355 / PN: 001**

Initial Endangered Zone Certification: July 1, 2013  
 Adoption Period: 7/01/2013 – 6/30/2014  
 Funding Improvement Period: 7/01/2014 – 6/30/2024

Based on the following actuarial measures, the Plan is classified as “Endangered” (Yellow Zone) as per the Pension Protection Act.

- The ratio of assets to liabilities is less than 80% on the first day of the Plan Year.

The charts below demonstrate the Plan is making required progress under its Funding Improvement Plan.



This certification was prepared on behalf of the Machinery Movers, Riggers, and Machinery Erectors Local 136 Supplemental Plan based on employee data, asset statements and plan documents provided by the Plan Sponsor or its representatives. We relied upon the data as submitted, without formal audit. However, the data was tested for reasonableness, and we have no reason to believe that any other information which would have had a material effect on the results of this valuation was overlooked.

Therefore, to the best of our knowledge and belief, the information presented in this certification is complete and accurate, and each assumption used represents our best estimate of anticipated experience under the Plan.

The assumptions used are those used in the July 1, 2022 actuarial valuation, including the interest rate assumption of 6.75%.

**Certified by:**



Craig A. Voelker, FSA, EA  
Enrolled Actuary No.: 20-05537  
1236 Brace Rd. Unit E  
Cherry Hill, NJ 08034  
Phone (856) 795-7777

September 28, 2023

**On Behalf of Plan Sponsor:**

Board of Trustees  
Machinery Movers, Riggers, and Machinery  
Erectors Local 136 Supplemental Plan  
BMGI  
625 Enterprise Dr  
Oak Brook, IL 60523  
Phone (630) 472-0626

cc: Secretary of the Treasury- [EPCU@irs.gov](mailto:EPCU@irs.gov)

**Zone Certification  
as of July 1, 2023  
for  
Machinery Movers, Riggers, and Machinery Erectors Local 136 Supplemental Retirement Plan  
EIN: 36-1416355**

The Pension Protection Act of 2006 (“PPA”) added special rules that define funding zones. A plan is first tested for the worst funding zone, and then successively better zones.

	Test Met?
I. Critical & Declining Status: (if Plan meets test 1 & 2, or 1 & 3)	FALSE
1. The Plan meets the Critical Status criteria below.	FALSE
2. The Plan is projected to go insolvent in the current or next 14 years.	FALSE
3. The Plan is projected to go insolvent in the current or next 19 years, and have a funding percentage below 80% or have a ratio of active to inactive in excess of 2 to 1.	FALSE
II. Critical Status—The Plan will be certified as Critical if it meets any one of the five following tests:	FALSE
1. The Plan has a funded ratio of less than 65%, and the value of Plan assets plus projected contributions is less than the value of projected Plan benefits and expenses to be paid for the current and six succeeding plan years.	FALSE
2. The Plan has a funded ratio of less than 65%, and is projected to have an accumulated funding deficiency for the current year or in any of the four succeeding plan years.	FALSE
3. The Plan is projected to have an accumulated funding deficiency for the current plan year or in any of the three succeeding plan years.	FALSE
4. Normal cost plus interest on the unfunded liabilities exceeds contributions, the present value of the vested benefits of inactive employees exceeds the present value of vested benefits of active employees, and the Plan is projected to have an accumulated funded deficiency for the current plan year or in any of the four succeeding plan years.	FALSE
5. The Value of Plan assets plus projected contributions is less than the value of projected benefits and expenses to be paid for the current and four succeeding plan years.	FALSE
III. Seriously Endangered Status— Meets both Endangered criterion	FALSE
IV. Endangered Status— Meets either test	TRUE
1. The ratio of assets to liabilities is less than 80% on the first day of the plan year.	TRUE
2. The Plan is projected to have an accumulated funding deficiency for the current plan year or in any of the six succeeding plan years.	FALSE
As per the criteria above the Plan is certified as:.....	Endangered

