

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h1 style="text-align: center;">2023</h1> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>LOCAL NO. 731, I.B. OF T., PENSION FUND</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LOCAL NO. 731, I.B. OF T., PENSION FUND</u> <u>1000 BURR RIDGE PARKWAY</u> <u>BURR RIDGE, IL 60527</u>	1c Effective date of plan <u>10/01/1962</u> 2b Employer Identification Number (EIN) <u>36-6513567</u> 2c Plan Sponsor's telephone number <u>630-887-4150</u> 2d Business code (see instructions) <u>562000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2025	JOHN LISNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2025	JAMES BUIK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	8219
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3289
	6a(2)	3248
	6b	2172
	6c	2213
	6d	7633
	6e	671
	6f	8304
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	142

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

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan LOCAL NO. 731, I.B. OF T., PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL NO. 731, I.B. OF T., PENSION FUND	D Employer Identification Number (EIN) 36-6513567

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

1 Coverage Information:

(a) Name of insurance carrier

UNITED OF OMAHA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
47-0322111	69868	39G07469	8304	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	1886967
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year.....	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 2127666
c	Additions: (1) Contributions deposited during the year	7c(1) 37124429
	(2) Dividends and credits	7c(2)
	(3) Interest credited during the year	7c(3) 181466
	(4) Transferred from separate account.....	7c(4)
	(5) Other (specify below)	7c(5)
	(6) Total additions	7c(6) 37305895
d	Total of balance and additions (add lines 7b and 7c(6))	7d 39433561
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 37456634
	(2) Administration charge made by carrier	7e(2) 89960
	(3) Transferred to separate account.....	7e(3)
	(4) Other (specify below)	7e(4)
(5) Total deductions	7e(5) 37546594	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f 1886967

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan LOCAL NO. 731, I.B. OF T., PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL NO. 731, I.B. OF T., PENSION FUND	D Employer Identification Number (EIN) 36-6513567

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

1 Coverage Information:

(a) Name of insurance carrier

UNITED OF OMAHA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
47-0322111	69868	39G11854	8304	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	366038
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year **7b** 343291

c Additions: (1) Contributions deposited during the year	7c(1)	1779518
	7c(2)	
	7c(3)	21404
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 1800922

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2144213

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1765795
(2) Administration charge made by carrier	7e(2)	12380
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	

(5) Total deductions **7e(5)** 1778175

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 366038

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<p>A Name of plan LOCAL NO. 731, I.B. OF T., PENSION FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL NO. 731, I.B. OF T., PENSION FUND</p>	<p>D Employer Identification Number (EIN) 36-6513567</p>	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA-02076	8304	10/01/2023	09/30/2024

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

<p>(a) Total amount of commissions paid 11787</p>	<p>(b) Total amount of fees paid 109645</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11787	109645	INVESTMENT MANAGER FEES	6

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	20565129

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

A Name of plan <u>LOCAL NO. 731, I.B. OF T., PENSION FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LOCAL NO. 731, I.B. OF T., PENSION FUND</u>	D Employer Identification Number (EIN) <u>36-6513567</u>

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

1a Enter the valuation date: Month 10 Day 01 Year 2023

b Assets		
(1) Current value of assets	1b(1)	<u>828933248</u>
(2) Actuarial value of assets for funding standard account.....	1b(2)	<u>859456015</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>813927549</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	<u>813927549</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>1481544079</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>36395059</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>43922309</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>44424824</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.

SIGN HERE	
Signature of actuary	<u>07/10/2025</u>
<u>MATT DEVENEY, FSA, EA</u>	Date
Type or print name of actuary	<u>23-07754</u>
<u>CHEIRON, INC.</u>	Most recent enrollment number
Firm name	<u>877-243-4766</u>
<u>8300 GREENSBORO DRIVE, SUITE 800</u>	Telephone number (including area code)
<u>MCLEAN, VA 22102</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:

a Current value of assets (see instructions)	2a	828933248
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2708	539156841
(2) For terminated vested participants	2222	214579279
(3) For active participants:		
(a) Non-vested benefits		86654498
(b) Vested benefits		641153461
(c) Total active	3289	727807959
(4) Total	8219	1481544079
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	55.95 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/15/2023	3403547	0	04/15/2024	4863259	0
12/15/2023	4055376	0	05/15/2024	4709565	0
01/15/2024	6065853	0	06/14/2024	4429154	0
02/15/2024	4099660	0	07/15/2024	4612976	0
03/15/2024	4123687	0	08/15/2024	5369264	0
			Totals ▶	3(b)	3(c)
				55764077	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	105.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • 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."	4f	

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

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

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
l 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	
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

2 Operational information as of beginning of this plan year:

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

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/16/2024	4569185				
10/15/2024	5462551	0			
Totals ▶			3(b)		3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Other (specify):			
j If box h is checked, enter period of use of shortfall method	5j		
k Has a change been made in funding method for this plan year?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
l 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		
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m		

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.07 %
	Pre-retirement	Post-retirement
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
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A A
(2) Females	6c(2)	A A
d Valuation liability interest rate	6d	7.20 % 6.90 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	6.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.3 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1400460
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<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	14988807	1554608

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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	15919946

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	185880788	34969921
(2) Funding waivers.....	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		3664070
e Total charges. Add lines 9a through 9d.....	9e		54553937
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		211718036
g Employer contributions. Total from column (b) of line 3.....	9g		55764077
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	19691218	2275400
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i		17019658
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	227941807	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	493670001	
(3) FFL credit.....	9j(3)		0
k (1) Waived funding deficiency.....	9k(1)		0
(2) Other credits.....	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l		286777171
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m		232223234
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan LOCAL NO. 731, I.B. OF T., PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL NO. 731, I.B. OF T., PENSION FUND	D Employer Identification Number (EIN) 36-6513567	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

GROSVENOR CAPITAL MANAGEMENT

36-3795985

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

INVESCO TRUST COMPANY 1555 PEACHTREE ST NE
 ATLANTA, GA 30309

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

CORBIN CAPITAL PARTNERS LP

30-0299433

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

SEI TRUST COMPANY

06-1271230

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

RANIER INVESTMENT MANAGEMENT LLC

46-4242069

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

ASB CAPITAL MANAGEMENT

80-0618452

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

STATE STREET

PO BOX 5493
BOSTON, MA 02206

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

NORTHERN TRUST INVESTMENT SERVICES

333 S. WABASH AVENUE
CHICAGO, IL 60604

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

JP MORGAN ASSET MANAGEMENT

277 PARK AVENUE
NEW YORK, NY 10012

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

LGIM AMERICA

71 S. WACKER DRIVE, 800
CHICAGO, IL 60606

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

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

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

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

AMERICAN REALTY ADVISORS

801 N. BRAND BLVD.
GLENDALE, CA 91203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	567527	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)

LR HEIN CONSTRUCTION

1480 INDUSTRIAL DRIVE
ITASCA, IL 60143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	466611	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)

MORGAN STANLEY SMITH BARNEY LLC

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 72 50	NONE	442571	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)

CHEIRON

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	434619	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)

NATIONAL INVESTMENT SERVICES

84-3937993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	404107	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)

WEDGE CAPITAL MANAGEMENT

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	NONE	378225	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"/>

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)

VICTORY CAPITAL MANAGEMENT

13-2700161

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 68	NONE	296089	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)

FIERRA CAPITAL

10050 INNOVATION DRIVE, 120
DAYTON, OH 45342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	210189	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)

DOWD BLOCH BENNETT & CERVONE

36-3371377

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	201991	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)

CHARTWELL INVESTMENT PARTNERS

1205 WESTLAKES DR SUITE 100
BERWYN, PA 19312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	197705	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)

MORGAN, LEWIS & BOCKIUS, LLP

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	141049	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)

FOUNDRY PARTNERS, LLC

46-1184506

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68 71	NONE	132307	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"/>

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)

CHEVY CHASE TRUST

52-2037618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	116707	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

ULLICO INVESTMENT COMPANY

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	109645	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)

UNITED OF OMAHA

47-0322111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	102182	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)

AMALGAMATED BANK OF CHICAGO

30 N. LASALLE STREET
CHICAGO, IL 60602

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	101672	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

ADVANCED BUILDING MAINTENANCE

1001 MCINTOSH LANE
JOLIET, IL 60433

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	69958	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)

PRIVATE ADVISORS LLC

901 EAST BYRD STREET, SUITE 1400
RICHMOND, VA 23219

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	61131	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"/>

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)

DIVERZIFY PRO

865 W IRVING PARK RD
ITASCA, IL 60143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	60789	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)

GOLDMAN SACHS

71 S WACKER STE 1200
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	59377	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)

WHITE OAK GLOBAL ADVISORS, LLC

3 EMBARCADERO CENTER, SUITE 550
SAN FRANCISCO, CA 94111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	59197	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)

JOSEPH D HANNA

36-6513567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58800	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)

DELAWARE CAPITAL MANAGEMENT

23-2693133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	55781	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)

RICH CLARSON

36-6513567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	ADMINISTRATOR	54737	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

3000 SOUTH LENOLA RD
MAPLE SHADE, NJ 08052

23-2182079

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	48488	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)

CINDY PERNA

36-6513567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47415	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CALIBRE CPA GROUP PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	43600	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)

MACNELL ACCOUNTING AND CONSULTING

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	43424	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)

LASALLE CONSULTING PARTNERS

200 W MADISON ST, STE 940
CHICAGO, IL 60606

36-4030449

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	41121	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)

MICHAEL WAINSCOTT

36-6513567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	35620	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)

GINA BENGE

36-6513567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29656	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)

ALICIA BENSON

36-6513567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	27443	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)

GEORGE'S LANDSCAPING, INC.

