

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

**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**

<p><b>1a</b> Name of plan <u>LUMBER EMPLOYEES LOCAL 786 RETIREMENT FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><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>TRUSTEES OF LUMBER EMPLOYEES 786 RETIREMENT FUND</u></p> <p><u>300 S ASHLAND AVE - SUITE 500</u> <u>CHICAGO, IL 60607-2701</u></p>	<p><b>1c</b> Effective date of plan <u>06/01/1964</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>51-6067407</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>312-666-1875</u></p> <p><b>2d</b> Business code (see instructions) <u>321210</u></p>

**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.	05/27/2025	EDDIE RIZZO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	05/27/2025	MICHAEL PHILIPP
	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



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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

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**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 09/01/2023 and ending 08/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>LUMBER EMPLOYEES LOCAL 786 RETIREMENT FUND</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>TRUSTEES OF LUMBER EMPLOYEES 786 RETIREMENT FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>51-6067407</u>

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

**1a** Enter the valuation date:      Month 09      Day 01      Year 2023

<b>b</b> Assets		
(1) Current value of assets .....	<b>1b(1)</b>	<u>36886696</u>
(2) Actuarial value of assets for funding standard account.....	<b>1b(2)</b>	<u>39867792</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	<u>42619802</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>42230215</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>67488655</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	<u>1009586</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	<u>4045500</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	<u>4570500</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>05/12/2025</u>
	Signature of actuary	Date
	<u>GEOFF BRIDGES, FSA, MAAA</u>	<u>20-06597</u>
	Type or print name of actuary	Most recent enrollment number
	<u>SEGAL</u>	<u>312-984-8500</u>
	Firm name	Telephone number (including area code)
	<u>101 NORTH WACKER DRIVE, SUITE 500 CHICAGO, IL 60606</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>	36886696
<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 .....	587	43812334
<b>(2)</b> For terminated vested participants .....	159	15788928
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		1402590
<b>(b)</b> Vested benefits .....		6484803
<b>(c)</b> Total active .....	145	7887393
<b>(4)</b> Total .....	891	67488655
<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>	54.65 %

**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
03/01/2024	1430674	0			
03/01/2024	412860	0			
			<b>Totals ▶</b>	<b>3(b)</b>	1843534
				<b>3(c)</b>	0
			<b>(d) Total withdrawal liability amounts included in line 3(b) total .....</b>	<b>3(d)</b>	412860

**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>	94.4 %
<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>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input 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>	2.33 %
<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>	A	A	
<b>(2)</b> Females .....	<b>6c(2)</b>	A	A	
<b>d</b> Valuation liability interest rate.....	<b>6d</b>	7.00 %	7.00 %	
<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 type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" 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>		%	
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date.....	<b>6g</b>		3.4 %	
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>		10.2 %	
<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>		506204	
<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	1014575	104107
4	973	100

**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 checked="" type="checkbox"/> Yes <input 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>	5
<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 type="checkbox"/> Yes <input checked="" 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>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<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 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>	0

**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>	0
<b>b</b> Employer's normal cost for plan year as of valuation date .....	<b>9b</b>	1046839

**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>		16575133	2686053
<b>9c(2)</b>			
<b>9c(3)</b>			

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

<b>9d</b>	261302
<b>9e</b>	3994194

**e** Total charges. Add lines 9a through 9d.....

**Credits to funding standard account:**

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

<b>9f</b>	13056179
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**g** Employer contributions. Total from column (b) of line 3 .....

<b>9g</b>	1843534
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**h** Amortization credits as of valuation date.....

		Outstanding balance	
<b>9h</b>		766944	85762

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

<b>9i</b>	984460
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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>	21224653	
<b>9j(2)</b>	21873779	
<b>9j(3)</b>		0

**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>	15969935
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**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....

<b>9m</b>	11975741
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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>	
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(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....

<b>9o(2)(b)</b>	0
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(3) Total as of valuation date .....

<b>9o(3)</b>	0
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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 **09/01/2023** and ending **08/31/2024**

<b>A</b> Name of plan <b>LUMBER EMPLOYEES LOCAL 786 RETIREMENT FUND</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>TRUSTEES OF LUMBER EMPLOYEES 786 RETIREMENT FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>51-6067407</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

<b>CAUSEWAY CAPITAL MANAGEMENT</b>	<b>1111 SANTA MONICA BLVD</b> <b>15TH FLOOR</b> <b>LOS ANGELES, CA 90025</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>HARDING LOEVNER</b>	<b>400 CROSSING BLVD</b> <b>4TH FLOOR</b> <b>BRIDGEWATER, NJ 08807</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>RBC GLOBAL ASSET MANAGEMENT</b>	<b>PO BOX 7500 STATION A</b> <b>TORONTO, ON M5W1P9 CA</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>VANGUARD</b>	<b>455 DEVON PARK DRIVE</b> <b>WAYNE, PA 19087-1815</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

WCM INVESTMENT MANAGEMENT

281 BROOKS STREET  
LAGUNA BEACH, CA 92651

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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)

LANER MUCHIN

515 N. STATE STREET, SUITE 2800  
CHICAGO, IL 60654

(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	156559	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)

JEFFREY HOFF

300 S. ASHLAND AVE  
SUITE 500  
CHICAGO, IL 60607

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70980	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)

SEGAL CONSULTING

101 N. WACKER DRIVE  
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	54864	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)

BURKE, BURNS & PINELLI, LTD

70 W MADISON ST  
SUITE 4300  
CHICAGO, IL 60602

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	44544	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)

ROSANNE LACALAMITA

300S. ASHLAND AVE., SUITE 500  
CHICAGO, IL 60607

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44201	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)

MARY DELANEY CERETTO

300 S ASHLAND AVE, SUITE 500  
CHICAGO, IL 60607

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	42376	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)

VITECH SYSTEMS GROUP, INC

401 PARK AVENUE SOUTH  
NEW YORK, NY 10016

(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?
16	NONE	32103	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)

LEGACY PROFESSIONALS, LLP

311 S. WACKER DRIVE, SUITE 4000  
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15	NONE	31887	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)

CHRISTINE USON

300 S. AHSLAND AVE  
SUITE 500  
CHICAGO, IL 60607

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31460	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)

MERCER

155 N. WACKER DRIVE, SUITE 1500  
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	27400	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)

PRUDENTIAL TRUST CO.

81-6441799

(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 52	NONE	19404	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

RIVERBRIDGE PARTNERS, LLC

1200 IDS CENTER  
80 S. 8TH STREET  
MINNEAPOLIS, MN 55402

(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 52 68	NONE	16400	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	423	Yes <input type="checkbox"/> No <input checked="" 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)

WESTERN ASSET MANAGEMENT

385 E COLORADO BLVD  
PASADENA, CA 91101

(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	14072	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)

SILVERCREST ASSET MANAGEMENT GROUP

1330 AVENUE OF THE AMERICAS  
38TH FLOOR  
NEW YORK, NY 10019

(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 52 68	NONE	13021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

THE NORTHERN TRUST COMPANY

36-1561860

(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 31 49 51 68	NONE	11600	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	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)

ELITE ADMINISTRATION

36-2238689

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	10021	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BMO HARRIS BANK

36-2085229

(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 31 49 51 68	NONE	9062	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LASALLE CONSULTING PARTNERS INC

200 WEST MADISON ST, SUITE 940  
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	8727	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"/>

**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:	<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>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 09/01/2023 and ending 08/31/2024

<b>A</b> Name of plan <u>LUMBER EMPLOYEES LOCAL 786 RETIREMENT FUND</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>TRUSTEES OF LUMBER EMPLOYEES 786 RETIREMENT FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>51-6067407</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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**a** Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET US CORE PLUS LLC

**b** Name of sponsor of entity listed in (a): WESTERN ASSET MANAGEMENT COMPANY

<b>c</b> EIN-PN <u>20-1575788-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7429145</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PGIM ABSOLUTE TOTAL RETURN BD

**b** Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.

<b>c</b> EIN-PN <u>81-6441799-001</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>3801242</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST COLLECTIVE GOV'T ST

**b** Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

<b>c</b> EIN-PN <u>45-6138589-068</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>421879</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

**c** EIN-PN

**d** Entity code

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

**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)



<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 **09/01/2023** and ending **08/31/2024**

<b>A</b> Name of plan <b>LUMBER EMPLOYEES LOCAL 786 RETIREMENT FUND</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>TRUSTEES OF LUMBER EMPLOYEES 786 RETIREMENT FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>51-6067407</b>	

**Part I Asset and Liability Statement**

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 158686	180866
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b> 4381452	4324904
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b> 140121	144284
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<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> 3065504	3474217
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b> 3623237	4483344
<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> 3656727	4223121
<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> 6939987	7429145
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b> 19218211	20440727
<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>	51700	115110
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	41235625	44815718
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>	52977	49540
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	47026	59132
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	100003	108672
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	41135622	44707046

**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>	1430675	
<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>		1430675
<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>		
<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>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	26040	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	354259	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		380299
<b>(3)</b> 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>	595896	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	548081	
<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>		47815
<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>	2374976	
<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
<b>(6)</b> Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		308465
<b>(7)</b> Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
<b>(8)</b> Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
<b>(9)</b> Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		511040
<b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		2501474
<b>c</b> Other income.....	<b>2c</b>		327512
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		7882256

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
<b>(1)</b> Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	3544067	
<b>(2)</b> To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
<b>(3)</b> Other.....	<b>2e(3)</b>		
<b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3544067
<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:			
<b>(1)</b> Salaries and allowances.....	<b>2i(1)</b>	192552	
<b>(2)</b> Contract administrator fees.....	<b>2i(2)</b>		
<b>(3)</b> Recordkeeping fees.....	<b>2i(3)</b>	4887	
<b>(4)</b> IQPA audit fees.....	<b>2i(4)</b>	27000	
<b>(5)</b> Investment advisory and investment management fees.....	<b>2i(5)</b>	90297	
<b>(6)</b> Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>	25265	
<b>(7)</b> Actuarial fees.....	<b>2i(7)</b>	54864	
<b>(8)</b> Legal fees.....	<b>2i(8)</b>	184968	
<b>(9)</b> Valuation/appraisal fees.....	<b>2i(9)</b>		
<b>(10)</b> Other trustee fees and expenses.....	<b>2i(10)</b>		
<b>(11)</b> Other expenses.....	<b>2i(11)</b>	186932	
<b>(12)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		766765
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		4310832

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3571424
<b>l</b> Transfers of assets:			
<b>(1)</b> To this plan.....	<b>2l(1)</b>		
<b>(2)</b> 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: LEGACY PROFESSIONALS

(2) EIN: 32-0043599

**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.).....			
<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. ....			