**7.10. Schedule of Funding Standard Account Bases (Lines 9c and 9h)**

**Amortization Charges as of 7/1/2023**

<u>Year</u> <u>Established</u>	<u>Base Type</u>	<u>Outstanding</u> <u>Balance</u>	<u>Years</u> <u>Remaining</u>	<u>Amortization</u> <u>Amount</u>
2003	Combined Bases	\$ 1,503,704	2.984	\$ 528,497
2004	Amendment	809,371	11	99,855
2006	Method Change	1,378,548	13	152,332
2009	Exp. Loss (non ENIL)	73,200	1	73,200
2009	Exp. Loss (ENIL)	2,064,164	15	208,964
2010	Exp. Loss (ENIL)	1,033,324	15	104,608
2011	Assumption Change	66,874	3	23,762
2012	Experience Loss	140,685	4	38,689
2013	Experience Loss	156,899	5	35,607
2014	Assumption Change	538,473	6	105,011
2015	Assumption Change	739,056	7	127,345
2015	Experience Loss	106,565	7	18,362
2016	Experience Loss	1,037,575	8	161,200
2016	Assumption Change	607,383	8	94,364
2017	Experience Loss	570,820	9	81,203
2017	Assumption Change	2,767,921	9	393,753
2018	Experience Loss	535,391	10	70,585
2019	Assumption Change	1,003,021	11	123,746
2019	Experience Loss	744,241	11	91,820
2020	Experience Loss	414,790	12	48,271
2021	Assumption Change	2,086,593	13	230,573
2022	Assumption Change	122,850	14	12,962
2023	Experience Loss	2,314,639	15	234,320
2023	Plan Change	1,142	15	116
<b>Total Charges</b>		<b>\$ 20,817,229</b>		<b>\$ 3,059,145</b>

**Machinery Movers, Riggers, and Machinery Erectors  
 Local 136 Supplemental Retirement Plan  
 EIN: 36-1416355 PN: 001  
 Actuarial Valuation Report as of 7/1/2023**



**Amortization Credits as of 7/1/2023**

<u>Year</u> <u>Established</u>	<u>Base Type</u>	<u>Outstanding</u> <u>Balance</u>	<u>Years</u> <u>Remaining</u>	<u>Amortization</u> <u>Amount</u>
2010	Exp - non ENIL	\$ (501,906)	2	\$ (259,146)
2011	Experience Gain	(475,142)	3	(168,831)
2014	Experience Gain	(330,228)	6	(64,400)
2020	Assumption Change	(502,751)	12	(58,507)
2021	Experience Gain	(1,187,421)	13	(131,213)
2022	Experience Gain	<u>(2,048,072)</u>	14	<u>(216,101)</u>
Total Credits		\$ (5,045,520)		\$ (898,198)
Net Charge/(Credit)		\$ 15,771,709		\$ 2,160,947

#### **7.4. Justification for Change in Actuarial Assumptions (Line 11)**

The following assumptions were changed from the previous valuation to better reflect anticipated Plan experience:

- The expense assumption was adjusted for the scheduled increase in PGBC premiums in 2031.

### 7.3. Statement of Actuarial Assumptions/Methods (Line 6)

These are the assumptions used for the ongoing valuation calculations, unless otherwise noted.

Measurement Date	June 30, 2023		
Mortality	Pre-Decrement:	PRI-2012 Blue Collar Employee	
	Post-Decrement:	PRI-2012 Blue Collar Retiree	
	Post-Disablement:	PRI-2012 Disabled Annuitant	
	Beneficiaries:	PRI-2012 Blue Collar Contingent Annuitant	

All tables use Scale MP-2021 generational mortality improvement.

Retirement Age	Active participants according to the following rates once becoming eligible:		
	<u>Age</u>	<u>Rate</u>	
	55	25%	
	56-61	5	
	62-64	50	
	65	100%	

For terminated vested participants, age 62

Turnover	Crocker-Sarason T-5
----------	---------------------

Disability	1975 Social Security Disability Table (Male)
------------	--

Sample Active Demographic Rates	<u>Age</u>	<u>Withdrawal</u>	<u>Disability</u>
	25	7.72%	0.16%
	30	7.22	0.21
	35	6.27	0.29
	40	5.15	0.42
	45	3.98	0.65
	50	2.56%	1.05
	55		1.87
	60		2.96
	62		3.92%