1410 MILLS RD
JOLIET, IL 60433

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	18622	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)

O'HARE MECHANICAL CONTRACTORS

951 OAKTON ST
ELK GROVE VILLAGE, IL 60007

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	15158	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)

OVERHEAD DOOR SOLUTIONS

1050 ENSELL RD., STE. 174
LAKE ZURICH, IL 60047

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	14190	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)

RATHJE & WOODWARD

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	12672	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)

BKB COMMERCIAL CORPORATION

304 N ROSERA ST
LENA, WI 54139

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	12661	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)

GREENDAY LANDSCAPING, INC

46-1373529

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	11935	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)

TK ELEVATOR CORPORATION

3600 LACEY ROAD STE 100
DOWNERS GROVE, IL 60515

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	10682	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)

CLIMATE SERVICE INC.

926 ESTES COURT
SCHAUMBURG, IL 60193

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	10404	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)

SCHMIDT SALZMAN & MORAN LTD.

111 W WASHINGTON ST., STE. 1300
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	8460	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)

E&A MAINTENANCE GROUP, INC.

1105 SANDHURST DRIVE
SANDWICH, IL 60548

36-4551083

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6550	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.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ELITE ADMINISTRATION	53	15630
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ULLICO/MARKEL 1625 EYE STREET, NW WASHINGTON, DC 20006	STANDARD COMMISSION EARNED AS INSURANCE REPRESENTATIVE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>LOCAL NO. 731, I.B. OF T., PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LOCAL NO. 731, I.B. OF T., PENSION FUND</u>	D Employer Identification Number (EIN) <u>36-6513567</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND

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

c EIN-PN <u>52-6257033-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10905864</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NIS CORE FIXED INCOME FUND, LLC

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

c EIN-PN <u>20-0005644-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>120649346</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NIS INTERMEDIATE FIXED INCOME FUND

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

c EIN-PN <u>20-0065449-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>50226218</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: UNION LABOR LIFE INS CO SEP ACCT J

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

c EIN-PN <u>13-1423090-203</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20565129</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: RAINIER INTERNATIONAL SMALL CAP EQ

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

c EIN-PN <u>45-4762346-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13878886</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO INTERNATIONAL GROWTH TRUST

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

c EIN-PN <u>20-2583973-114</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17017982</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: L&G MSCI ACWI EXUS INDEX

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

c EIN-PN <u>35-7085469-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25675448</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: L&G S&P 500 INDEX

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

c EIN-PN 35-7085469-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 107434673
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a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES LARGE CAP GROWTH TRST

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

c EIN-PN 84-6391546-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89048544
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan LOCAL NO. 731, I.B. OF T., PENSION FUND	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL NO. 731, I.B. OF T., PENSION FUND	D Employer Identification Number (EIN) 36-6513567	

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 6831149	4457726
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 5038205	5462551
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 4201233	4377401
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 43757841	58211953
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B) 39858780	43820426
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B) 173923537	207018161
(5) Partnership/joint venture interests	1c(5) 193113201	199785480
(6) Real estate (other than employer real property)	1c(6) 4480000	4480000
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9) 336699197	434836961
(10) Value of interest in pooled separate accounts	1c(10) 19422579	20565129
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14) 2470957	2253005
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	147641	155728
f Total assets (add all amounts in lines 1a through 1e)	1f	829944320	985424521
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	950444	829548
i Acquisition indebtedness	1i		
j Other liabilities	1j	60628	158444
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1011072	987992
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	828933248	984436529

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	55764077	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		55764077
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2471584	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	2075410	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	202870	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4749864
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1820357	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1438591	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		3258948
(3) Rents	2b(3)		690235
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	137029620	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	124061691	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		12967929
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	31948573	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		82137764
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		1252196
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		8274547
d Total income. Add all income amounts in column (b) and enter total.....	2d		201044133

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits.....	2e(2)	38920411	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		38920411
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	43424	
(4) IQPA audit fees.....	2i(4)	43600	
(5) Investment advisory and investment management fees.....	2i(5)	3113993	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	82966	
(7) Actuarial fees.....	2i(7)	434619	
(8) Legal fees.....	2i(8)	368147	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	2533692	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		6620441
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		45540852

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		155503281
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CALIBRE CPA GROUP, PLLC

(2) EIN: 47-0900880

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 541429.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan LOCAL NO. 731, I.B. OF T., PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL NO. 731, I.B. OF T., PENSION FUND	D Employer Identification Number (EIN) 36-6513567	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>47-0322111</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

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

b EIN **52-2044848**

c Dollar amount contributed by employer

7652223

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2028

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

(1) Contribution rate (in dollars and cents) 422.20

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

a Name of contributing employer **WASTE MANAGEMENT**

b EIN **36-2660859**

c Dollar amount contributed by employer

7857143

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2028

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

(1) Contribution rate (in dollars and cents) 422.20

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

a Name of contributing employer **GROOT RECYCLING AND WASTE SERVICES**

b EIN **36-2430346**

c Dollar amount contributed by employer

5164390

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2028

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

(1) Contribution rate (in dollars and cents) 422.20

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

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

b EIN **36-3408042**

c Dollar amount contributed by employer

3372141

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2024

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

(1) Contribution rate (in dollars and cents) 422.20

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

a Name of contributing employer **LAKE SHORE WASTE SERVICES, LLC**

b EIN **36-4437735**

c Dollar amount contributed by employer

7724450

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2028

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

(1) Contribution rate (in dollars and cents) 422.20

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

a Name of contributing employer **FLOOD BROTHERS DISPOSAL**

b EIN **36-2704635**

c Dollar amount contributed by employer

4648739

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2028

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

(1) Contribution rate (in dollars and cents) 422.20

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer HOMEWOOD TRANSFER TRAILER

b EIN 36-3519935 **c** Dollar amount contributed by employer 2851781

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2028

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

(1) Contribution rate (in dollars and cents) 422.20

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

a Name of contributing employer ARC DISPOSAL COMPANY

b EIN 36-2386793 **c** Dollar amount contributed by employer 1409584

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2028

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

(1) Contribution rate (in dollars and cents) 422.20

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

a Name of contributing employer SBC WASTE SOLUTIONS, INC

b EIN 82-3612207 **c** Dollar amount contributed by employer 1175763

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2028

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

(1) Contribution rate (in dollars and cents) 422.20

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

a Name of contributing employer ADVANCED DISPOSAL SERVICES

b EIN 76-0839612 **c** Dollar amount contributed by employer 1232578

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2028

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

(1) Contribution rate (in dollars and cents) 422.20

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
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)	14b	
c 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).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	1.02
b The corresponding number for the second preceding plan year	15b	1.06

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 45.6 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 18.8 %
 High-Yield Debt: 5.1 % Real Assets: 10.3 % Cash or Cash Equivalents: 0.0 % Other: 20.2 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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



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

FINANCIAL STATEMENTS

SEPTEMBER 30, 2024






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

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the accompanying financial statements of Local No. 731, I.B. of T., Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Local No. 731, I.B. of T., Pension Fund as of September 30, 2024 and 2023, and changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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





Responsibilities of Management for the Financial Statements (continued)

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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



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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Supplemental Information

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



Other Supplemental Information (continued)

We have also previously audited, in accordance with auditing standards generally accepted in the United States of America, the financial statements of Local No. 731, I.B. of T., Pension Fund as of and for the years ended September 30, 2020 through 2022 (none of which is presented herein), and we expressed an unmodified opinion on those financial statements.

Calibre CPA Group, PLLC

Chicago, IL
March 10, 2025

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30, 2024 AND 2023

	2024	2023
Assets		
Assets		
Investments - at fair value		
Short-term investment fund	\$ 56,840,288	\$ 42,386,819
Corporate obligations	43,820,426	39,858,780
Corporate stocks	207,018,161	173,923,537
Limited partnerships	199,785,480	193,113,201
Land and building	4,480,000	4,480,000
Common collective trusts	434,836,961	336,699,197
Pooled separate accounts	20,565,129	19,422,579
Total investments - at fair value	967,346,445	809,884,113
Investments - at contract value		
Insurance company contract	2,253,005	2,470,957
Receivables		
Employer contributions	5,462,551	5,038,205
Due from broker - net	-	102,686
Due from related organizations	779	-
Accrued interest and dividends	940,117	949,382
Total receivables	6,403,447	6,090,273
Property and equipment - net	155,728	147,641
Prepaid expenses	3,436,505	3,149,165
Cash and cash equivalents		
Operating cash	5,829,391	8,202,171
Total assets	985,424,521	829,944,320

See accompanying notes to financial statements.



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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)

SEPTEMBER 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	\$ 829,548	\$ 950,444
Due to related organizations	-	60,628
Due to broker - net	<u>158,444</u>	<u>-</u>
Total liabilities	<u>987,992</u>	<u>1,011,072</u>
Net assets available for benefits	<u>\$ 984,436,529</u>	<u>\$ 828,933,248</u>

See accompanying notes to financial statements.