**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 997972.

<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 09/01/2023 and ending 08/31/2024

<b>A</b> Name of plan <u>LUMBER EMPLOYEES LOCAL 786 RETIREMENT FUND</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>TRUSTEES OF LUMBER EMPLOYEES 786 RETIREMENT FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>51-6067407</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.**

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

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 36-2085229 36-1561860

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

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

3		2
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<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).....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>6b</b>	
<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).....	<b>6c</b>	

**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 **STANDARD LUMBER CO.**

**b** EIN **36-1812404**

**c** Dollar amount contributed by employer **101520**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 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) 285.00

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

**a** Name of contributing employer **TRUCK KING HAULING**

**b** EIN **35-2171330**

**c** Dollar amount contributed by employer **215274**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 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) 278.00

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

**a** Name of contributing employer **FOX HOME CENTER**

**b** EIN **36-2482198**

**c** Dollar amount contributed by employer **92040**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2027

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

(1) Contribution rate (in dollars and cents) 295.00

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

**a** Name of contributing employer **UTILITY TRANSPORT SREVICE**

**b** EIN **43-4398165**

**c** Dollar amount contributed by employer **561245**

**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) 270.00

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

**a** Name of contributing employer **CSI 3000 INC**

**b** EIN **27-0178736**

**c** Dollar amount contributed by employer **119615**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 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) 270.00

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

**a** Name of contributing employer **LOCAL UNION 786**

**b** EIN **36-0852820**

**c** Dollar amount contributed by employer **43605**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 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) 285.00

(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 WALLS TRUCKING

**b** EIN 20-8767144 **c** Dollar amount contributed by employer 77130

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 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) 270.00

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

**a** Name of contributing employer V AND L MOLINA

**b** EIN 26-2418999 **c** Dollar amount contributed by employer 27765

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 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) 270.00

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

**a** Name of contributing employer LBO LOGISTICS, INC

**b** EIN 47-2920818 **c** Dollar amount contributed by employer 27785

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 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) 270.00

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

**a** Name of contributing employer LUMBER FUNDS EMPLOYEES

**b** EIN 51-6067407 **c** Dollar amount contributed by employer 28600

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 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) 275.00

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

<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>	0
<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>	0
<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>	0

**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>	0.00
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	0.00

**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>	0
<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>	

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

# **Lumber Employees Local 786 Retirement Fund**

Financial Statements

August 31, 2024

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# Lumber Employees Local 786 Retirement Fund

## Financial Statements with Supplementary Information

August 31, 2024 and 2023

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## Report of Independent Auditors

To the Participants and Trustees of  
Lumber Employees Local 786 Retirement Fund

### **Opinion**

We have audited the financial statements of Lumber Employees Local 786 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 August 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Lumber Employees Local 786 Retirement Fund as of August 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of August 31, 2023, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditors' 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 within one year after the date that the financial statements are available to be issued.

***Responsibilities of Management for the Financial Statements (continued)***

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.

***Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

*Legacy Professionals LLP*

Westchester, Illinois

February 13, 2025

## Lumber Employees Local 786 Retirement Fund

### Statements of Net Assets Available for Benefits

August 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Investments - at fair value		
Corporate stocks	\$ 3,474,217	\$ 3,065,504
Mutual funds	20,440,728	18,676,235
Pooled investment funds	15,713,731	14,219,951
Short-term investment fund	421,879	541,976
Total investments	<u>40,050,555</u>	<u>36,503,666</u>
Receivables		
Employer contributions	246,113	204,273
Withdrawal liability assessments - net	4,162,922	4,248,926
Accrued interest and dividends	2,205	3,250
Due from broker	5,369	23,811
Due from related organizations	10,241	13,120
Total receivables	<u>4,426,850</u>	<u>4,493,380</u>
Property and equipment - net	<u>115,110</u>	<u>51,700</u>
Prepaid expenses	<u>42,337</u>	<u>28,193</u>
Cash	<u>180,866</u>	<u>158,686</u>
Total assets	<u>44,815,718</u>	<u>41,235,625</u>
<b>Liabilities and Net Assets</b>		
Liabilities		
Accounts payable	49,540	52,977
Due to broker	5,369	24,088
Due to related organizations	53,763	22,938
Total liabilities	<u>108,672</u>	<u>100,003</u>
Net assets available for benefits	<u>\$ 44,707,046</u>	<u>\$ 41,135,622</u>

See accompanying notes to financial statements.

**Lumber Employees Local 786 Retirement Fund**  
**Statements of Changes in Net Assets Available for Benefits**  
Years Ended August 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Additions</b>		
Investment income		
Net appreciation		
in fair value of investments	\$ 5,744,429	\$ 3,270,320
Interest and dividends	<u>380,299</u>	<u>346,556</u>
	6,124,728	3,616,876
Less investment expenses	<u>(96,351)</u>	<u>(89,929)</u>
Investment income - net	6,028,377	3,526,947
Employer contributions	1,430,675	1,605,076
Withdrawal liability assessments - net	<u>326,855</u>	<u>220,596</u>
Total additions	<u>7,785,907</u>	<u>5,352,619</u>
<b>Deductions</b>		
Pension benefits	3,544,067	3,615,393
Administrative expenses	<u>670,416</u>	<u>650,381</u>
Total deductions	<u>4,214,483</u>	<u>4,265,774</u>
<b>Net increase</b>	3,571,424	1,086,845
<b>Net assets available for benefits</b>		
Beginning of year	<u>41,135,622</u>	<u>40,048,777</u>
End of year	<u>\$ 44,707,046</u>	<u>\$ 41,135,622</u>

See accompanying notes to financial statements.

## Lumber Employees Local 786 Retirement Fund

### Notes to Financial Statements

August 31, 2024 and 2023

#### Note 1. Summary of Significant Accounting Policies

**Method of Accounting** - The accompanying financial statements of Lumber Employees Local 786 Retirement Fund (the Plan) have been prepared using the accrual basis of accounting.

**New Accounting Pronouncement** - In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-13, *Financial Instruments - Credit Losses* (Topic 326), which was effective for the Plan for the year ended August 31, 2024. This new standard provides financial statement users with more decision-useful information about the expected credit losses on financial instruments and other commitments to extend credit held by a reporting entity at each reporting date. The standard replaced the incurred loss impairment model with a methodology that reflects expected credit losses and requires consideration of a broader range of reasonable and supportable information to inform credit loss estimates. The standard had no material impact on the Plan's financial statements.

**Investments** - The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex dividend date. Interest income is recorded on the accrual basis.

**Employer Contributions Receivable** - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Employer contributions owed as a result of payroll compliance audits are recorded upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided.

## **Note 1. Summary of Significant Accounting Policies (continued)**

**Withdrawal Liability** - The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. The Trustees adopted the first alternative method set forth in the Employee Retirement Income Security Act of 1974 (ERISA), as amended, to allocate potential employers' liabilities. Basically, a portion of the Plan's actuarially determined unfunded vested liability is allocated to a withdrawing employer in proportion to the employer's contributions in the ten years before withdrawal compared with total employer contributions during the same period. Withdrawal liability assessments are recorded as income when entitlement has been determined. Interest income resulting from payment plans on withdrawal liability balances is included in withdrawal liability assessments income. An allowance for uncollectible accounts of \$0 and \$116,906 has been estimated as of August 31, 2024 and 2023, respectively, as determined by a review of historical losses, the aging of receivables and adjusted for management's assessment of current conditions, and reasonable and supportable forecasts regarding future events.

**Property and Equipment** - Property and equipment are recorded at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed by the straight-line method over estimated useful lives of five years.

**Revenue Recognition** - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of weeks worked in covered employment or the number of eligible participants, and the contribution rates set forth in the applicable collective bargaining agreement. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 in the construction industry within a jurisdiction primarily located throughout the Greater Chicagoland area.

**Benefit Payments** - Benefits to participants are recorded upon distribution.

**Leases** - The Plan has made arrangements for shared office space with related parties. Due to the immaterial nature of the amounts owed pursuant to the arrangement, the Plan has not adopted the provisions of accounting guidance for leases required by generally accepted accounting principles.

**Expenses** - Certain investment related expenses are included in net appreciation in fair value of investments.

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

**Note 1. Summary of Significant Accounting Policies (continued)**

**Estimates** - The preparation of financial statements in conformity with 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.

**Subsequent Events** - Subsequent events have been evaluated through February 13, 2025, which is the date the financial statements were available to be issued.