Definition of Active	Those with 500 hours in last Plan Year, excluding those who have retired as of the valuation date
----------------------	---

Future Employment	230,000 hours annually
-------------------	------------------------

Percent Married	90%
-----------------	-----

Age of Spouse	Females are 3 years younger than their spouses
---------------	--

Net Investment Return	6.75%
-----------------------	-------

Administrative Expenses	\$224,000, increasing 2.0% per year, adjusted for the scheduled increase in PGBC premiums in 2031.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the expected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Unit Credit

RPA '94 Current Liability Assumptions

Interest	2.45%; last year 1.94% was used
Mortality	As per IRS Regulation §1.430(h)(3)-1

6621(b) Assumption

Interest	5.00%; last year 2.00% was used
----------	---------------------------------

Rationale for Assumptions

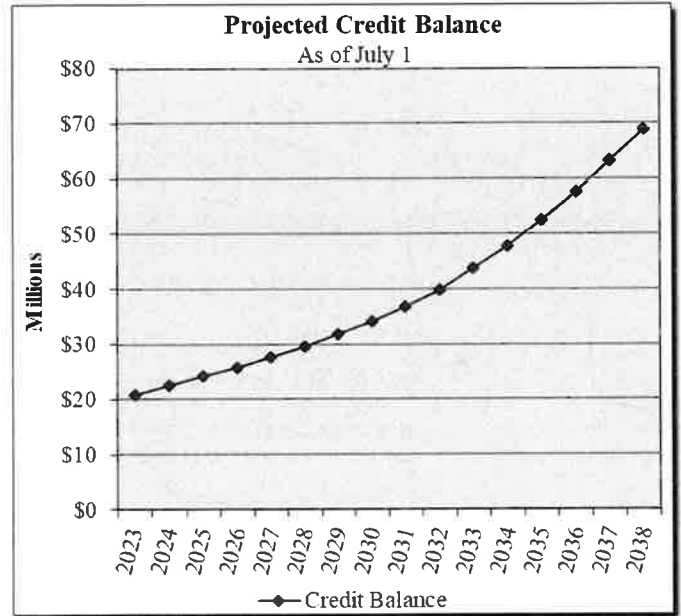
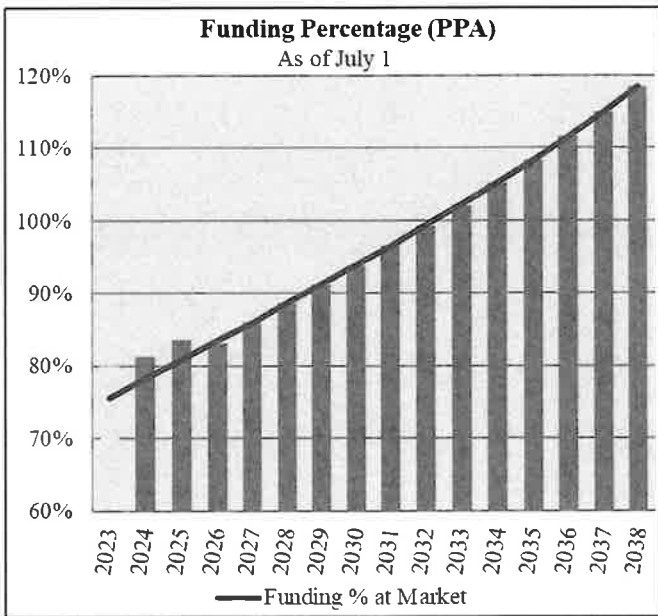
Demographic	The demographic rates utilized are standard tables that approximate recent historical demographic experience, and adjusted to reflect anticipated future experience and professional judgment. A comparison of actual vs. expected decrements, and aggregate liability gain/loss analysis were used to validate the demographic assumptions.
Administrative Expense and Employment	The Administrative Expense and Employment assumptions approximate recent historical experience, and adjusted to reflect anticipated future experience and professional judgment. When appropriate we include the expectations of Trustees and co-professionals for these assumptions.
Investment Return	The investment return assumption is a long-term estimate that is based on historical experience, future market expectations, and professional judgment. We have utilized the investment manager's capital market expectations, and have compared those expectations with a broader market survey.