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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net (depreciation) appreciation in fair value of investments	\$ 136,532,885	\$ 65,946,223
Interest, dividends and other investment income	8,056,936	7,279,565
Rental income	<u>690,235</u>	<u>714,606</u>
	145,280,056	73,940,394
Less: investment expenses	<u>(3,196,959)</u>	<u>(3,188,328)</u>
Investment income - net	142,083,097	70,752,066
Employer contributions - net	55,764,077	52,039,489
Gain on sale of asset	<u>-</u>	<u>48,595</u>
Total additions	<u>197,847,174</u>	<u>122,840,150</u>
Deductions		
Benefits	38,920,411	35,164,724
Administrative expenses	2,151,417	1,604,816
Building expenses	<u>1,272,065</u>	<u>1,075,287</u>
Total deductions	<u>42,343,893</u>	<u>37,844,827</u>
Net change	155,503,281	84,995,323
Net assets available for benefits		
Beginning of year	<u>828,933,248</u>	<u>743,937,925</u>
End of year	<u>\$ 984,436,529</u>	<u>\$ 828,933,248</u>



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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

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

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

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

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

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

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

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

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

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



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

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

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

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

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

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

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

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

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

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

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

Cash Concentration - The Plan maintains its cash balances with financial institutions deemed to be creditworthy. Balances are insured by Federal Deposit Insurance Corporation (FDIC) up to \$250,000. As of September 30, 2024, the cash balances exceeded FDIC limits by \$5,588,000. The Plan has not experienced any losses in its cash balances and doesn't believe that it is subject to any credit risk.

Investment Valuation and Income Recognition - The investments of the Plan are reported at fair value, except for the Plan's investment in the insurance contract which is valued at contract value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price).

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

Contributions Receivable - Contributions receivable represent amounts received subsequent to year end for work performed through September 30, consequently, no allowance for delinquent accounts is provided.

Withdrawal Liability - The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of withdrawal liability on a contributing employer that withdraws from the Plan. As set forth in ERISA, a portion of the Plan's actuarially determined unfunded vested liability is allocated to a withdrawing employer in proportion to the employer's contributions in the years before withdrawal compared with total employer contributions during the same period. The Plan recognizes withdrawal liability income when an agreement is signed and amounts are deemed collectible. Therefore, an allowance for uncollectible accounts is not considered necessary. Amounts held in escrow are monies deposited from an employer related to a possible future withdrawal from the Plan. There were no amounts due for withdrawal liability at September 30, 2024 and 2023.

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

Depreciation is computed by the straight-line method over the estimated useful lives (five years) of the related assets. Accumulated depreciation amounted to \$580,172 and \$531,552 at September 30, 2024 and 2023, respectively. Depreciation expense for building equipment amounted to \$23,983 and \$18,432 for the years ended September 30, 2024 and 2023, respectively.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Depreciation expense for office equipment amounted to \$24,637 and \$20,269 for the years ended September 30, 2024 and 2023, respectively. Property and equipment as of September 30, 2024 and 2023 is as follows:

	<u>2024</u>	<u>2023</u>
Furniture and equipment	\$ 735,900	\$ 679,193
Accumulated depreciation	<u>(580,172)</u>	<u>(531,552)</u>
Property and equipment - net	<u>\$ 155,728</u>	<u>\$ 147,641</u>

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

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

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

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

New Accounting Pronouncement Adopted - During the year ended September 30, 2024, the Plan adopted the provisions of Accounting Standards Update (ASU) 2016-13, *Financial Instruments – Credit Losses* (Topic 326). This ASU replaced the incurred loss methodology with an expected loss methodology that is referred as the current expected credit loss (CECL) methodology. The ASU requires employee benefit plans to immediately recognize the estimated expected credit losses over the life of a financial instrument, including contributions receivable due from employers. The estimate of expected credit losses considers not only historical information, but also current and future economic conditions and events.

The Plan adopted the ASU effective October 1, 2023. The impact of the adoption was not considered material to the financial statements and primarily resulted in additional disclosures.



NOTE 3. PRIORITIES UPON TERMINATION

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

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

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter in January 2012, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. As of September 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. At September 30, 2024, the Plan's administrator believes that the Plan is no longer subject to income tax examinations for years prior to September 30, 2021.



NOTE 5. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by Cheiron, Inc. as of September 30, 2023. Information in the report included the following:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Retired participants and beneficiaries	\$ 355,686,903
Active and inactive participants with vested rights	<u>417,872,143</u>
Total vested benefits	773,559,046
Nonvested benefits	40,368,503
Administrative expenses	<u>22,211,015</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 836,138,564</u>

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended September 30, 2023 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		\$ 791,369,261
Increase (decrease) during the year attributable to		
Experience (gains) losses	\$ 6,405,311	
Interest	55,438,000	
Benefit accruals	14,984,733	
Benefits paid	(35,164,724)	
Plan amendment	-	
Present value of expected admin expenses	<u>3,105,983</u>	
		<u>44,769,303</u>
Actuarial present value of accumulated plan benefits at end of year		<u>\$ 836,138,564</u>

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

- Mortality - Healthy: RP-2000 Combined Healthy Mortality Table with Blue Collar Adjustment.
Disabled: RP-2000 Combined Disabled Mortality Table.



NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

- Retirement age assumptions -

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

- Inactive vested participants are assumed to retire at age 62 or age on the valuation date, if later, or age on valuation date if 25 pension credits.
- Net investment return - 7.20% for valuing pre-decrement and in-deferment liabilities and 6.90% for valuing post-commencement liabilities.
- Current liability effective interest rate is 3.07%.

The actuarial assumptions above and on the preceding page are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. The computation of the actuarial present value of accumulated plan benefits was made at October 1, 2023. Had the valuation been performed as of September 30, 2023, there would be no material differences. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since information on the accumulated plan benefits at September 30, 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 September 30, 2024 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended September 30, 2024. The complete financial status is presented as of September 30, 2023.

NOTE 6. FUNDING POLICY

The participating employers contribute such amounts as are specified in their collective bargaining agreements. The weekly contribution rate increased from \$62.00 to \$66.00 effective August 7, 2023 for Garage Attendants. The weekly contribution rate increased from \$66.00 to \$70.00 effective August 7, 2024 for Garage Attendants. The weekly contribution rate increased from \$348.20 to \$382.20 effective October 1, 2022 for Private Scavengers. The weekly contribution rate increased from \$348.20 to \$382.20 effective October 1, 2022 for Private Scavengers. The weekly contribution rate increased from



NOTE 6. FUNDING POLICY (CONTINUED)

\$348.20 to \$382.20 effective October 1, 2022 for Private Scavengers. The weekly contribution rate increased from \$382.20 to \$422.20 effective October 1, 2023 for Private Scavengers. For the Textile Maintenance and Laundry Workers, the rates ranged from \$173.00 to \$272.00 through September 30, 2024.

The Plan's actuary has advised that the minimum funding requirements of ERISA are being met as of October 1, 2023.

NOTE 7. FAIR VALUE MEASUREMENTS

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

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

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

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

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

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

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

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2024 and 2023:

	Fair Value Measurements at 9/30/24 Using			
	Total	Quoted Prices		
		in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investment fund	\$ 56,840,288	\$ -	\$ 56,840,288	\$ -
Corporate obligations	43,820,426	-	43,820,426	-
Corporate stocks	207,018,161	207,018,161	-	-
Limited partnerships	199,785,480	-	-	199,785,480
Land and building	<u>4,480,000</u>	-	-	<u>4,480,000</u>
Total	511,944,355	<u>\$ 207,018,161</u>	<u>\$ 100,660,714</u>	<u>\$ 204,265,480</u>
Investments measured at net asset value *				
Common collective trusts	434,836,961			
Pooled separate accounts	<u>20,565,129</u>			
	<u>\$ 967,346,445</u>			

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

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



NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

Level 1 Inputs

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

Level 2 Inputs

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

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

Level 3 Inputs

Limited partnerships are valued based on the Plan's ownership interest in the limited partnership as determined by the general partner's valuation of the underlying investments. In substantiating the reasonableness of the pricing data provided by the general partner, the Plan evaluates a variety of factors including review of the pricing method, recently executed transactions, economic conditions, and industry and market developments. Unfunded commitments were \$8,977,294 and \$10,158,547 as of September 30, 2024 and 2023, respectively.

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

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

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

	Changes in Level 3 Category		
	Limited Partnerships	Land and Building	Total
<u>Year ended 09/30/2024</u>			
Purchases	\$ 2,532,650	\$ -	\$ 2,532,650
Sales	(3,380,256)	-	(3,380,256)
Transfers in or out of Level 3 category	-	-	-
<u>Year ended 09/30/2023</u>			
Purchases	\$ 11,886,975	\$ -	\$ 11,886,975
Sales	-	-	-
Transfers in or out of Level 3 category	-	-	-

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

NOTE 8. INVESTMENTS AT CONTRACT VALUE - INSURANCE COMPANY CONTRACT

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

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

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include amendments to the Plan documents (including complete or partial plan termination or merger with another plan), changes to the Plan's prohibition on competing investment options, failure of the Trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA and premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the participants. In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events

NOTE 8. INVESTMENTS AT CONTRACT VALUE - INSURANCE COMPANY CONTRACT (CONTINUED)

include an uncured violation of the Plan's investment guidelines, a breach of material obligation under the contract, a material misrepresentation, and a material amendment to the agreement without the consent of the issuer.

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

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

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

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

The following tables summarize investments measured at fair value based on NAV per share as of September 30, 2024 and 2023:

<u>2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common collective trusts	\$ 434,836,961	None	Daily - Quarterly	1-60 days
Pooled separate accounts	<u>20,565,129</u>	None	Monthly	90 days
	<u>\$ 455,402,090</u>			
<u>2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common collective trusts	\$ 336,699,197	None	Daily - Quarterly	1-60 days
Pooled separate accounts	<u>19,422,579</u>	None	Monthly	90 days
	<u>\$ 356,121,776</u>			

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



NOTE 10. RELATED ORGANIZATIONS AND PARTY IN INTEREST

Identification of Related Organizations

The Plan has six related tax-exempt organizations:

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

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

Shared Administrative Expenses

Shared administrative expenses incurred with related organizations are initially paid by Local 731 Excavators Welfare Fund. These expenses are reimbursed on a monthly basis on an allocation method approved by the Trustees of the respective plans. The Plan paid \$656,956 to Local 731 Excavators Welfare Fund (which included \$87,560 in building expenses) for the year ended September 30, 2024 and \$553,168 (which included \$80,763 in building expenses) for the year ended September 30, 2023. At September 30, 2024 and 2023, the Plan has a balance due from related funds of \$779 and due to related funds of \$60,628, respectively.