**Note 2. Description of the Plan**

The Plan was established during 1964 as a result of collective bargaining agreements between the union and various employer associations to provide retirement and disability benefits for eligible participants. The Plan is primarily funded by employer contributions as specified in the collective bargaining agreements. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of ERISA.

Under current provisions, participants are eligible for a regular pension after attaining age 62 and having at least ten pension credits or five years of vesting service. The Plan also provides for other types of pensions and benefits including early retirement, deferred, disability and survivor benefits. A participant is credited with one year of vesting service for each year in which 870 hours or more are worked in covered employment. A participant will be considered as having worked 45 hours in covered employment for each weekly contribution. Under current provisions of the Plan, there are break-in-service rules that apply to covered employment. Credited service of a participant is interrupted at the end of any consecutive 12 month period during which at least one-quarter year of pension credit is not earned. Pension benefits generally are paid in equal installments over the participant's lifetime and, if applicable, to the participant's beneficiary in equal installments as determined by the elected form of benefit payment. A supplemental lump-sum benefit of \$1,100 per pension credit earned is available for certain participants retiring from active service.

Certain participants from a merged plan are eligible for a normal pension after attaining age 55 and having 10 or more years of pension credits. Such participants vest when five or more years of service credit are earned, and, if retired after October 1, 2004, are eligible for a lump-sum benefit of \$6,000 for every five pension credits earned after October 1, 1995, provided that the participant had contributions paid on their behalf prior to October 1, 2010.

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

**Note 3. Priorities upon Termination**

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

**Note 4. Tax Status**

The Plan received its latest determination letter dated September 11, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore 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 the Plan to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by tax authorities. The Plan was subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## Note 5. Actuarial Information

An actuarial valuation of the Plan was made by Segal as of August 31, 2023. Information in the report included the following:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	\$ 35,043,770
Other vested benefits	<u>14,074,985</u>
	49,118,755
Nonvested benefits	<u>708,346</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 49,827,101</u>

As reported by the actuary, the changes in the actuarial present value of the accumulated plan benefits during the year ended August 31, 2023 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		\$ 51,912,057
Increase (decrease) during the year attributable to:		
Benefits accumulated, net experience gain or loss and changes in data	\$ (796,802)	
Interest	2,864,964	
Change in actuarial assumptions	112,656	
Administrative expenses paid	(650,381)	
Benefits paid	<u>(3,615,393)</u>	
Net (decrease)		<u>(2,084,956)</u>
Actuarial present value of accumulated plan benefits at end of year		<u>\$ 49,827,101</u>

The actuarial valuation was prepared using the entry age normal actuarial cost method.

## **Note 5. Actuarial Information (continued)**

Some of the more significant actuarial assumptions used in the valuation were as follows:

Net investment return - 7.00%

Retirement - Age 62 or completion of service requirement, if later for Lumber active participants and varying percentages from ages 57 to 65 for Vending active participants.

Mortality:

Healthy - 111% of the Pri-2012 Employee Blue Collar Mortality Tables  
(sex-distinct), projected generationally using Scale MP-2021

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Disabled - 111% of the Pri-2012 Disabled Retiree Mortality Tables  
(sex-distinct), projected generationally using Scale MP-2021

The above actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since information on the accumulated plan benefits at August 31, 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 August 31, 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 August 31, 2024. The complete financial status is presented as of August 31, 2023.

As of September 1, 2024, the Plan's actuary has certified that the Plan is in neither critical nor endangered status ("green zone"), within the meaning of the Pension Protection Act of 2006, as amended.

## **Note 6. Funding Policy**

The participating employers contribute such amounts as specified in their collective bargaining agreements. During the years ended August 31, 2024 and 2023, weekly contribution rates ranged from \$260 to \$295 and monthly contribution rates ranged from \$240 to \$260.

The Plan's actuary has indicated that the minimum funding requirements of ERISA were being met through September 1, 2023.

## **Note 7. Fair Value Measurements**

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established 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 or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

### Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of August 31, 2024 and 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

**Note 7. Fair Value Measurements (continued)**

	Total	Fair Value Measurements at 8/31/24 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Corporate stocks	\$ 3,474,217	\$ 3,474,217	\$ -	\$ -
Mutual funds	20,440,728	20,440,728	-	-
Short-term investment fund	421,879	-	421,879	-
	24,336,824	<u>\$ 23,914,945</u>	<u>\$ 421,879</u>	<u>\$ -</u>
Investments measured at net asset value:				
Pooled investment funds	15,713,731			
Total	<u>\$ 40,050,555</u>			

	Total	Fair Value Measurements at 8/31/23 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Corporate stocks	\$ 3,065,504	\$ 3,065,504	\$ -	\$ -
Mutual funds	18,676,235	18,676,235	-	-
Short-term investment fund	541,976	-	541,976	-
	22,283,715	<u>\$ 21,741,739</u>	<u>\$ 541,976</u>	<u>\$ -</u>
Investments measured at net asset value:				
Pooled investment funds	14,219,951			
Total	<u>\$ 36,503,666</u>			

## **Note 7. Fair Value Measurements (continued)**

### Level 1 Measurements

Corporate stocks are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

The fair values of the mutual funds are determined by reference to the funds' underlying assets, which are principally marketable equity securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

### Level 2 Measurements

The short-term investment fund is carried at cost, which approximates fair value.

### Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair values of the underlying investments held by the fund less its liabilities. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

Two of the pooled investment funds with a combined fair value of \$11,230,387 and \$10,596,714 at August 31, 2024 and 2023, respectively, are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. Redemptions are available on a daily basis without notice.

The fair value of the remaining pooled fund is based on the net asset value of the underlying investments, which consist primarily of international equity securities. Redemptions are available on a monthly basis following five days written notice.

## **Note 8. Major Employers**

During the years ended August 31, 2024 and 2023, contributions from two employers accounted for approximately 51% and 49%, respectively, of total employer contributions. In the event these employers suspend contributions, the Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

**Note 9. Related Organizations**

The Plan has five related tax-exempt organizations, including a health and welfare plan, a pension plan, a severance plan, a joint cooperation trust fund and a local union.

**Note 10. Common Administrative Expenses**

The Plan shares joint facilities and staff and incurs common administrative expenses with certain related organizations. These expenses are allocated based on estimated time and space prorations.

Administrative expenses allocated by the Plan for the years ended August 31, 2024 and 2023 totaled \$152,411 and \$117,121 respectively. At year end, the Plan may owe or have amounts due from the related organizations for administrative expenses that were jointly incurred.

**Note 11. Participation in Multiemployer Retirement Plans**

All of the Plan's eligible employees are covered by a multiemployer defined benefit pension plan and a multiemployer defined contribution retirement plan. Contributions to the plans are made monthly under the terms of participation agreements. The defined benefit pension plan is not considered to be a significant plan for purposes of disclosures required by generally accepted accounting principles. The Plan's contributions to the pension and retirement plans for the years ended May 31, 2024 and 2023 totaled \$35,738 and \$33,105 respectively.

**Note 12. Property and Equipment**

Property and equipment at August 31, 2024 and 2023 consisted of the following:

	<u>2024</u>	<u>2023</u>
Office furniture and equipment	\$ 4,932	\$ 4,932
Computer equipment and software	<u>245,355</u>	<u>161,664</u>
	250,287	166,596
Less accumulated depreciation	<u>(135,177)</u>	<u>(114,896)</u>
Net property and equipment	<u>\$ 115,110</u>	<u>\$ 51,700</u>

Depreciation expense during the years ended August 31, 2024 and 2023 was \$20,281 and \$6,317 respectively.

### **Note 13. 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 that such change could materially affect the amounts reported in the statements of net assets available for benefits.

The Plan has a significant portion of its assets invested in one equity pooled investment fund, which represented approximately 31% and 30% of the Plan's net assets available for benefits as of August 31, 2024 and 2023, respectively. It is reasonably possible that changes in the fair value of this investment fund could materially affect the amounts reported in the statements of net assets available for benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

### **Note 14. Withdrawal Liability Assessments**

Under federal law, employers who partially or completely withdraw from a multiemployer plan are assessed a withdrawal liability for their proportionate share of the Plan's unfunded vested liabilities as of the beginning of the year in which they withdraw. Withdrawal liability is usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. The withdrawal liability assessments receivable represents the present value of future quarterly payments for two employers who have withdrawn from the Plan less an allowance for doubtful accounts, if any. The receivable amount is the present value of the remaining payments using discount rates of either 5% or 6%. The following is a summary by year of the employer withdrawal liability assessments to be received by the Plan:

Year ending August 31,	
2025	\$ 334,613
2026	246,516
2027	258,925
2028	268,795
2029	282,331
Thereafter	<u>2,771,742</u>
Total	<u>\$ 4,162,922</u>

The Plan has been in litigation with one of the two employers for non-payment. At August 31, 2024, that employer owed the Plan \$266,345 which included accrued interest. Subsequent to year end, the Plan received a total of \$1,047,685 in a settlement of the receivable plus reimbursed legal fees and post-judgement interest.

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## **Supplementary Information**

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of  
Lumber Employees Local 786 Retirement Fund

We have audited the financial statements of Lumber Employees Local 786 Retirement Fund (the Plan) as of and for the years ended August 31, 2024 and 2023, and our report thereon dated February 13, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Legacy Professionals LLP*

Westchester, Illinois

February 13, 2025

## Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended August 31, 2023.