**7.2. Documentation Regarding Progress under Funding Improvement or Rehabilitation Plan (Line 4c)**

The Trustees have adopted a Funding Improvement Plan to meet funding progress benchmarks required by §432 of the code.

As demonstrated below, the Plan is making scheduled progress and is expected to reach the funding progress benchmarks required by the PPA before the end of the Funding Improvement Period.

Initial Endangered Certification	7/1/2013
Adoption Period	7/01/2013 - 6/30/2014
Funding Improvement Period	7/01/2014 - 6/30/2024
PPA Funding Benchmark	76.3%



Schedule MB (2023)

Machinery Movers, Riggers and Machine Erectors Local 136 Pension Plan  
EIN: 36-1416355 PN: 001

***Employer Contributions (Line 3)***

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan year and were assumed to be paid at the end of the month.

***Withdrawal Liability Amounts (line 3d)***

Attached is a breakdown for the withdrawal liability payment amount shown in line 3d of the Schedule MB.

***Illustration Supporting Actuarial Certification of Status (Line 4b)***

Attached is a copy of the PPA Zone Certification along with a graph showing the plans funded percentage and a projection of the funding standard account.

***Documentation Regarding Progress under Funding Improvement Plan (Line 4c)***

Attached is an explanation of the Fund's Progress under the Funding Improvement Plan.

***Cash Flow Projections (line 4f)***

The Plan was not in Critical or Critical Declining status for the Plan Year. Therefore, no attachment is required.

***The Actuarial Assumptions and Methods (Line 6)***

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation. The actuarial assumptions and methods underlying this valuation differ from those used in the prior valuation. Please refer to the Justification of Changes in Actuarial Assumptions (line 11) section for the list of changes.

***Justification for Change in Actuarial Assumptions (line 11)***

Attached is a justification for the change in actuarial assumption.

***Plan Provisions (Line 6)***

Attached is a summary of the plan provisions valued. The plan provisions underlying this valuation differ from those underlying the prior valuation in the following ways:

- The benefit accrual rate increased from 0.75% of contributions to 0.80% of contributions, effective 7/1/2023

***Schedule of Projection of Expected Benefit Payments (line 8b(1))***

The Plan has less than 1,000 total participants as of the beginning of the plan year. Therefore, per the instructions, no attachment is required.

***Schedule of Active Participants (Line 8b(2))***

Attached is a schedule of active participant data.

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

The Plan has less than 1,000 total participants as of the beginning of the plan year. Therefore, per the instructions, no attachment is required.

***Amortization Bases (Line 9)***

Attached is a schedule of minimum funding amortization bases maintained pursuant to IRC Section 431.

***Actuary's Statement of Reliance***

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the Plan administrator.

Schedule MB (2023), Line 3d-  
Withdrawal Liability Amounts

Machinery Movers, Riggers and Machine Erectors Local 136 Pension Plan  
EIN: 36-1416355 PN: 001

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
1/1/2024	\$0.00	\$150,000	\$150,000

**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**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

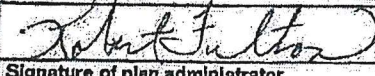
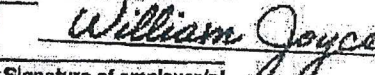
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  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

<b>1a</b> Name of plan <b>MACHINERY MOVERS, RIGGERS &amp; MACH. ERECT. LOCAL 136 SUPPLEMENTAL RETIREMENT PLAN</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 40%; text-align: center;"><b>001</b></td> </tr> <tr> <td><b>1c</b> Effective date of plan</td> <td style="text-align: center;"><b>07/01/1973</b></td> </tr> <tr> <td><b>2b</b> Employer Identification Number (EIN)</td> <td style="text-align: center;"><b>36-1416355</b></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number</td> <td style="text-align: center;"><b>(630) 472-0626</b></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)</td> <td style="text-align: center;"><b>238900</b></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<b>001</b>	<b>1c</b> Effective date of plan	<b>07/01/1973</b>	<b>2b</b> Employer Identification Number (EIN)	<b>36-1416355</b>	<b>2c</b> Plan Sponsor's telephone number	<b>(630) 472-0626</b>	<b>2d</b> Business code (see instructions)	<b>238900</b>
<b>1b</b> Three-digit plan number (PN) ▶	<b>001</b>										
<b>1c</b> Effective date of plan	<b>07/01/1973</b>										
<b>2b</b> Employer Identification Number (EIN)	<b>36-1416355</b>										
<b>2c</b> Plan Sponsor's telephone number	<b>(630) 472-0626</b>										
<b>2d</b> Business code (see instructions)	<b>238900</b>										
<b>2a</b> 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) <b>TRSTEEES MACH MVRS, RIGGERS&amp;MACH EREC LOCAL 136 SUPPL</b>  <b>625 ENTERPRISE DR</b>  <b>OAK BROOK IL 60523-8813</b>											