Office Leases - as Lessor

The Plan entered into a ten year lease agreement with its related benefit funds and local union in November 2002. Effective November 2012, the Plan amended the existing lease agreements to extend the term for an additional ten years through October 31, 2022. The related benefit funds' lease contains a 120 day termination notice with potential termination fees. Under the amended lease agreements, the related benefit funds and local union are subject to annual rent escalations of 2%. In addition, the first month's rent of each year under the amended leases is abated. Effective November 1, 2022, the Plan extended the lease with the local union for another ten years until October 31, 2032. Currently, the local union pays \$18,746 per month with annual escalations of 2.5% and annual abatements of the first month's rent. The renewal for rent with the related benefit funds is pending and the related benefit funds continue to rent on a month-to-month basis.

NOTE 10. RELATED ORGANIZATIONS AND PARTY IN INTEREST (CONTINUED)

For the year ended September 30, 2024, monthly gross rents ranged from \$356 to \$18,746 and for the year ended September 30, 2023, monthly gross rents ranged from \$301 to \$18,288.

Pension Plans

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

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

The Plan's shared participation in multiemployer defined benefit pension plans for the years ended September 30, 2024 and 2023 is outlined below. The "EIN/PN" column provides the employer identification number (EIN) and the three-digit plan number (PN). The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the plan. Among other factors, plans in the red zone are below 65 percent funded, plans in the yellow zone are between 65 percent and 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a funding improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. In addition to regular plan contributions, the Plan may be subject to a surcharge if the plan is in the red zone. The "Surcharge Imposed" column indicates whether a surcharge has been imposed on contributions to the plan. The last column specifies the year end date of the plan to which the annual report (Form 5500) relates. The Plan currently has no intention of withdrawing from any of the multiemployer pension plans in which they participate.

Pension Plan	EIN/PN	Pension Protection Act Zone Status		FIP/RP Status Pending/Implemented	Contributions		Surcharge Imposed	Most Recent Available Annual Report (Form 5500)
		2024	2023		2024	2023		
Local 731 Excavators and Pavers Pension Trust Fund	36-6513565/001	Green as of 1/1/24	Green as of 1/1/23	Implemented	\$ -	\$ 11,501	N/A	12/31/2023
Local No. 731, I.B. of T., Pension Fund	36-6513567/001	Green as of 10/1/24	Green as of 10/1/23	Implemented	-	9,614	N/A	9/30/2023
Total Plan's share of defined benefit plan contributions					\$ -	\$ 21,115		



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

The Plan entered into a ten year lease agreement with its related benefit funds and local union in November 2002. Effective November 2012, the Plan amended the existing lease agreements to extend the term for an additional ten years through October 31, 2022. The related benefit funds' lease contains a 120 day termination notice with potential termination fees. As such, potential fees are not included in the table below. Under the amended lease agreements, the related benefit funds and local union are subject to annual rent escalations of 2%. In addition, the first month's rent of each year under the amended leases is abated. Effective November 1, 2022, the Plan extended the lease with the local union for another ten years until October 31, 2032. The renewal for rent with the related benefit funds is pending and the related benefit funds continue to rent on a month-to-month basis.

In addition, the Plan leases office space to unrelated parties. The operating leases with these unrelated parties extend through April 2030. The following is a schedule of future minimum base rental receipts required under the terms of the non-cancelable operating leases as of September 30, 2024:

Year ending September 30,	
2025	\$ 492,214
2026	487,333
2027	581,049
2028	597,207
2029 and after	<u>1,596,539</u>
Total	<u>\$ 3,754,342</u>

Rental income for the years ended September 30, 2024 and 2023 was \$690,235 and \$714,606, respectively. Rental income includes rent from related tenants and nonrelated tenants. Rental income transactions from related tenants are party in interest transactions under ERISA.

NOTE 12. MAJOR EMPLOYERS

The Plan had two employers that accounted for approximately 28% and 29% of employer contributions during the years ended September 30, 2024 and 2023, respectively. In the event these employers suspend contributions, the Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.



NOTE 13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of additions and deductions per the financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Total additions per audited financial statements	\$ 197,847,174	\$ 122,840,150
Investment management expenses	<u>3,196,959</u>	<u>3,188,328</u>
Total additions per Form 5500	<u>\$ 201,044,133</u>	<u>\$ 126,028,478</u>
	<u>2024</u>	<u>2023</u>
Total deductions per audited financial statements	\$ 42,343,893	\$ 37,844,827
Investment management expenses	<u>3,196,959</u>	<u>3,188,328</u>
Total deductions per Form 5500	<u>\$ 45,540,852</u>	<u>\$ 41,033,155</u>

NOTE 14. SIGNIFICANT UNCERTAINTIES

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

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

NOTE 15. SUBSEQUENT EVENTS

Subsequent events have been evaluated through March 10, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION





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

FINANCIAL HIGHLIGHTS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

Below is a summary of the financial highlights of the Plan and its operations as of and for the years ended September 30, 2024 and 2023.

	<u>2024</u>	<u>2023</u>
Total assets	\$ 985,424,521	\$ 829,944,320
Total additions	\$ 197,847,174	\$ 122,840,150
Employer contributions - net	\$ 55,764,077	\$ 52,039,489
Benefits	\$ 38,920,411	\$ 35,164,724
Number of pensioners and beneficiaries at September 30,	3,304	3,201
Administrative expenses	\$ 2,151,417	\$ 1,604,816
Building expenses	\$ 1,272,065	\$ 1,075,287
Net change	\$ 155,503,281	\$ 84,995,323



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

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Actuarial fees	\$ 434,619	\$ 274,968
Administrative expenses reimbursed to Local 731		
Excavators Welfare Fund	569,396	472,405
Audit and accounting fees	43,600	41,500
Computer maintenance	94,088	64,282
Depreciation - office equipment	24,637	20,269
Fiduciary liability and bonding insurance	106,597	120,806
Insurance contract expense charges	97,454	92,670
Legal fees	347,015	129,988
Payroll compliance audit fees	43,424	52,132
Plan termination insurance	283,150	255,232
Printing, postage and office expense	<u>107,437</u>	<u>80,564</u>
Total administrative expenses	<u>\$ 2,151,417</u>	<u>\$ 1,604,816</u>



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

SCHEDULES OF BUILDING EXPENSES

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Appraisal	\$ 2,600	\$ -
Assessments	3,355	3,355
Cleaning and janitorial	78,708	61,624
Commissions	12,661	15,568
Conference center - related expenses	5,009	4,706
Custodian - salary, taxes and fringes	87,560	80,763
Depreciation - equipment	23,983	18,432
Fire alarm	5,377	35,009
Holiday expense	2,321	8,528
Insurance	5,019	7,269
Landscaping	30,557	18,129
Legal fees	21,132	5,596
Lighting supplies	3,204	2,082
Maintenance - building and equipment	593,402	374,496
Miscellaneous	18,129	6,034
Real estate taxes	204,309	260,242
Supplies	23,905	21,821
Utilities	150,834	151,633
Total building expenses	<u>\$ 1,272,065</u>	<u>\$ 1,075,287</u>

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

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

YEAR ENDED SEPTEMBER 30, 2024

	Private Scavengers	Garage Attendants	Textile Maintenance	Total
Additions				
Investment income				
Net appreciation (depreciation) in fair value of investments	\$ 116,341,393	\$ 18,939,297	\$ 1,252,195	\$ 136,532,885
Interest, dividends and other investment income	6,891,860	1,121,931	43,145	8,056,936
Rental income	<u>690,235</u>	<u>-</u>	<u>-</u>	<u>690,235</u>
	123,923,488	20,061,228	1,295,340	145,280,056
Less: investment expense	<u>(2,654,120)</u>	<u>(432,066)</u>	<u>(110,773)</u>	<u>(3,196,959)</u>
Investment income - net	121,269,368	19,629,162	1,184,567	142,083,097
Employer contributions - net	51,889,172	2,008,339	1,866,566	55,764,077
Gain on sale of asset	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total additions	<u>173,158,540</u>	<u>21,637,501</u>	<u>3,051,133</u>	<u>197,847,174</u>
Deductions				
Benefits	33,275,093	3,879,329	1,765,989	38,920,411
Administrative expenses	1,959,683	81,653	110,081	2,151,417
Building expenses	<u>1,221,182</u>	<u>50,883</u>	<u>-</u>	<u>1,272,065</u>
Total deductions	<u>36,455,958</u>	<u>4,011,865</u>	<u>1,876,070</u>	<u>42,343,893</u>
Net change	136,702,582	17,625,636	1,175,063	155,503,281
Net assets available for benefits				
Beginning of year	<u>703,055,285</u>	<u>112,032,894</u>	<u>13,845,069</u>	<u>828,933,248</u>
End of year	<u>\$ 839,757,867</u>	<u>\$ 129,658,530</u>	<u>\$ 15,020,132</u>	<u>\$ 984,436,529</u>

Allocations:

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

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

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

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



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

SCHEDULE OF EMPLOYER CONTRIBUTIONS - PRIVATE SCAVENGERS

YEAR ENDED SEPTEMBER 30, 2024

	<u>Amount</u>
Waste Management	\$ 7,857,143
Lake Shore Waste Services Llc	7,724,450
Allied Waste Transportation In	7,652,223
Groot Recycling & Waste Servic	5,164,390
Flood Brothers Disposal	4,648,739
Mbl Recycling, Inc.	3,372,141
Homewood Transfer Trailer	2,851,781
Arc Disposal Company	1,409,584
Advanced Disposal Services	1,232,578
Sbc Waste Solutions, Inc.	1,175,763
T.C. Transport Inc	1,104,956
Independent Recycling Ser Inc	907,031
D & P Construction Co Inc Recy	886,215
Tri State Disposal Inc	716,160
Z Force Transportation	714,942
Elgin Sweeping Service	491,054
F & M Transfer, Inc	360,909
Economy Disposal Service Inc	298,410
Central Sweeping Of Illinois,	294,892
Chicago Disposal Inc	284,211
Parkside Transfer, Inc.	276,465
Local 731 I.B. Of T.	263,599
Wmi Services Metro/Pol 02354	258,097
Wm Recycle America, Llc	237,153
Waste Connection DbA Groot Elg	199,389
E. King Construction, Inc.	178,052
Other employers contributing less than \$150,000 each	<u>969,109</u>
Total employer cash contributions	51,529,436
Add - employer contribution receivable - end of year	4,867,536
Deduct - employer contributions receivable - beginning of year	<u>(4,507,800)</u>
Total employer contributions - net	<u>\$ 51,889,172</u>

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

SCHEDULE OF EMPLOYER CONTRIBUTIONS - GARAGE ATTENDANTS

YEAR ENDED SEPTEMBER 30, 2024

	Amount
Golf Mill Ford Inc	\$ 78,072
Patrick Cadillac Saab	75,924
Jack Phelan Dodge	73,458
Golf Mill Chevrolet Warehouse	63,436
Mcgrath Honda Hyundai	63,436
Toyota Of Naperville	57,536
Hawk Ford Of St. Charles	55,760
Joe Rizza Ford Of Orland Park	54,770
Mid City Subaru	53,992
Hyundai Of Lincolnwood	48,004
Lexus Of Naperville	43,688
Westmont Porsche	40,026
Mid City Nissan DbA Berman Nis	39,510
Napleton Of Downtown	38,744
Sunrise Chevrolet	38,698
Ettleson Hyundai Llc	36,916
Apple Chevrolet Inc	35,498
Marino Chrysler Jeep Dodge	35,114
Honda On Grand	33,112
Packey Webb Ford, Inc.	31,662
Fields Volvo	31,484
Mike Anderson Chevrolet Of	31,332
Tg Wheeling Llc DbA Tasca Chev	31,022
Toyota Of Lincoln Park	30,698
Al Piemonte Ford Inc	29,926
Joe Rizza Buick Gmc Cadillac I	29,178
Larry Roesch Chrysler Jeep Dod	28,758
Currie Motors Frankfort, Inc	28,554
Mc Carthy Ford	28,346
Ettleson Cadillac Buick Gmc In	28,144
Wilkins Hyundai Mazda	27,814
Golf Mill Chevrolet	27,794
Napleton'S Honda Of Morton Gro	27,022
Westfield Ford, Inc.	25,805
Currie Motors Chevrolet	25,108
Jerry Haggerty Chevrolet Inc	24,758
Napleton Ford Of Oak Lawn	24,032
T G Arlington Heights Two Llc	23,900
Lexus Of Highland Park	23,174
Joe Rizza Acura	21,372
Porsche Orland Park	21,147
Ed Napleton Elmhurst Imports	21,108
Fields Chrysler Jeep Dodge	21,033
Other employers contributing less than \$20,000 each	427,115
Total employer cash contributions	2,035,980
Add - employer contribution receivable - end of year	317,404
Deduct - employer contributions receivable - beginning of year	(345,045)
Total employer contributions - net	\$ 2,008,339



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

SCHEDULE OF EMPLOYER CONTRIBUTIONS -
TEXTILE MAINTENANCE AND LAUNDRY CRAFT

YEAR ENDED SEPTEMBER 30, 2024

	<u>Amount</u>
Aramark Uniform - South Holland	\$ 372,928
AlSCO, Inc.	427,868
Aramark Uniform - Arlington Heights	320,832
Aramark Uniform - Chicago Central	293,592
The Roscoe Company	204,136
Skokie Valley Laundry	83,230
Aramark Uniform - Chicago	62,560
Teamsters Local 731 L.M.C.C.	<u>9,169</u>
Total employer cash contributions	1,774,315
Add - employer contribution receivable - end of year	277,611
Deduct - employer contributions receivable - beginning of year	<u>(185,360)</u>
Total employer contributions - net	<u>\$ 1,866,566</u>

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

FIVE YEAR SUMMARY OF OPERATIONS

	2024	2023	2022	2021	2020
Additions					
Investment income - net	\$ 142,083,097	\$ 70,752,066	\$ (77,070,640)	\$ 151,038,216	\$ 43,388,384
Employer contributions, withdrawal liability assessments and interest, and other income - net	<u>55,764,077</u>	<u>52,088,084</u>	<u>46,404,950</u>	<u>44,636,827</u>	<u>45,286,534</u>
Total additions	<u>197,847,174</u>	<u>122,840,150</u>	<u>(30,665,690)</u>	<u>195,675,043</u>	<u>88,674,918</u>
Deductions					
Benefits	38,920,411	35,164,724	31,203,251	27,988,783	25,535,848
Administrative expenses	2,151,417	1,604,816	1,288,610	1,256,067	1,286,491
Building expenses	<u>1,272,065</u>	<u>1,075,287</u>	<u>773,520</u>	<u>782,969</u>	<u>893,732</u>
Total deductions	<u>42,343,893</u>	<u>37,844,827</u>	<u>33,265,381</u>	<u>30,027,819</u>	<u>27,716,071</u>
Net change	155,503,281	84,995,323	(63,931,071)	165,647,224	60,958,847
Net assets available for benefits					
Beginning of year	<u>828,933,248</u>	<u>743,937,925</u>	<u>807,868,996</u>	<u>642,221,772</u>	<u>581,262,925</u>
End of year	<u>\$ 984,436,529</u>	<u>\$ 828,933,248</u>	<u>\$ 743,937,925</u>	<u>\$ 807,868,996</u>	<u>\$ 642,221,772</u>
Number of pensioners	<u>3,304</u>	<u>3,201</u>	<u>3,096</u>	<u>2,945</u>	<u>2,761</u>



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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2024