### Pension Credits

Age	Total	Under 1	1 – 4	5 – 9	10 – 14	15 – 19	20 – 24	25 – 29	30 – 34
Under 25	7	6	1	-	-	-	-	-	-
25 – 29	13	7	6	-	-	-	-	-	-
30 – 34	15	1	12	2	-	-	-	-	-
35 – 39	22	4	13	3	2	-	-	-	-
40 – 44	12	2	5	3	2	-	-	-	-
45 – 49	17	3	7	4	2	-	1	-	-
50 – 54	18	3	8	6	-	-	-	1	-
55 – 59	20	3	9	5	2	-	-	1	-
60 – 64	11	-	4	5	-	-	1	-	1
65 – 69	8	2	2	2	-	-	-	2	-
70 & over	2	-	1	-	-	-	-	-	1
<b>Total</b>	<b>145</b>	<b>31</b>	<b>68</b>	<b>30</b>	<b>8</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>2</b>

# Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

## Mortality Rates

**Pre-Retirement:** 111% of the Pri-2012 Employee Blue Collar Mortality Tables (sex-distinct), projected generationally using Scale MP-2021

**Post-Retirement:** 111% of the Pri-2012 Retiree Blue Collar Mortality Tables (sex-distinct), projected generationally using Scale MP-2021

**Disabled Pensioner:** 111% of the Pri-2012 Disabled Retiree Mortality Tables (sex-distinct), projected generationally using Scale MP-2021

**Survivor:** 111% of the Pri-2012 Contingent Survivor Blue Collar Mortality Tables (sex-distinct), projected generationally using Scale MP-2021

The underlying mortality tables projected to the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables are then adjusted to future years using the generational projections using Scale MP-2021 to reflect future mortality improvement between the measurement date and those years.

The mortality rates are based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior year's assumption over the most recent five years.

## Annuitant Mortality Rates (%)

Age	Healthy Male	Healthy Female	Disabled Male	Disabled Female	Male Survivor	Female Survivor
55	0.71	0.54	2.41	1.63	1.87	0.91
60	1.03	0.79	2.61	1.90	2.28	1.21
65	1.41	1.20	3.18	2.37	2.88	1.70
70	2.28	1.82	4.37	3.15	3.80	2.42
75	3.70	2.90	6.44	4.48	5.23	3.56
80	6.35	4.83	9.90	6.83	7.53	5.35
85	10.86	8.31	15.22	10.95	11.32	8.52
90	18.36	14.48	22.78	17.89	18.12	14.48

<sup>1</sup> Mortality rates shown for base table with 111% load applied.

## Termination Rates (%)

Age	Mortality <sup>1</sup> Male	Mortality <sup>1</sup> Female	Disability <sup>2</sup> Vending Males	Disability <sup>2</sup> Vending Females	Disability <sup>2</sup> All Lumber Participants	Withdrawal <sup>3</sup> Vending Males	Withdrawal <sup>3</sup> Vending Females	Withdrawal <sup>3</sup> All Lumber Participants
20	0.07	0.02	0.06	0.05	0.13	18.00	38.00	7.94
25	0.07	0.03	0.06	0.05	0.13	14.94	28.45	7.72
30	0.07	0.03	0.07	0.05	0.13	10.42	17.94	7.40
35	0.08	0.04	0.09	0.07	0.15	7.38	12.22	6.86
40	0.10	0.06	0.13	0.08	0.22	4.33	8.60	6.11
45	0.13	0.10	0.20	0.11	0.45	2.70	5.55	5.16
50	0.20	0.15	0.34	0.17	1.00	0.95	3.36	3.62
55	0.31	0.22	0.65	0.28	2.13	0.00	1.66	1.37
60	0.49	0.33	1.00	0.50	4.35	N/A	N/A	N/A

<sup>1</sup> Mortality rates shown for base table with 111% load applied.

<sup>2</sup> Disability rates do not apply when the participant is not eligible for a disability pension or is eligible for an immediate retirement pension.

<sup>3</sup> Withdrawal rates do not apply when the participant is eligible for an immediate retirement pension.

The withdrawal rates and disability rates are based on general characteristics of the industry.

## Retirement Rates

Retirement rates for active participants are assigned based on type of participants:

Lumber active participants are assumed to retire at first eligibility for a Regular Pension.

Vending active participants joining the Plan at age 60 or above are assumed to retire immediately after earning 5 pension credits.

Other participants are assumed to retire according to the following rates:

Age	Entry Age Before 45	Entry Age Between 45-49	Entry Age Between 50-59
57	1%	0%	0%
58	1%	0%	0%
59	5%	0%	0%
60	5%	0%	0%
61	5%	0%	0%
62	20%	20%	0%
63	20%	20%	0%
64	20%	20%	0%
65	100%	100%	100%

The retirement rates are based on general characteristics of the industry and professional judgment.

## Description of Weighted Average Retirement Age

Age 63, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the September 1, 2023 actuarial valuation.

## Retirement Age for Inactive Vested Participants

Lumber inactive vested participants are assumed to retire at Normal Retirement Age.

Vending inactive vested participants are assumed to retire at age 56, if eligible, otherwise at Normal Retirement Age.

The retirement age for inactive vested participants are based on historical and current demographic data and professional judgment.

## **Future Benefit Accruals**

0.9 pension credit per year per active participant included in the valuation.

The future benefit accruals were based on historical and current employment levels and professional judgment.

## **Unknown Data for Participants**

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

## **Definition of Active Participants**

Active participants are defined as Lumber participants with at least 10 weeks of work and Vending participants with at least one month of work in the most recent plan year and have joined or are eligible to join the Plan on the valuation date, excluding those who have retired as of the valuation date.

## **Exclusion of Inactive Vested Participants**

Lumber and Vending inactive vested participants over age 75 are assumed to be deceased and therefore are excluded from the valuation.

## **Percent Married**

60%

## **Age of Spouse**

Spouses of male participants are four years younger and spouses of female participants are four years older.

## **Benefit Election**

100% of non-married participants are assumed to elect the single life annuity. 20% of married participants are assumed to elect the 3-year certain & life annuity. The other 80% of married participants are assumed to elect the 50% joint & survivor annuity.

## Delayed Retirement Factors

Active participants over Normal Retirement Age are assumed to work enough hours each month and do not qualify for delayed retirement adjustments.

Lumber inactive vested participants who are assumed to commence receipt of benefits after attaining Normal Retirement Age qualify for delayed retirement adjustments.

Vending inactive vested participants over Normal Retirement Age are assumed to work enough hours each month in disqualifying employment with previously withdrawn employers and do not qualify for delayed retirement adjustments.

## Net Investment Return

7.00%, net of investment expenses

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

## Annual Administrative Expenses

\$525,000 for the year beginning September 1, 2023 (equivalent to \$506,204 payable at the beginning of the year).

The assumed annual administrative expenses are based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

## 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 projected return on the market value, and is recognized (20% per year) over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

## Actuarial Cost Method

Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment or, if date is unknown, current age minus pension credits. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.

## Benefits Valued

Unless otherwise indicated, includes all benefits summarized in Exhibits K1 and K2.

## Current Liability Assumptions

- **Interest:** 2.99%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using Scale MP-2014, projected forward generationally using Scale MP-2021.

## Actuarial Models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Schedule of  
 Reportable  
 Transactions

Local 786 Lumber- Roll-Up  
 Schedule H, Line 4j

Account Number: [REDACTED]  
 Statement Period: 09/01/23 through 08/31/24

5% Transactions

Description	Number of Purchases / Sales	Commissions	Other Costs	Unit Price	Proceeds of Purchase / Sale	Cost of Purchase / Sale	Realized Gain / Loss
- GS Fin Sq Gov #466							
Purchases	266	.00	.00	1.000	2,043,870.54	2,043,870.54	.00
Sales	120	.00	.00	1.000	2,585,846.38	2,585,846.38	.00
- Vanguard Inst'L Index Fd Plus #854							
Recd 125.158 Shs As A Reinvested Div of \$ 356.710 Per Sh		.00	.00	356.711	44,645.25	44,645.25	.00
Sold 428.119 Shs 10/31/23		.00	.00	350.370	150,000.00	66,607.37	83,392.63
Recd 135.247 Shs As A Reinvested Div of \$ 394.380 Per Sh		.00	.00	394.379	53,338.53	53,338.53	.00
Recd 380.112 Shs As A Reinvested Capital Gains Distribution		.00	.00	394.380	149,908.62	149,908.62	.00
Recd .432 Shs As A Reinvested Capital Gains Distribution		.00	.00	394.120	170.26	170.26	.00
Sold 253.441 Shs 12/28/23		.00	.00	394.569	100,000.00	46,676.24	53,323.76
Sold 614.840 Shs 01/30/24		.00	.00	406.610	250,000.00	113,237.08	136,762.92
Sold 296.609 Shs 02/29/24		.00	.00	421.430	125,000.00	65,127.04	69,872.96
Recd 105.706 Shs As A Reinvested Div of \$ 430.630 Per Sh		.00	.00	430.630	45,520.20	45,520.20	.00
Recd 82.193 Shs As A Reinvested Capital Gains Distribution		.00	.00	430.632	35,394.90	35,394.90	.00
Recd 5.555 Shs As A Reinvested Capital Gains Distribution		.00	.00	430.596	2,391.96	2,391.96	.00
Sold 832.659 Shs 03/28/24		.00	.00	432.350	360,000.00	160,407.77	199,592.23
Sold 482.288 Shs 04/30/24		.00	.00	414.690	200,000.00	93,332.39	106,667.61

Schedule of  
Reportable  
Transactions

Local 786 Lumber- Roll-Up

Schedule H, Line 4j

Account Number: [REDACTED]  
Statement Period: 09/01/23 through 08/31/24

**5% Transactions**

Description	Number of Purchases / Sales	Commissions	Other Costs	Unit Price	Proceeds of Purchase / Sale	Cost of Purchase / Sale	Realized Gain / Loss
Sold 804,154 Shs 05/31/24		.00	.00	435.240	350,000.00	153,404.85	196,595.35
Purchases	7	.00	.00	397.134	331,369.72	331,369.72	.00
Sales	7	.00	.00	413.511	1,535,000.00	688,792.54	846,207.46

\* Transactions noted by an asterisk are in themselves greater than 5% of beginning Plan Year market values.