**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		<u>2/15/25</u>	<b>ROBERT FULTON</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>4/15/25</u>	<b>WILLIAM E JOYCE</b>
	Signature of employer/pl	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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
--	-----------------------------------

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	375
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	169
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	146
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	104
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	66
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	316
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	39
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</b>	355
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	26

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input checked="" type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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## MACHINERY MOVERS, RIGGERS AND MACHINERY ERECTORS LOCAL 136 SUPPLEMENTAL RETIREMENT FUND

### SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2024

Schedule H, Page 4, Line 4j

EIN No.: 36-1416355  
Plan No.: 001

(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset at Transaction Date	(i) Net Gain or (Loss)
Purchases					
<u>Registered investment companies</u>					
Artisan High Income Fund	\$ 3,302,395	\$ -	\$ 3,302,395	\$ 3,302,395	\$ -
Oakmark Advisor	86,051	-	86,051	86,051	-
Oakmark International	4,159,095	-	4,159,095	4,159,095	-
PIMCO High Yield	14,019	-	14,019	14,019	-
<u>Short-term investment funds</u>					
Goldman Financial Square Govt	3,953,442	-	3,953,442	3,953,442	-
Charles Schwab Bank	3,495,142	-	3,495,142	3,495,142	-
Sales					
<u>Registered investment companies</u>					
Oakmark Advisor	-	4,159,065	3,441,366	4,159,065	717,699
PIMCO High Yield	-	3,081,325	3,542,988	3,081,325	(461,663)
<u>Short-term investment funds</u>					
Goldman Financial Square Govt	-	3,124,702	3,124,702	3,124,702	-
Charles Schwab Bank	-	3,518,710	3,518,710	3,518,710	-

**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**

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **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.**

<b>A</b> Name of plan Mach Movers, Riggers, Mach Erect. Local 136 Supp Ret Plan	<b>B</b> Three-digit plan number (PN) ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Mach Movers, Riggers, Mach Erect. Local 136 Supp Ret Plan	<b>D</b> Employer Identification Number (EIN) 36-1416355

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


**1a** Enter the valuation date: Month 7 Day 1 Year 2023

**b** Assets

(1) Current value of assets.....	<b>1b(1)</b>	53,310,314
(2) Actuarial value of assets for funding standard account.....	<b>1b(2)</b>	56,369,605
<b>c</b> (1) Accrued liability for plan using immediate gain methods.....	<b>1c(1)</b>	70,544,307
<b>(2) Information for plans using spread gain methods:</b>		
(a) Unfunded liability for methods with bases.....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method.....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method.....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method.....	<b>1c(3)</b>	70,544,307
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	<b>1d(1)</b>	
<b>(2) "RPA '94" information:</b>		
(a) Current liability.....	<b>1d(2)(a)</b>	128,338,528
(b) Expected increase in current liability due to benefits accruing during the plan year.....	<b>1d(2)(b)</b>	3,984,076
(c) Expected release from "RPA '94" current liability for the plan year.....	<b>1d(2)(c)</b>	0
(3) Expected plan disbursements for the plan year.....	<b>1d(3)</b>	3,729,026