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

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	Description	(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value			(d) Cost	(e) Current Value
			Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value		
	Short-term investment fund						
	GOLDMAN FINANCIAL SQUARE GOVT-A FD#465	Short-term investment	N/A	N/A	N/A	\$ 56,840,288	\$ 56,840,288
	Total short-term investment fund - line 1(c)1					56,840,288	56,840,288
	Corporate obligations						
	FORD MOTOR CREDIT CO LLC	Corporate obligation	11/01/24	4.063%	1,170,000	1,196,466	1,168,666
	WESTERN MIDSTREAM OPERAT	Corporate obligation	02/01/25	3.600%	1,055,000	1,069,675	1,046,191
	STARWOOD PROPERTY TRUST INC	Corporate obligation	03/15/25	4.750%	1,098,000	1,142,882	1,092,477
	CDW LLC/CDW FINANCE	Corporate obligation	05/01/25	4.125%	1,195,000	1,169,473	1,185,165
	ENLINK MIDSTREAM PARTNER	Corporate obligation	06/01/25	4.150%	1,070,000	1,033,453	1,060,766
	GLP CAPITAL LP / FIN II	Corporate obligation	06/01/25	5.250%	500,000	530,417	499,600
	DCP MIDSTREAM OPERATING	Corporate obligation	07/15/25	5.375%	206,000	221,369	206,511
	CHARTER COMM OPT LLC/CAP	Corporate obligation	07/23/25	4.908%	1,175,000	1,180,100	1,173,061
	PENSKE AUTOMOTIVE GROUP INC	Corporate obligation	09/01/25	3.500%	1,075,000	1,099,506	1,057,015
	NEW FORTRESS ENERGY INC	Corporate obligation	09/15/25	6.750%	350,000	346,773	335,899
	WYNDHAM WORLDWIDE CORP	Corporate obligation	10/01/25	6.600%	505,000	525,823	510,080
	SLM CORP	Corporate obligation	10/29/25	4.200%	450,000	461,639	444,915
	CROWN AMER/CAP CORP VI	Corporate obligation	02/01/26	4.750%	1,205,000	1,214,825	1,200,987
	WESTERN DIGITAL CORP	Corporate obligation	02/15/26	4.750%	1,070,000	1,161,082	1,064,907
	ALBERTSONS COS/SAFEWAY	Corporate obligation	03/15/26	3.250%	550,000	541,398	531,834
	SPRINGLEAF FINANCE CORP	Corporate obligation	03/15/26	7.125%	80,000	81,280	81,739
	TEGNA INC	Corporate obligation	03/15/26	4.750%	20,000	20,000	19,742
	GLP CAPITAL LP / FIN II	Corporate obligation	04/15/26	5.375%	580,000	578,358	582,337
	PRIME SEC SVCS BRW/FINANCE	Corporate obligation	04/15/26	5.750%	435,000	432,281	437,023
	ICAHN ENTERPRISES	Corporate obligation	05/15/26	6.250%	735,000	716,063	729,267
	UNDER ARMOUR INC	Corporate obligation	06/15/26	3.250%	1,130,000	1,160,853	1,092,439
	SABRA HEALTH CARE LP	Corporate obligation	08/15/26	5.125%	1,165,000	1,109,636	1,171,536
	SIRIUS XM RADIO INC	Corporate obligation	09/01/26	3.125%	455,000	430,637	439,371
	NEW FORTRESS ENERGY INC	Corporate obligation	09/30/26	6.500%	30,000	28,383	25,214
	TEVA PHARMACEUTICALS NE	Corporate obligation	10/01/26	3.150%	700,000	626,175	672,868
	SLM CORP	Corporate obligation	11/02/26	3.125%	710,000	686,931	683,212
	VICI PROPERTIES	Corporate obligation	12/01/26	4.250%	220,000	227,506	217,881
	ONEMAIN FINANCE CORP	Corporate obligation	01/15/27	3.500%	900,000	825,714	860,256
	GGAM FINANCE LTD GGAM FINANCE	Corporate obligation	02/15/27	8.000%	413,000	420,665	431,560
	SBA COMMUNICATIONS CORP	Corporate obligation	02/15/27	3.875%	1,240,000	1,265,772	1,208,417
	AECOM AECOM	Corporate obligation	03/15/27	5.125%	1,190,000	1,161,643	1,195,177
	HILTON WORLDWIDE FIN LLC	Corporate obligation	04/01/27	4.875%	1,180,000	1,212,042	1,176,554
	WYNDHAM WORLDWIDE CORP	Corporate obligation	04/01/27	6.000%	520,000	503,161	526,516
	SUNOCO LP/FINANCE CORP	Corporate obligation	04/15/27	6.000%	1,200,000	1,244,539	1,204,200
	TEVA PHARMACEUTICALS NE	Corporate obligation	05/09/27	4.750%	270,000	259,114	266,247
	ICAHN ENTERPRISES	Corporate obligation	05/15/27	5.250%	445,000	412,756	426,448
	UNITED RENTALS NORTH AM	Corporate obligation	05/15/27	5.500%	1,026,000	1,044,232	1,026,964
	CENTURY COMMUNITIES INC	Corporate obligation	06/01/27	6.750%	765,000	768,889	772,405
	CLEVELAND CLIFFS INC	Corporate obligation	06/01/27	5.875%	1,110,000	1,108,324	1,112,486
	BOYD GAMING CORP	Corporate obligation	10/01/27	4.750%	1,170,000	1,109,827	1,156,931
	TENET HEALTHCARE CORP	Corporate obligation	11/01/27	5.125%	580,000	570,150	577,790
	TELEFLEX INC	Corporate obligation	11/15/27	4.625%	1,250,000	1,186,098	1,232,613
	MURPHY OIL CORPORATION	Corporate obligation	12/01/27	5.875%	260,000	257,057	263,172
	CENTENE CORP	Corporate obligation	12/15/27	4.250%	1,120,000	1,047,622	1,100,210
	SERVICE CORP INTL	Corporate obligation	12/15/27	4.625%	870,000	821,133	858,438
	SILGAN HOLDINGS INC	Corporate obligation	02/01/28	4.125%	1,210,000	1,095,140	1,179,460
	LAMAR MEDIA CORP	Corporate obligation	02/15/28	3.750%	1,131,000	1,034,754	1,084,923
	VICI PROPERTIES	Corporate obligation	02/15/28	4.750%	445,000	429,612	446,802
	TEVA PHARMACEUTICALS NE	Corporate obligation	03/01/28	6.750%	170,000	171,275	177,189
	CLEARWAY ENERGY	Corporate obligation	03/15/28	4.750%	45,000	44,156	44,161
	TEGNA INC	Corporate obligation	03/15/28	4.625%	1,188,000	1,075,369	1,133,613
	XPO INC	Corporate obligation	06/01/28	6.250%	45,000	45,338	45,986
	CARPENTER TECHNOLOGY	Corporate obligation	07/15/28	6.375%	590,000	587,388	593,924
	TRANSDIGM INC	Corporate obligation	08/15/28	6.750%	115,000	116,725	118,344
	ONEMAIN FINANCE CORP	Corporate obligation	09/15/28	3.875%	95,000	87,816	88,070
	PARK INTERMED HOLDINGS OTHER REITS B CLASS	Corporate obligation	10/01/28	5.875%	90,000	88,425	89,855
	H.B. FULLER CO	Corporate obligation	10/15/28	4.250%	325,000	301,381	311,662
	TALLGRASS NRG PRTRN/FIN	Corporate obligation	02/15/29	7.375%	45,000	45,212	45,566
	TRANSDIGM INC	Corporate obligation	03/01/29	6.375%	360,000	360,000	371,945
	WESCO DISTRIBUTION INC WESCO	Corporate obligation	03/15/29	6.375%	40,000	41,275	41,333
	PHINIA INC PHINIA INC	Corporate obligation	04/15/29	6.750%	210,000	216,382	216,766
	AMERICAN AIRLINES	Corporate obligation	04/20/29	5.750%	450,000	444,040	449,258
	GXO LOGISTICS INC	Corporate obligation	05/06/29	6.250%	510,000	509,953	536,495
	TENET HEALTHCARE CORP	Corporate obligation	06/01/29	4.250%	550,000	508,394	530,250
	BRINK'S COMPANY BRINKS CO	Corporate obligation	06/15/29	6.500%	170,000	175,845	176,101
	HERC HOLDINGS, INC	Corporate obligation	06/15/29	6.625%	100,000	101,375	103,556
	NMI HOLDINGS INC	Corporate obligation	08/15/29	6.000%	1,135,000	1,130,066	1,166,110
	GENTING NY LLC	Corporate obligation	10/01/29	7.250%	290,000	290,788	292,510
	ENCOMPASS HEALTH CORPORATION	Corporate obligation	02/01/30	4.750%	460,000	448,506	449,460
	Total corporate obligations - line 1c(3)(B)					43,560,937	43,820,426