<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>	OMB No. 1210-0110  <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 09/01/2023 and ending 08/31/2024

► **Round off amounts to nearest dollar.**  
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan LUMBER EMPLOYEES LOCAL 786 RETIREMENT FUND	<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 TRUSTEES OF LUMBER EMPLOYEES 786 RETIREMENT FUND	<b>D</b> Employer Identification Number (EIN) 51-6067407	

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

**1a** Enter the valuation date: Month 09 Day 01 Year 2023

<b>b</b> Assets		
(1) Current value of assets .....	<b>1b(1)</b>	36,886,696
(2) Actuarial value of assets for funding standard account.....	<b>1b(2)</b>	39,867,792
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	42,619,802
(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>	42,230,215
<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>	67,488,655
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	1,009,586
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	4,045,500
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	4,570,500

**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>	Geoff Bridges <i>Geoff Bridges</i> <small>Signature of actuary</small>	<u>5/12/2025</u> <small>Date</small>
	Geoff Bridges, FSA, MAAA <small>Type or print name of actuary</small>	<u>2306597</u> <small>Most recent enrollment number</small>
	Segal <small>Firm name</small>	<u>312-984-8500</u> <small>Telephone number (including area code)</small>
	101 NORTH WACKER DRIVE, SUITE 1800 CHICAGO IL 60606-1722 <small>Address of the firm</small>	



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

**6** Checklist of certain actuarial assumptions:

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	2.99 %
	Pre-retirement	Post-retirement
<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>	A A
<b>(2)</b> Females .....	<b>6c(2)</b>	A A
<b>d</b> Valuation liability interest rate.....	<b>6d</b>	7.00 % 7.00 %
<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 type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" 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>	%
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date.....	<b>6g</b>	3.4 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	10.2 %
<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>	506,204
<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	1,014,575	104,107
4	973	100

**8** Miscellaneous information:

**a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... 8a

**b** Demographic, benefit, and contribution information

**(1)** Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....  Yes  No

**(2)** Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....  Yes  No

**(3)** Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....  Yes  No

**c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....  Yes  No

**d** If line c is "Yes," provide the following additional information:

**(1)** Was an extension granted automatic approval under section 431(d)(1) of the Code?.....  Yes  No

**(2)** If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. 8d(2) 5

**(3)** Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....  Yes  No

**(4)** If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... 8d(4)

**(5)** If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension ..... 8d(5)

**(6)** If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? .....  Yes  No

<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>	0
<b>9 Funding standard account statement for this plan year:</b>		
<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>	1,046,839
<b>c</b> Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	16,575,133
(2) Funding waivers .....	<b>9c(2)</b>	
(3) Certain bases for which the amortization period has been extended .....	<b>9c(3)</b>	
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....	<b>9d</b>	261,302
<b>e</b> Total charges. Add lines 9a through 9d .....	<b>9e</b>	3,994,194
<b>Credits to funding standard account:</b>		
<b>f</b> Prior year credit balance, if any .....	<b>9f</b>	13,056,179
<b>g</b> Employer contributions. Total from column (b) of line 3 .....	<b>9g</b>	1,843,534
<b>h</b> Amortization credits as of valuation date .....	Outstanding balance	
<b>9h</b>	766,944	85,762
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>	984,460
<b>j</b> Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL) .....	<b>9j(1)</b>	21,224,653
(2) "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	21,873,779
(3) FFL credit .....	<b>9j(3)</b>	0
<b>k</b> (1) Waived funding deficiency .....	<b>9k(1)</b>	
(2) Other credits .....	<b>9k(2)</b>	
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>	15,969,935
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>	11,975,741
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>	
<b>o Current year's accumulated reconciliation account:</b>		
(1) Due to waived funding deficiency accumulated prior to the current plan year .....	<b>9o(1)</b>	
(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>	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....	<b>9o(2)(b)</b>	0
(3) Total as of valuation date .....	<b>9o(3)</b>	0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.) .....	<b>10</b>	
<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

SCHEDULE H LINE 1B(3)	OTHER RECEIVABLES LOCAL 786 LUMBER RETIREMENT FUND	STATEMENT PLAN NUMBER 001	1
DESCRIPTION	BEGINNING	ENDING	
ACCRUED INTEREST INCOME	74,997	86,338	
DUE FROM RELATED ORGANIZATIONS	13,120	10,241	
DUE FROM BROKER	23,811	5,369	
PREPAID EXPENSES	28,193	42,337	
OTHER RECEIVABLES TO LINE 1B(3)	140,121	144,284	

SCHEDULE H LINE 1J	OTHER LIABILITIES LOCAL 786 LUMBER RETIREMENT FUND	STATEMENT PLAN NUMBER 001	3
DESCRIPTION	BEGINNING	ENDING	
DUE TO BROKER	24,088	5,369	
DUE TO RELATED ORGANIZATIONS	22,938	53,763	
OTHER LIABILITIES TO LINE 1J	47,026	59,132	

SCHEDULE H LINE 2C	OTHER INCOME LOCAL 786 LUMBER RETIREMENT FUND	STATEMENT PLAN NUMBER 001	5
DESCRIPTION	AMOUNT		
WITHDRAWAL LIABILITY INCOME	326,855		
OTHER INCOME	657		
	327,512		

SCHEDULE H LINE 2i(4)	OTHER ADMINISTRATIVE EXPENSES LOCAL 786 LUMBER RETIREMENT FUND	STATEMENT PLAN NUMBER 001	5
DESCRIPTION	AMOUNT		
BONDING AND INSURANCE EXPENSE	62,251		
COMPUTER EXPENSE	24,601		
OFFICE EXPENSE	6,346		
DEPRECIATION	20,281		
PLAN TERMINATION INSURANCE	31,185		
POSTAGE	1,770		
RENT	27,848		
TELEPHONE	540		
PRINTING & STATIONERY	1,163		
PAYROLL TAXES	8,986		
MEETING AND CONFERENCE EXPENSE	1,961		
OTHER ADMINISTRATIVE EXPENSES TO SCHEDULE H, LINE 2i(4)	186,932		

## Schedule H - Attachments

## Summary of plan provisions – Lumber Participants

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

### Plan year

September 1 through August 31

### Pension Credit Year

September 1 through August 31

### Plan Status

Ongoing plan

### Regular Pension

- **Age and Service Requirements:**
  - Age 62 with 10 or more pension credits or 10 years of vesting service, or
  - Age 65 or more with 5 years of continuous participation in the plan.
- **Amount:** \$79 per month for each pension credit, with a maximum monthly benefit of \$1,975 with 25 or more years of pension credit.
- **Delayed Retirement Amount:** Regular pension accrued at Normal Retirement Age (NRA), increased by 1.0% for each month for 60 months beyond NRA, and 1.5% for each month thereafter.

## Early Retirement

- **Age Requirement:** 55
- **Service Requirement:** 10 pension credits or 10 years of vesting service
- **Amount:** Regular pension accrued, reduced by 2% for each year of age less than 62.

## Disability

- **Age Requirement:** None
- **Service Requirement:** 10 pension credits or 10 years of vesting service, including at least 10 weeks in covered employment during the 52 week period preceding the date the total and permanent disability began.
- **Amount:** Regular pension accrued

## Supplemental Lump-Sum Retirement Benefit

- **Age Requirement:** None
- **Service Requirement:** 15 pension credits, hired before September 1, 2010, eligible for a Regular, Early or Disability Pension based on covered employment under Lumber Employees Local 786 Retirement Fund, and retiring from active employment.
- **Amount:** \$1,100 per pension credit payable at the time the participant receives the first pension payment, not subject to early retirement reduction or maximum pension credit accrual. If the participant dies before the time of the first pension payment, the lump sum will be awarded to an eligible spouse or other designated beneficiary.

## Vesting

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service or 10 pension credits.
- **Amount:** Regular or early pension accrued based on plan in effect when last active
- **Normal Retirement Age:** 65

## Spouse's Pre-Retirement Death Benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service or 10 pension credits.
- **Amount:** 50% of the benefit participant would have received had he or she retired the day before death and elected the joint and survivor option.
- **Charge for Coverage:** None

## Pre-Retirement Lump-sum Death Benefit

- **Age Requirement:** None
- **Service Requirement:** 15 pension credits based on covered employment under Lumber Employees Local 786 Retirement Fund, hired before September 1, 2010, and dies during active employment.
- **Amount:** \$1,100 per pension credit payable at the time of the participant's death. Benefit will be paid to the participant's surviving spouse or, if no surviving spouse, to a designated beneficiary.

## Post-Retirement Death Benefit

**Husband and Wife:** If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage.

## Optional Forms of Benefits

- 10 Year Certain and Life Annuity
- Social Security Level Income Annuity
- 75% Joint and Survivor Pension
- 100% Joint and Survivor Pension
- 50% Joint and Survivor pension with Pop-Up Option
- 75% Joint and Survivor pension with Pop-Up Option
- 100% Joint and Survivor pension with Pop-Up Option

## Pension Credit

Effective September 1, 1976, participants earn pension credits according to the following schedule:

<b>Weeks Engaged in Covered Employment During Plan Credit Year</b>	<b>Pension Credits</b>
Less than 10 Weeks	No Credit
10-18 Weeks	0.25 Credits
19-26 Weeks	0.50 Credits
27-35 Weeks	0.75 Credits
36 weeks or more	1.00 Credit

## **Vesting Credit**

A participant shall be credited with one year of vesting service for each year in which he worked in Covered Employment for 870 hours or more. A participant will be considered as having worked 45 hours in Covered Employment for each weekly contribution required to be made to the Fund on his behalf.