**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.

<b>SIGN HERE</b>		<u>4/11/2025</u>
	Signature of actuary	Date 23-08116
	Vincent Regalbuto	Most recent enrollment number (856) 795-7777
	Type or print name of actuary	Telephone number (including area code)
	O'Sullivan Associates	
	Firm name	
	1236 Brace Road, Unit E Cherry Hill NJ 08034	
	Address of the firm	

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

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

Schedule MB (Form 5500) 2023  
v. 230728

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	53,310,314
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	155	57,143,299
<b>(2)</b> For terminated vested participants .....	58	17,626,269
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		6,595,354
<b>(b)</b> Vested benefits .....		46,973,606
<b>(c)</b> Total active .....	169	53,568,960
<b>(4)</b> Total .....	382	128,338,528
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	41.54%

**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
01/01/2024	4,411,453				
01/01/2024	150,000				
			<b>Totals ▶</b>	<b>3(b)</b>	4,561,453
					<b>3(c)</b>
					150,000
					0
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(d)</b>

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....	<b>4a</b>	79.9%
<b>b</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 .....	<b>4b</b>	E
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> 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)? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> 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..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999." .....	<b>4f</b>	

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

- |  |  |  |   |
|--|--|--|---|
| <b>a</b> <input type="checkbox"/> Attained age normal      | <b>b</b> <input type="checkbox"/> Entry age normal         | <b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability | <b>f</b> <input type="checkbox"/> Individual level premium | <b>g</b> <input type="checkbox"/> Individual aggregate                     | <b>h</b> <input type="checkbox"/> Shortfall |
| <b>i</b> <input type="checkbox"/> Other (specify):         |  |  |   |

<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>	
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>m</b> 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 .....	<b>5m</b>	

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	2.45 %
<b>b</b> Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	9P
<b>(2)</b> Females .....	<b>6c(2)</b>	9PF
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	6.75 %
<b>e</b> Salary scale.....	<b>6e</b>	% <input type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	5.75%
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	4.2%
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	8.8%
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	224,000
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	2,314,639	234,320
3	1,142	116

**8 Miscellaneous information:**

<b>a</b> 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 .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions) .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b> 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? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code?.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	
<b>(3)</b> 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? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>(4)</b> 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)).....	<b>8d(4)</b>	10
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	02/27/2013
<b>(6)</b> 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?.....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> 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) .....	<b>8e</b>	2,933,191

**9 Funding standard account statement for this plan year:**

<b>Charges to funding standard account:</b>		
<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	0
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	1,787,498

		Outstanding balance	
<b>c</b>	Amortization charges as of valuation date:		
(1)	All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	20,817,229
(2)	Funding waivers .....	<b>9c(2)</b>	0
(3)	Certain bases for which the amortization period has been extended....	<b>9c(3)</b>	1,503,704
<b>d</b>	Interest as applicable on lines 9a, 9b, and 9c.....	<b>9d</b>	317,900
<b>e</b>	Total charges. Add lines 9a through 9d.....	<b>9e</b>	5,164,543
<b>Credits to funding standard account:</b>			
<b>f</b>	Prior year credit balance, if any.....	<b>9f</b>	20,786,771
<b>g</b>	Employer contributions. Total from column (b) of line 3.....	<b>9g</b>	4,561,453
		Outstanding balance	
<b>h</b>	Amortization credits as of valuation date.....	<b>9h</b>	5,045,520
<b>i</b>	Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	<b>9i</b>	1,603,191
<b>j</b>	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	42,495,319
(2)	"RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	62,530,268
(3)	FFL credit .....	<b>9j(3)</b>	0
<b>k(1)</b>	Waived funding deficiency .....	<b>9k(1)</b>	0
<b>k(2)</b>	Other credits .....	<b>9k(2)</b>	0
<b>l</b>	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>	27,849,613
<b>m</b>	Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>	22,685,070
<b>n</b>	Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	<b>9n</b>	
<b>o</b> Current year's accumulated reconciliation account:			
(1)	Due to waived funding deficiency accumulated prior to the current plan year.....	<b>9o(1)</b>	0
(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a)	Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>	20,693,468
(b)	Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>	-19,189,764
(3)	Total as of valuation date.....	<b>9o(3)</b>	-19,189,764
<b>10</b>	Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	<b>10</b>	0
<b>11</b>	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No