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

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

SEPTEMBER 30, 2024

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

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	Description	(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value			(d) Cost	(e) Current Value
			Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value		
	Corporate stocks						
	ABBVIE INC	Corporate stock	N/A	N/A	3,270	\$ 390,894	\$ 645,760
	ABERCROMBIE & FITCH CLASS A	Corporate stock	N/A	N/A	6,663	763,203	932,154
	ACCO BRANDS CORP	Corporate stock	N/A	N/A	27,450	192,115	150,152
	ACCURAY INC	Corporate stock	N/A	N/A	78,425	213,096	141,165
	ACI WORLDWIDE INC	Corporate stock	N/A	N/A	12,277	300,502	624,899
	ACUIITY BRANDS (HOLDING COMPANY)	Corporate stock	N/A	N/A	993	125,081	273,462
	AGCO CORPORATION	Corporate stock	N/A	N/A	2,524	224,052	246,999
	AGNC INVT CORP	Corporate stock	N/A	N/A	29,719	321,216	310,861
	ALERUS FINANCIAL	Corporate stock	N/A	N/A	838	18,578	19,173
	ALIGHT INC	Corporate stock	N/A	N/A	33,572	328,690	248,433
	ALLIANZ SE	Corporate stock	N/A	N/A	24,148	479,447	795,025
	ALLISON TRANSMISSION HOLDING	Corporate stock	N/A	N/A	2,823	113,482	271,206
	ATI INC	Corporate stock	N/A	N/A	5,439	239,015	363,923
	AXT INC	Corporate stock	N/A	N/A	9,720	57,456	23,522
	3M COMPANY	Corporate stock	N/A	N/A	1,812	207,388	247,700
	ADR IMPERIAL BRANDS	Corporate stock	N/A	N/A	29,124	657,534	848,877
	ADR KONINKLIJKE AHOLD N.V.	Corporate stock	N/A	N/A	6,430	193,934	222,677
	ADR MONDI LLC	Corporate stock	N/A	N/A	8,327	449,860	317,434
	AERCAP HOLDINGS NV	Corporate stock	N/A	N/A	8,514	819,603	806,446
	ALLY FINANCIAL INC	Corporate stock	N/A	N/A	22,999	962,472	818,534
	ALPHABET INC CL A	Corporate stock	N/A	N/A	7,091	1,252,390	1,176,042
	ALPINE INCOME PROPERTY TR	Corporate stock	N/A	N/A	1,630	31,053	29,666
	ALTA EQUIP GROUP INC	Corporate stock	N/A	N/A	7,365	81,804	49,640
	ALTISSOURCE PORT SOLUTIONS	Corporate stock	N/A	N/A	22,042	81,331	26,450
	AMCOR PLC	Corporate stock	N/A	N/A	12,499	138,081	141,614
	AMDOCS LTD	Corporate stock	N/A	N/A	18,318	1,559,986	1,602,459
	AMERANT BANCORP	Corporate stock	N/A	N/A	5,550	145,445	118,604
	AMERICAN EAGLE OUTFITTERS	Corporate stock	N/A	N/A	12,152	255,846	272,083
	AMERICAN FINANCIAL GROUP INC	Corporate stock	N/A	N/A	1,839	228,483	247,529
	AMERICAN PUBLIC EDUCATION	Corporate stock	N/A	N/A	9,590	81,495	141,453
	AMERIPRISE FINANCIAL INC	Corporate stock	N/A	N/A	1,718	354,692	807,134
	AMERISAFE INC	Corporate stock	N/A	N/A	2,535	129,276	122,517
	AMICUS THERAPEUTICS	Corporate stock	N/A	N/A	40,771	568,737	435,434
	AMPHENOL CORP	Corporate stock	N/A	N/A	18,385	1,165,724	1,197,967
	AMPLIFY ENERGY CORP	Corporate stock	N/A	N/A	20,465	136,478	133,636
	ANNALY CAPITAL MANAGEMENT	Corporate stock	N/A	N/A	18,448	325,286	370,251
	ANTERO RESOURCES CORP	Corporate stock	N/A	N/A	7,187	199,970	205,908
	APELLIS PHARMACEUTICALS INC	Corporate stock	N/A	N/A	18,149	906,734	523,417
	APPLE INC	Corporate stock	N/A	N/A	5,373	649,354	1,251,909
	APPLIED INDUSTRIAL TECH INC	Corporate stock	N/A	N/A	1,611	317,962	359,462
	APPLIED MATERIALS INC	Corporate stock	N/A	N/A	6,179	863,401	1,248,467
	ARDMORE SHIPPING CORP	Corporate stock	N/A	N/A	7,400	126,730	133,940
	ARGENX SE	Corporate stock	N/A	N/A	2,227	463,501	1,207,212
	ARISTA NETWORKS INC	Corporate stock	N/A	N/A	3,432	423,577	1,317,270
	ARTESIAN RESOURCES	Corporate stock	N/A	N/A	5,060	227,921	188,131
	ARTISAN PARTNERS ASSETS	Corporate stock	N/A	N/A	5,695	248,243	246,707
	ASSURANT INC	Corporate stock	N/A	N/A	1,340	225,481	266,472
	ATKORE INTERNATIONAL GROUP I	Corporate stock	N/A	N/A	2,751	324,327	233,120
	ATLANTIC UNION BANKSHARES CORP	Corporate stock	N/A	N/A	7,772	283,013	292,771
	AUTOLIV INC	Corporate stock	N/A	N/A	2,393	172,068	223,434
	AVANOS MEDICAL INC	Corporate stock	N/A	N/A	5,675	119,819	136,370
	AVIDITY BIOSCIENCES INC	Corporate stock	N/A	N/A	5,416	241,023	248,757
	AVIENT CORPORATION	Corporate stock	N/A	N/A	8,673	439,480	436,425
	B&G FOODS INC	Corporate stock	N/A	N/A	8,500	119,831	75,480
	BAKER HUGHES A GE CO	Corporate stock	N/A	N/A	12,436	339,872	449,561
	BANC OF CALIFORNIA INC	Corporate stock	N/A	N/A	12,130	183,350	178,675
	BANCO SANTANDER SA-SPON ADR	Corporate stock	N/A	N/A	152,304	637,715	776,750
	BANK OF OZK	Corporate stock	N/A	N/A	7,097	316,150	305,100
	BAR HARBOR BANKSHARES	Corporate stock	N/A	N/A	3,300	80,072	101,772
	BARRETT BUSINESS SVCS INC	Corporate stock	N/A	N/A	6,500	106,313	243,815
	BEAZER HOMES USA INC	Corporate stock	N/A	N/A	5,200	127,940	177,684
	BELDEN INC.	Corporate stock	N/A	N/A	2,486	139,148	291,185
	BENCHMARK ELECTRONICS INC	Corporate stock	N/A	N/A	5,105	135,564	226,254
	BERRY GLOBAL GROUP INC	Corporate stock	N/A	N/A	2,193	118,894	149,080
	BIOGEN INC	Corporate stock	N/A	N/A	3,080	765,956	597,027
	BJS WHOLESALE CLUB HOLDINGS	Corporate stock	N/A	N/A	2,980	200,608	245,790
	BLOOMIN BRANDS INC.	Corporate stock	N/A	N/A	13,515	311,805	223,403
	BOISE CASCADE CO DEL	Corporate stock	N/A	N/A	1,987	212,822	280,127
	BOOZ ALLEN HAMILTON HOLDINGS	Corporate stock	N/A	N/A	7,187	783,362	1,169,756
	BORGWARNER INC	Corporate stock	N/A	N/A	7,676	256,482	278,562
	BOUYGUES	Corporate stock	N/A	N/A	76,137	511,011	510,879
	BP AMOCO PLC	Corporate stock	N/A	N/A	29,284	1,019,668	919,225
	BRAZE INC-A	Corporate stock	N/A	N/A	10,384	574,029	335,819
	BRIDGEWATER BANCSHARES INC	Corporate stock	N/A	N/A	5,985	75,817	84,807
	BRINK'S COMPANY	Corporate stock	N/A	N/A	5,937	528,931	686,555
	BRISTOL MYERS SQUIBB CO	Corporate stock	N/A	N/A	12,636	604,937	653,787
	BRITISH AMERICAN TOB-SP ADR	Corporate stock	N/A	N/A	4,037	156,232	147,673

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

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

SEPTEMBER 30, 2024

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							
(a)	(b) Identity of Issuer	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	BRUNSWICK CORP	Corporate stock	N/A	N/A	3,103	\$ 181,554	\$ 260,093
	BUILDERS FIRSTSOURCE INC	Corporate stock	N/A	N/A	2,496	333,261	483,875
	BWX TECHNOLOGIES INCORPORATED	Corporate stock	N/A	N/A	12,473	778,964	1,355,815
	CABOT CORP	Corporate stock	N/A	N/A	2,350	240,061	262,660
	CACTUS INC	Corporate stock	N/A	N/A	4,952	192,574	295,486
	CADENCE DESIGN SYSTEMS INC	Corporate stock	N/A	N/A	4,313	465,478	1,168,952
	CAESARS ENTMT INC NEW	Corporate stock	N/A	N/A	9,096	431,923	379,667
	CALIFORNIA RESOURCES CORP	Corporate stock	N/A	N/A	3,662	198,812	192,145
	CAMDEN PROPERTY TRUST SHARES BENEFICIAL INTEREST	Corporate stock	N/A	N/A	3,362	361,188	415,308
	CARDINAL HEALTH INC	Corporate stock	N/A	N/A	5,542	621,232	612,502
	CARLISLE COS INC	Corporate stock	N/A	N/A	619	91,637	278,395
	CASEY'S GENERAL STORES INC	Corporate stock	N/A	N/A	3,233	867,275	1,214,670
	CASS INFORMATION SYSTEMS INC	Corporate stock	N/A	N/A	4,410	156,609	182,927
	CECO ENVIRONMENTAL CORP	Corporate stock	N/A	N/A	3,265	44,695	92,073
	CENCORA INC	Corporate stock	N/A	N/A	2,663	359,705	599,388
	CENTENE CORP	Corporate stock	N/A	N/A	8,117	638,038	611,048
	CF INDUSTRIES HOLDINGS INC	Corporate stock	N/A	N/A	1,757	142,696	150,751
	CHAMPIONX CORPORATION	Corporate stock	N/A	N/A	17,694	331,121	533,474
	CHART INDUSTRIES INC	Corporate stock	N/A	N/A	2,167	290,492	269,011
	CHEWY INC	Corporate stock	N/A	N/A	22,310	666,121	653,460
	CHURCHILL DOWNS INC	Corporate stock	N/A	N/A	1,824	225,081	246,623
	CIENA CORP (NEW)	Corporate stock	N/A	N/A	5,636	278,854	347,121
	CINEMARK HOLDINGS INC	Corporate stock	N/A	N/A	9,503	170,555	264,564
	CITIGROUP INC	Corporate stock	N/A	N/A	13,096	632,101	819,810
	CIVITAS RES INC	Corporate stock	N/A	N/A	4,221	282,120	213,878
	CK HUTCHISON HOLDIN-UNSP ADR	Corporate stock	N/A	N/A	79,651	775,961	458,392
	CLEAN HARBORS INC	Corporate stock	N/A	N/A	1,394	127,118	336,944
	CLEVELAND CLIFFS INC	Corporate stock	N/A	N/A	24,351	396,728	310,962
	COLUMBUS MCKINNON CORP	Corporate stock	N/A	N/A	6,230	225,420	224,280
	COMMERCIAL METALS CO	Corporate stock	N/A	N/A	9,437	417,462	518,658
	CONFLUENT INC	Corporate stock	N/A	N/A	14,067	356,835	286,685
	CONTINENTAL AG-SPONS ADR	Corporate stock	N/A	N/A	39,232	408,791	254,576
	CORE & MAIN INC	Corporate stock	N/A	N/A	6,079	236,207	269,908
	COTY INC.	Corporate stock	N/A	N/A	28,261	230,052	265,371
	COVENANT TRANSPORT INC-CL A	Corporate stock	N/A	N/A	4,125	196,263	217,965
	CRA INTERNATIONAL INC	Corporate stock	N/A	N/A	665	25,242	116,588
	CRAWFORD & CO CL A	Corporate stock	N/A	N/A	5,540	45,149	60,774
	CRINETICS PHARMACEUTIC	Corporate stock	N/A	N/A	6,263	227,203	320,039
	CUMMINS ENGINE CO	Corporate stock	N/A	N/A	794	102,234	257,089
	CURTISS-WRIGHT CORP	Corporate stock	N/A	N/A	2,258	426,891	742,182
	CUSHMAN & WAKEFIELD PLC	Corporate stock	N/A	N/A	26,858	266,526	366,075
	D.R. HORTON INC	Corporate stock	N/A	N/A	5,207	570,078	993,339
	DAVITA INC	Corporate stock	N/A	N/A	4,218	403,069	691,457
	DECKERS OUTDOOR CORP	Corporate stock	N/A	N/A	11,130	863,008	1,774,679
	DEUTSCHE POST AG-SPON ADR	Corporate stock	N/A	N/A	14,727	628,491	657,929
	DICK'S SPORTING GOODS INC	Corporate stock	N/A	N/A	4,215	652,395	879,671
	DIME CMNTY BANCSHARES	Corporate stock	N/A	N/A	8,075	189,137	232,560
	DIODES INC	Corporate stock	N/A	N/A	4,103	308,484	262,961
	DOLBY LABORATORIES INC CLASS A	Corporate stock	N/A	N/A	7,615	381,564	582,776
	DOMINION ENERGY INC	Corporate stock	N/A	N/A	4,762	250,683	275,196
	DONEGAL GROUP INC - CL A	Corporate stock	N/A	N/A	8,735	138,356	128,754
	DORMAN PRODUCTS INC	Corporate stock	N/A	N/A	3,073	346,161	347,618
	DOVER CORP	Corporate stock	N/A	N/A	1,438	115,804	275,722
	DUCOMMUN INC	Corporate stock	N/A	N/A	3,725	169,620	245,217
	DUKE ENERGY CORPORATION	Corporate stock	N/A	N/A	2,338	218,369	269,571
	EASTMAN CHEMICAL CO	Corporate stock	N/A	N/A	1,427	109,488	159,753
	ELASTIC NV	Corporate stock	N/A	N/A	3,060	305,099	234,882
	ELEVANCE HEALTH INC	Corporate stock	N/A	N/A	1,153	484,981	599,560
	ELTEK LTD	Corporate stock	N/A	N/A	8,544	93,332	93,215
	EMCOR GROUP INC	Corporate stock	N/A	N/A	3,089	196,127	1,329,907
	EMERSON ELECTRIC CO	Corporate stock	N/A	N/A	2,263	133,622	247,504
	ENCOMPASS HEALTH CORPORATION	Corporate stock	N/A	N/A	3,130	160,466	302,483
	ENEL SPA UNSPON ADR	Corporate stock	N/A	N/A	105,839	618,251	847,559
	ENTEGRIS INC	Corporate stock	N/A	N/A	8,179	272,738	920,383
	EQT CORPORATION	Corporate stock	N/A	N/A	10,709	417,027	392,378
	EQUITY BANCSHARES INC	Corporate stock	N/A	N/A	4,275	148,515	174,762
	ETSY INC	Corporate stock	N/A	N/A	9,462	577,418	525,425
	EVERGY INC	Corporate stock	N/A	N/A	10,124	582,260	627,789
	EXLSERVICE HOLDINGS INC	Corporate stock	N/A	N/A	10,072	345,866	384,247
	EXPAND ENERGY CORP	Corporate stock	N/A	N/A	5,958	491,928	490,046
	EXPEDIA INC	Corporate stock	N/A	N/A	7,044	1,017,955	1,042,653
	F5 INC	Corporate stock	N/A	N/A	5,579	1,205,255	1,228,496
	FEDERAL AGRIC MTG CORP-CL C	Corporate stock	N/A	N/A	1,330	103,887	249,255
	FEDERAL RLTY INVT TR NEW	Corporate stock	N/A	N/A	3,276	371,776	376,642
	FIDELITY NATIONAL FINANCIAL	Corporate stock	N/A	N/A	13,264	500,992	823,164
	FIRST AMERICAN FINANCIAL CORP	Corporate stock	N/A	N/A	4,533	263,384	299,223
	FIRST BANCORP INC	Corporate stock	N/A	N/A	2,550	59,110	67,116
	FIRST BANK	Corporate stock	N/A	N/A	4,200	61,158	63,840