## **Contribution Rate**

Varies by employer ranging from \$260 per week to \$295 per week as of September 1, 2023. The average contribution rate for the upcoming plan year is \$272.79 per week. The average ultimate negotiated contribution rate is \$292.21 per week.

## **Changes in Plan Provisions**

There were no changes in plan provisions reflected in this actuarial valuation.

## Summary of plan provisions – Vending Participants

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

### Plan year

September 1 through August 31, since September 30, 2015.

### Pension Credit Year

September 1 through August 31, since September 30, 2015. Prior to that, October 1 through September 30.

### Plan Status

Ongoing plan

### Regular Pension

- **Age and Service Requirements:**
  - Age 55 with 10 or more pension credits, or
  - Age 65 or more with 5 years of continuous participation in the plan.
- **Amount:**
  - \$16.00 per month for each pension credit earned before October 1, 1995; plus
  - \$31.10 per month for each pension credit earned after October 1, 1995.

## Early Retirement

- **Age Requirement:** 50
- **Service Requirement:** 10 pension credits
- **Amount:** A percentage of the regular pension accrued, determined as follows:

Age When Payment Begins	Percent of Regular Pension
55	100%
54	91.14%
53	83.19%
52	76.05%
51	69.60%
50	63.79%

## Disability

- **Age Requirement:** None
- **Service Requirement:** 10 pension credits or 10 years of vesting service.
- **Amount:** Regular pension accrued

## Supplemental Lump-Sum Retirement Benefit

- **Age Requirement:** None
- **Service Requirement:** Participants having earned at least 5 pension credits since October 1, 1995 and working for an employer that has agreed to a \$126.00 monthly contribution rate as of December 1, 2000.
- **Other Requirement:** Participant began work before October 1, 2010.
- **Amount:** \$6,000 for each 5 full pension credits earned since October 1, 1995.

## Vesting

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service
- **Amount:** Regular or early pension accrued based on plan in effect when last active
- **Normal Retirement Age:** Age 65 with five years of vesting service, or age 55 with 10 pension credits, whichever is earlier.

## Spouse's Pre-Retirement Death Benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service.
- **Amount:** 50% of the benefit participant would have received had he or she retired the day before death and elected the joint and survivor option.
- **Charge for Coverage:** None

## Pre-Retirement Lump-sum Death Benefit

- **Age Requirement:** None
- **Service Requirement:** 10 pension credits after October 1, 1965 and dies in covered employment
- **Amount:** \$100 per pension credit earned after October 1, 1965, up to a maximum of 20 pension credits

## Supplemental Lump-sum Death Benefit

Payable on behalf of any participant if, at the time of his death, he satisfies the following requirements:

- Working in covered employment;
  - Eligible for either a normal or early pension; and
  - Met the requirements for the Supplemental Lump Sum Retirement Benefit, but did not receive that benefit.
- **Amount:** \$6,000 for each 5 full pension credits earned since October 1, 2004.

## Post-Retirement Death Benefit

**Husband and Wife:** If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage.

## Optional Forms of Benefits

- 10 Year Certain and Life Annuity
- Social Security Level Income Annuity
- 50% Joint and Survivor Pension
- 100% Joint and Survivor Pension

## Pension Credit

A participant will receive one pension credit for each full year (and fractions thereof, counting each month as a twelfth) which elapses during his period of covered service.

## Vesting Credit

A participant will receive one year of vesting service for each year in which he is credited with at least one hour of service per month for covered service for five months in any plan year during his period of covered service.

## Contribution Rate

Effective May 1, 2023, \$250 per month for employees of Sodexo and \$230 per month for all other participants. The ultimate negotiated contribution rate for employees of Sodexo is \$260 per month, effective May 1, 2024.

## Changes in Plan Provisions

There were no changes in plan provisions reflected in this actuarial valuation.

## Summary of plan provisions – Lumber Participants

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

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September 1 through August 31

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September 1 through August 31

### Plan Status

Ongoing plan

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## Early Retirement

- **Age Requirement:** 55
- **Service Requirement:** 10 pension credits or 10 years of vesting service
- **Amount:** Regular pension accrued, reduced by 2% for each year of age less than 62.

## Disability

- **Age Requirement:** None
- **Service Requirement:** 10 pension credits or 10 years of vesting service, including at least 10 weeks in covered employment during the 52 week period preceding the date the total and permanent disability began.
- **Amount:** Regular pension accrued

## Supplemental Lump-Sum Retirement Benefit

- **Age Requirement:** None
- **Service Requirement:** 15 pension credits, hired before September 1, 2010, eligible for a Regular, Early or Disability Pension based on covered employment under Lumber Employees Local 786 Retirement Fund, and retiring from active employment.
- **Amount:** \$1,100 per pension credit payable at the time the participant receives the first pension payment, not subject to early retirement reduction or maximum pension credit accrual. If the participant dies before the time of the first pension payment, the lump sum will be awarded to an eligible spouse or other designated beneficiary.

## Vesting

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service or 10 pension credits.
- **Amount:** Regular or early pension accrued based on plan in effect when last active
- **Normal Retirement Age:** 65

## Spouse's Pre-Retirement Death Benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service or 10 pension credits.
- **Amount:** 50% of the benefit participant would have received had he or she retired the day before death and elected the joint and survivor option.
- **Charge for Coverage:** None

## Pre-Retirement Lump-sum Death Benefit

- **Age Requirement:** None
- **Service Requirement:** 15 pension credits based on covered employment under Lumber Employees Local 786 Retirement Fund, hired before September 1, 2010, and dies during active employment.
- **Amount:** \$1,100 per pension credit payable at the time of the participant's death. Benefit will be paid to the participant's surviving spouse or, if no surviving spouse, to a designated beneficiary.

## Post-Retirement Death Benefit

**Husband and Wife:** If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage.

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36 weeks or more	1.00 Credit

## **Vesting Credit**

A participant shall be credited with one year of vesting service for each year in which he worked in Covered Employment for 870 hours or more. A participant will be considered as having worked 45 hours in Covered Employment for each weekly contribution required to be made to the Fund on his behalf.

## **Contribution Rate**

Varies by employer ranging from \$260 per week to \$295 per week as of September 1, 2023. The average contribution rate for the upcoming plan year is \$272.79 per week. The average ultimate negotiated contribution rate is \$292.21 per week.

## **Changes in Plan Provisions**

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## Summary of plan provisions – Vending Participants

(Schedule MB, Line 6)

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### Plan year

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### Pension Credit Year

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### Plan Status

Ongoing plan

### Regular Pension

- **Age and Service Requirements:**
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- **Amount:**
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  - \$31.10 per month for each pension credit earned after October 1, 1995.

## Early Retirement

- **Age Requirement:** 50
- **Service Requirement:** 10 pension credits
- **Amount:** A percentage of the regular pension accrued, determined as follows:

Age When Payment Begins	Percent of Regular Pension
55	100%
54	91.14%
53	83.19%
52	76.05%
51	69.60%
50	63.79%

## Disability

- **Age Requirement:** None
- **Service Requirement:** 10 pension credits or 10 years of vesting service.
- **Amount:** Regular pension accrued

## Supplemental Lump-Sum Retirement Benefit

- **Age Requirement:** None
- **Service Requirement:** Participants having earned at least 5 pension credits since October 1, 1995 and working for an employer that has agreed to a \$126.00 monthly contribution rate as of December 1, 2000.
- **Other Requirement:** Participant began work before October 1, 2010.
- **Amount:** \$6,000 for each 5 full pension credits earned since October 1, 1995.

## Vesting

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service
- **Amount:** Regular or early pension accrued based on plan in effect when last active
- **Normal Retirement Age:** Age 65 with five years of vesting service, or age 55 with 10 pension credits, whichever is earlier.

## Spouse's Pre-Retirement Death Benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service.
- **Amount:** 50% of the benefit participant would have received had he or she retired the day before death and elected the joint and survivor option.
- **Charge for Coverage:** None

## Pre-Retirement Lump-sum Death Benefit

- **Age Requirement:** None
- **Service Requirement:** 10 pension credits after October 1, 1965 and dies in covered employment
- **Amount:** \$100 per pension credit earned after October 1, 1965, up to a maximum of 20 pension credits

## Supplemental Lump-sum Death Benefit

Payable on behalf of any participant if, at the time of his death, he satisfies the following requirements:

- Working in covered employment;
  - Eligible for either a normal or early pension; and
  - Met the requirements for the Supplemental Lump Sum Retirement Benefit, but did not receive that benefit.
- **Amount:** \$6,000 for each 5 full pension credits earned since October 1, 2004.

## Post-Retirement Death Benefit

**Husband and Wife:** If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage.

## Optional Forms of Benefits

- 10 Year Certain and Life Annuity
- Social Security Level Income Annuity
- 50% Joint and Survivor Pension
- 100% Joint and Survivor Pension

## Pension Credit

A participant will receive one pension credit for each full year (and fractions thereof, counting each month as a twelfth) which elapses during his period of covered service.

## Vesting Credit

A participant will receive one year of vesting service for each year in which he is credited with at least one hour of service per month for covered service for five months in any plan year during his period of covered service.

## Contribution Rate

Effective May 1, 2023, \$250 per month for employees of Sodexo and \$230 per month for all other participants. The ultimate negotiated contribution rate for employees of Sodexo is \$260 per month, effective May 1, 2024.

## Changes in Plan Provisions

There were no changes in plan provisions reflected in this actuarial valuation.

# 5500 Supplemental Schedules

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Account number [REDACTED]  
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## Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Non-Interest Bearing Cash - USD</i>			
USD - United States dollar	0.000	0.00	0.00
<b>Total - all currencies</b>		<b>0.00</b>	<b>0.00</b>
<b>Total Non-Interest Bearing Cash - USD</b>		<b>0.00</b>	<b>0.00</b>
<i>Receivables - Other - USD</i>			
Pending trade sales: United States dollar	0.000	5,368.81	5,368.81
<b>Total - all currencies</b>		<b>5,368.81</b>	<b>5,368.81</b>
<b>Total Receivables - Other - USD</b>		<b>5,368.81</b>	<b>5,368.81</b>
<i>Corporate Stock - Common</i>			
<b>Canada - USD</b>			
DESCARTES SYS GROUP INC COM CUSIP: 249906108	198.000	15,880.51	19,976.22
RB GLOBAL INC COM NPV CUSIP: 749350107	677.000	29,836.62	58,310.01
<b>Total Canada - USD</b>		<b>45,717.13</b>	<b>78,286.23</b>
<b>Israel - USD</b>			
KORNIT DIGITAL LTD COMMON STOCK CUSIP: M6372Q113	431.000	25,972.24	8,007.98
<b>Total Israel - USD</b>		<b>25,972.24</b>	<b>8,007.98</b>
<b>United States - USD</b>			
ABM INDS INC COM CUSIP: 000957100	560.000	19,494.64	32,004.00
ACV AUCTIONS INC CL A CL A CUSIP: 00091G104	959.000	17,203.10	17,942.89
ADDUS HOMECARE CORP COM STK CUSIP: 006739106	305.000	24,812.77	40,568.05

\*\* All or a portion of this security participates in Securities Lending.

**Northern Trust - Dol**

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# 5500 Supplemental Schedules

31 AUG 24

Account number [REDACTED]  
Account Name PENSION PLAN LUMBER

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## Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>Corporate Stock - Common</b>			
<b>United States - USD</b>			
ALARM COM HLDGS INC COM CUSIP: 011642105	384.000	19,203.96	22,863.36
ALIGN TECHNOLOGY INC COM CUSIP: 016255101	114.000	28,530.18	27,043.08
ALKAMI TECHNOLOGY INC COM CUSIP: 01644J108	732.000	22,965.44	24,404.88
AMN HEALTHCARE SVCS INC COM CUSIP: 001744101	290.000	18,750.17	15,378.70
ANSYS INC COM CUSIP: 03662Q105	148.000	20,683.65	47,570.16
ARCOSA INC COM CUSIP: 039653100	445.000	23,342.14	40,713.05
ASBURY AUTOMOTIVE GROUP INC COM CUSIP: 043436104	106.000	20,686.79	26,037.84
AVIENT CORPORATION CUSIP: 05368V106	665.000	27,275.42	32,671.45
BELDEN INC COM CUSIP: 077454106	405.000	25,590.46	43,448.40
BIO-TECHNE CORP COM CUSIP: 05073M104	580.000	22,864.83	42,914.20
BLACKLINE INC COM CUSIP: 09239B109	375.000	19,166.91	18,581.25
BRINKS CO COM CUSIP: 109696104	480.000	26,327.11	53,246.40
CADENCE BK COM CUSIP: 12740C103	1,985.000	48,724.95	64,075.80
CASELLA WASTE SYS INC CL A COM STK CUSIP: 147448104	320.000	14,426.73	34,515.20
CBIZ INC COM CUSIP: 124805102	520.000	13,777.29	38,272.00
CCC INTELLIGENT SOLUTIONS HLDGS INC COM CUSIP: 12510G100	1,745.000	18,322.50	18,811.10
CENT GARDEN & PET CO CL A CUSIP: 153527205	712.000	18,609.59	24,350.40
CERTARA INC COM CUSIP: 15687V109	927.000	28,205.28	11,355.75

\*\* All or a portion of this security participates in Securities Lending.

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# 5500 Supplemental Schedules

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Account number ██████████  
Account Name PENSION PLAN LUMBER

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## Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>Corporate Stock - Common</b>			
<b>United States - USD</b>			
CHAMPION HOMES INC CUSIP: 830830105	270.000	12,889.55	25,220.70
CHARLES RIV LABORATORIES INTL INC COM CUSIP: 159864107	146.000	37,787.05	28,871.50
COGNEX CORP COM CUSIP: 192422103	515.000	21,837.66	20,795.70
COHERENT CORP COM CUSIP: 19247G107	270.000	11,965.43	21,046.50
COSTAR GROUP INC COM CUSIP: 22160N109	458.000	15,794.99	35,403.40
CVB FINL CORP COM CUSIP: 126600105	2,235.000	42,852.42	41,168.70
DOUBLEVERIFY HLDGS INC COM CUSIP: 25862V105	1,067.000	30,834.85	21,019.90
ELEMENT SOLUTION INC COM CUSIP: 28618M106	1,370.000	31,147.09	36,633.80
ENSIGN GROUP INC COM STK CUSIP: 29358P101	303.000	27,793.61	45,862.08
ENTEGRIS INC COM CUSIP: 29362U104	300.000	30,876.19	34,761.00
ESCO TECHNOLOGIES INC CUSIP: 296315104	330.000	18,889.09	39,570.30
EXPONENT INC COM STK CUSIP: 30214U102	297.000	21,898.78	32,156.19
FASTENAL CO COM CUSIP: 311900104	572.000	16,919.52	39,056.16
FEDERAL SIGNAL CORP COM CUSIP: 313855108	495.000	18,055.94	46,772.55
FIVE BELOW INC COM USD0.01 CUSIP: 33829M101	311.000	30,978.28	23,458.73
FIVE9 INC COM CUSIP: 338307101	200.000	27,758.98	6,450.00
FLOOR & DECOR HLDGS INC CL A CL A CUSIP: 339750101	352.000	29,607.66	39,578.88
FORMFACTOR INC COM STK CUSIP: 346375108	610.000	21,841.39	29,749.70

\*\* All or a portion of this security participates in Securities Lending.

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# 5500 Supplemental Schedules

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Account number: [REDACTED]  
 Account Name PENSION PLAN LUMBER

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## Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>Corporate Stock - Common</b>			
<b>United States - USD</b>			
FRESHPET INC COM CUSIP: 358039105	200.000	17,946.31	27,200.00
FULLER H B CO COM CUSIP: 359694106	450.000	23,874.10	38,547.00
GIBALTAR INDS INC COM CUSIP: 374689107	465.000	20,810.59	32,396.55
GLACIER BANCORP INC NEW COM CUSIP: 37637Q105	1,085.000	45,276.20	51,320.50
GLOBANT SA USD1.20 CUSIP: L44385109	302.000	34,562.55	61,076.48
GODADDY INC CL A CL A CUSIP: 380237107	329.000	21,368.99	55,077.89
GRAND CANYON ED INC COM STK CUSIP: 38526M106	416.000	30,225.92	60,324.16
GRID DYNAMICS HOLDINGS INC COM USD0.0001CL A CUSIP: 39813G109	1,159.000	26,838.06	16,133.28
GUIDEWIRE SOFTWARE INC COM USD0.0001 CUSIP: 40171V100	346.000	32,704.44	51,474.42
HAEMONETICS CORP MASS COM CUSIP: 405024100	290.000	23,218.28	21,918.20
HEICO CORP NEW COM CUSIP: 422806109	322.000	19,754.73	82,612.32
ICF INTL INC COM STK CUSIP: 44925C103	280.000	22,628.75	46,412.80
ICU MED INC COM CUSIP: 44930G107	221.000	25,680.60	36,537.93
INDEPENDENT BK CORP MASS COM COM STK USD0.01 CUSIP: 453836108	390.000	22,556.37	24,690.90
INSTALLED BLDG PRODS INC COM CUSIP: 45780R101	161.000	19,629.26	35,791.91
INTEGER HLDGS CORP COM CUSIP: 45826H109	400.000	29,871.09	52,028.00
JACK HENRY & ASSOC INC COM CUSIP: 426281101	109.000	19,166.96	18,860.27
JANUS INTL GROUP INC COM CUSIP: 47103N106	1,940.000	26,935.15	21,320.60

\*\* All or a portion of this security participates in Securities Lending.

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## Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>Corporate Stock - Common</b>			
<b>United States - USD</b>			
KINSALE CAP GROUP INC COM CUSIP: 49714P108	92.000	29,505.45	45,180.28
KNIFE RIV HLDG CO COM CUSIP: 498894104	480.000	21,746.06	37,857.60
LA Z BOY INC COM CUSIP: 505336107	730.000	19,842.33	29,616.10
LAKELAND FINL CORP COM STK CUSIP: 511656100	540.000	25,824.37	36,801.00
LANCASTER COLONY CORP COM CUSIP: 513847103	120.000	17,767.37	20,491.20
LANTHEUS HLDGS INC COM CUSIP: 516544103	328.000	13,837.11	34,922.16
LEONARDO DRS INC COM CUSIP: 52661A108	1,290.000	20,466.05	36,816.60
MAGNOLIA OIL & GAS CORP CL A CL A CUSIP: 559663109	1,510.000	19,446.33	38,671.10
MATADOR RES CO COM CUSIP: 576485205	944.000	24,535.02	53,543.68
MATERION CORP COM CUSIP: 576690101	285.000	25,055.74	33,071.40
MEDPACE HLDGS INC COM CUSIP: 58506Q109	97.000	13,614.97	34,461.19
MGE ENERGY INC COM CUSIP: 55277P104	198.000	11,493.26	17,167.59
MODIVCARE INC COM CUSIP: 60783X104	278.000	31,428.46	8,023.08
NEOGEN CORP COM CUSIP: 640491106	756.000	18,943.24	13,041.00
OLD NATL BANCORP IND COM CUSIP: 680033107	2,080.000	33,810.69	41,288.00
ONE GAS INC COM CUSIP: 68235P108	320.000	23,077.14	22,060.80
OPTION CARE HEALTH INC COM NEW COM NEW CUSIP: 66404L201	546.000	17,796.29	17,482.92
OXFORD INDS INC COM CUSIP: 691497309	390.000	30,211.91	33,922.20

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Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>Corporate Stock - Common</b>			
<b>United States - USD</b>			
PAYCOM SOFTWARE INC COM CUSIP: 70432V102	238.000	45,299.92	38,741.64
PAYLOCITY HLDG CORP COM CUSIP: 70438V106	230.000	32,424.62	37,122.00
PLEXUS CORP COM CUSIP: 72913Z100	290.000	19,752.01	37,151.90
PRIVIA HEALTH GROUP INC COM CUSIP: 74276R102	1,409.000	35,139.56	28,377.26
PROGYNY INC COM CUSIP: 74340E103	618.000	25,285.98	14,516.82
RAMBUS INC DEL COM CUSIP: 750917106	320.000	5,105.55	14,310.40
REPLIGEN CORP COM STK USD0.01 CUSIP: 759916109	142.000	23,346.60	21,432.06
ROLLINS INC COM CUSIP: 775711104	881.000	12,466.49	44,208.58
SELECTIVE INS GROUP INC COM CUSIP: 816300107	170.000	9,734.40	15,466.60
SIMPLY GOOD FOODS CO COM CUSIP: 82900L102	780.000	19,501.73	24,640.20
SOUTHSTATE CORP COM CUSIP: 840441109	410.000	29,779.27	39,806.90
SPS COMM INC COM CUSIP: 78463M107	170.000	20,934.14	33,955.80
STANDEX INTL CORP COM CUSIP: 854231107	295.000	25,382.19	52,701.75
STIFEL FINL CORP COM CUSIP: 860630102	275.000	15,690.47	24,238.50
TIDEWATER INC NEW COM CUSIP: 88642R109	240.000	24,840.41	21,288.00
TOAST INC COM USD0.000001 CLASS A CUSIP: 888787108	1,091.000	24,088.47	27,122.26
TYLER TECHNOLOGIES INC COM STK CUSIP: 902252105	137.000	35,176.42	80,538.19
UNITED BANKSHARES INC W VA COM CUSIP: 909907107	980.000	37,533.69	38,092.60

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## Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>Corporate Stock - Common</b>			
<b>United States - USD</b>			
VERISK ANALYTICS INC COM USD0.001 CUSIP: 92345Y106	91.000	9,138.47	24,826.62
WATSCO INC COM CUSIP: 942622200	85.000	15,851.96	40,410.70
WEST PHARMACEUTICAL SVCS INC COM CUSIP: 955306105	168.000	30,876.17	52,689.84
WORKIVA INC COM CL A COM CL A CUSIP: 98139A105	454.000	29,004.31	35,489.18
<b>Total United States - USD</b>	<b>2,316,495.36</b>	<b>2,316,495.36</b>	<b>3,279,612.66</b>
<b>Total Corporate Stock - Common</b>	<b>2,388,184.73</b>	<b>2,388,184.73</b>	<b>3,365,906.87</b>
<b>Partnership/Joint Venture Interests</b>			
<b>United States - USD</b>			
WCM FOCUSED INTERNATIONAL GROWTH FUND LP CUSIP: 995CL8993	1,950,000.000	1,950,000.00	4,483,344.00
<b>Total United States - USD</b>	<b>1,950,000.00</b>	<b>1,950,000.00</b>	<b>4,483,344.00</b>
<b>Total Partnership/Joint Venture Interests</b>	<b>1,950,000.00</b>	<b>1,950,000.00</b>	<b>4,483,344.00</b>
<b>Value of Interest in Common/Collective Trusts</b>			
<b>United States - USD</b>			
CF PGIM ABSOLUTE TOTAL RETURN BD CL 1 CUSIP: 00998YF86	276,816.200	3,146,271.09	3,801,242.00
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	421,878.700	421,878.70	421,878.70
<b>Total United States - USD</b>	<b>3,568,149.79</b>	<b>3,568,149.79</b>	<b>4,223,120.70</b>
<b>Total Value of Interest in Common/Collective Trusts</b>	<b>3,568,149.79</b>	<b>3,568,149.79</b>	<b>4,223,120.70</b>

Σ = 3,474, 217

\*\* All or a portion of this security participates in Securities Lending.

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## Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>103-12 Investment Entities</b>			
<b>United States - USD</b>			
CF WESTN AST US CORE PLUS LLC FD CUSIP: 768999070	326,929.440	6,696,780.14	7,429,144.59
<b>Total United States - USD</b>		<b>6,696,780.14</b>	<b>7,429,144.59</b>
<b>Total 103-12 Investment Entities</b>		<b>6,696,780.14</b>	<b>7,429,144.59</b>
<b>Value of Interest in Registered Investment Companies</b>			
<b>Emerging Markets Region - USD</b>			
MFO HARDING LOEVNER FDS INC INSTL INSTL CL CUSIP: 412295701	70,217.400	1,586,058.75	1,374,154.52
<b>Total Emerging Markets Region - USD</b>		<b>1,586,058.75</b>	<b>1,374,154.52</b>
<b>International Region - USD</b>			
MFO CAUSEWAY CAP MGMT TR INTL VALUE FD INSTL CL CUSIP: 14949P208	185,155.800	3,028,726.24	4,025,287.09
MFO RBC FDS TR EMERGING MKT EQUITY FD CLI CUSIP: 74926P316	101,497.750	1,405,679.44	1,387,474.24
<b>Total International Region - USD</b>		<b>4,434,405.68</b>	<b>5,412,761.33</b>
<b>United States - USD</b>			
MFO VANGUARD INSTL INDEX FD INSTL PLUS SHS CUSIP: 922040209	29,318.270	8,415,654.84	13,653,811.52
<b>Total United States - USD</b>		<b>8,415,654.84</b>	<b>13,653,811.52</b>
<b>Total Value of Interest in Registered Investment Com</b>		<b>14,436,119.27</b>	<b>20,440,727.37</b>
<b>Other</b>			
<b>United States - USD</b>			
CENTERSPACE CUSIP: 15202L107	395.000	28,842.27	29,546.00
PEBBLEBROOK HOTEL TR COM STK CUSIP: 70509V100	878.000	21,237.24	11,677.40

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## Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
<b>United States - USD</b>			
PLYMOUTH INDL REIT INC COM CUSIP: 729640102	1,350,000	32,033.09	32,319.00
POTLATCHDELTAIC CORPORATION CUSIP: 737630103	800,000	40,118.32	34,768.00
<b>Total United States - USD</b>		<b>122,230.92</b>	<b>108,310.40</b>
<b>Total Other</b>		<b>122,230.92</b>	<b>108,310.40</b>
<b>Total</b>		<b>29,166,833.66</b>	<b>40,055,922.74</b>

\*\* All or a portion of this security participates in Securities Lending.

## Withdrawal Liability Amounts

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
12/01/2023	\$103,215.00	\$0.00	\$103,215.00
03/01/2024	\$103,215.00	\$0.00	\$103,215.00
05/20/2024	\$103,215.00	\$0.00	\$103,215.00
08/30/2024	\$103,215.00	\$0.00	\$103,215.00
<b>Total</b>			<b>\$412,860.00</b>

### Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Loss	09/01/2010	\$42,372	2	\$21,902
Combined Charges <sup>1</sup>	09/01/2010	7,947,046	8	1,243,807
Experience Loss	09/01/2011	277,028	3	98,656
Experience Loss	09/01/2012	295,550	4	81,546
Experience Loss	09/01/2013	433,094	5	98,717
Experience Loss	09/01/2014	109,014	6	21,374
Experience Loss	09/01/2015	113,471	7	19,677
Experience Loss	09/01/2016	1,301,808	8	203,748
Combined Charges – Vending	09/01/2016	2,161,302	6	423,768
Experience Loss	09/01/2018	635,046	10	84,501
Experience Loss	09/01/2019	183,784	11	22,905
Asset Method Change	09/01/2019	338,243	6	66,320
Experience Loss	09/01/2020	462,765	12	54,451
Change in Assumptions	09/01/2021	1,194,944	13	133,622
Experience Loss	09/01/2022	64,118	14	6,852
Change in Assumptions	09/01/2023	973	15	100
Experience Loss	09/01/2023	1,014,575	15	104,107
<b>Total</b>		<b>\$16,575,133</b>		<b>\$2,686,053</b>

<sup>1</sup> The combined charges base established on September 1, 2010 was granted a five-year amortization extension.

### Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Gain	09/01/2021	\$766,944	13	\$85,762
<b>Total</b>		<b>\$766,944</b>		<b>\$85,762</b>

## Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.33% to 2.99% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on plan experience and future expectations, the following actuarial assumptions were changed as of September 1, 2023:
  - Actuarial Administrative Expenses, previously \$500,000
  - Future service accrual intensity, previously 1.0 pension credits
  - Exclusion of inactive vested participants, previously over age 70 for Vending inactive vested participants
  - Assumed contribution weeks for Lumber active participants, previously 49 weeks per year