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

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

SEPTEMBER 30, 2024

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							
(a)	(b) Identity of Issuer	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	FIRST FINANCIAL CORP	Corporate stock	N/A	N/A	2,055	\$ 74,115	\$ 90,112
	FIRST HORIZON NATIONAL CORP	Corporate stock	N/A	N/A	24,521	367,121	380,811
	FIRST INDUSTRIAL REALTY TR	Corporate stock	N/A	N/A	8,494	380,566	475,494
	FIRST INTERNET BANCORP	Corporate stock	N/A	N/A	4,413	120,377	151,189
	FLEX LTD	Corporate stock	N/A	N/A	6,843	101,789	228,761
	FLUOR CORP	Corporate stock	N/A	N/A	6,198	192,854	295,707
	FORTINET INC.	Corporate stock	N/A	N/A	14,661	822,432	1,136,961
	FORTREA HOLDINGS INC	Corporate stock	N/A	N/A	3,743	120,203	74,860
	FUJIFILM HOLDINGS UNSP ADR	Corporate stock	N/A	N/A	52,559	414,819	677,591
	FUJITSU LTD	Corporate stock	N/A	N/A	37,556	533,208	770,724
	GAMING AND LEISURE PROPERTIES	Corporate stock	N/A	N/A	9,483	399,615	487,900
	GARMIN LTD	Corporate stock	N/A	N/A	5,143	914,803	905,322
	GARTNER GROUP INC	Corporate stock	N/A	N/A	2,388	675,182	1,210,143
	GENCO	Corporate stock	N/A	N/A	11,800	234,145	230,100
	GENTEX CORP	Corporate stock	N/A	N/A	7,440	179,955	220,894
	GENUINE PARTS CO	Corporate stock	N/A	N/A	1,714	224,815	239,412
	GILAT SATELITE NETWORKS LTD	Corporate stock	N/A	N/A	29,900	186,599	157,573
	GILEAD SCIENCES INC	Corporate stock	N/A	N/A	7,978	594,795	668,876
	GITLAB INC	Corporate stock	N/A	N/A	16,087	823,851	829,124
	GLACIER BANCORP INC	Corporate stock	N/A	N/A	8,882	305,772	405,907
	GLOBAL SHIP LEASE INC-CL A	Corporate stock	N/A	N/A	10,665	174,203	284,220
	GLOBUS MED INC -A	Corporate stock	N/A	N/A	3,930	268,890	281,152
	GODADDY INC CLASS A	Corporate stock	N/A	N/A	16,432	1,869,107	2,576,209
	GOLDMAN SACHS GROUP INC	Corporate stock	N/A	N/A	1,548	580,959	766,430
	GOODYEAR TIRE & RUBBER CO	Corporate stock	N/A	N/A	24,468	280,311	216,542
	GRACO INC	Corporate stock	N/A	N/A	6,476	295,633	566,715
	GSK PLC	Corporate stock	N/A	N/A	16,121	641,189	659,026
	GUARDIAN PHRMCY	Corporate stock	N/A	N/A	3,585	50,190	60,228
	H & R BLOCK INC	Corporate stock	N/A	N/A	14,460	937,297	918,933
	HALLIBURTON CO	Corporate stock	N/A	N/A	14,400	544,405	418,320
	HAMILTON LANE INC CLASS A	Corporate stock	N/A	N/A	3,762	466,043	633,483
	HARTFORD FINANCIAL SERVICES	Corporate stock	N/A	N/A	6,743	482,605	793,044
	HCA HEALTHCARE INC	Corporate stock	N/A	N/A	1,601	432,099	650,694
	HEALTHCARE SVCS GROUP INC	Corporate stock	N/A	N/A	16,975	220,527	189,611
	HELIX ENERGY SOLUTIONS CORP	Corporate stock	N/A	N/A	17,950	92,044	199,245
	HIGHWOOD PROPERTIES INC	Corporate stock	N/A	N/A	10,598	405,642	355,139
	HITACHI LTD	Corporate stock	N/A	N/A	14,450	323,255	763,914
	HOLOGIC INC	Corporate stock	N/A	N/A	7,781	576,053	633,840
	HOMETRUST BANCSHARES INC	Corporate stock	N/A	N/A	3,805	83,459	129,674
	HONDA MOTOR CO LTD	Corporate stock	N/A	N/A	14,467	452,678	459,038
	HOOKER FURNITURE CORP	Corporate stock	N/A	N/A	3,100	67,788	56,048
	HORIZON BANCORP INDIANA	Corporate stock	N/A	N/A	6,515	86,551	101,308
	HOST HOTELS & RESORTS INC	Corporate stock	N/A	N/A	15,346	282,285	270,090
	HOULIHAN LOKEY INC	Corporate stock	N/A	N/A	3,829	564,742	605,059
	HUBBELL INC	Corporate stock	N/A	N/A	1,924	633,125	824,145
	HUBSPOT INC	Corporate stock	N/A	N/A	1,671	598,434	888,304
	HUDSON TECHNOLOGY INC	Corporate stock	N/A	N/A	19,125	214,693	159,503
	HUNTSMAN CORP	Corporate stock	N/A	N/A	15,967	377,175	386,401
	HYATT HOTELS CORP CL A	Corporate stock	N/A	N/A	6,055	403,497	921,571
	ICHOR HOLDINGS LTD	Corporate stock	N/A	N/A	3,425	106,878	108,949
	IDEAYA BIOSCIENCES INC	Corporate stock	N/A	N/A	17,365	723,184	550,123
	IDT CORP CL B COM	Corporate stock	N/A	N/A	3,630	47,384	138,557
	IMAX CORP	Corporate stock	N/A	N/A	7,775	121,041	159,465
	IMMUNOCORE HLDGS	Corporate stock	N/A	N/A	11,491	660,010	357,715
	INARI MED INC	Corporate stock	N/A	N/A	7,529	519,177	310,496
	INDEPENDENT BANK CORP-MASS	Corporate stock	N/A	N/A	5,562	282,272	328,881
	INDEPENDENT BANK CORP-MICHIGAN	Corporate stock	N/A	N/A	7,465	125,925	248,958
	INGEVITY CORP	Corporate stock	N/A	N/A	6,496	300,836	253,344
	INGREDION INC	Corporate stock	N/A	N/A	1,086	100,161	149,249
	INSMED INCORPORATED	Corporate stock	N/A	N/A	7,390	459,061	539,470
	INSPIRED ENTMT INC	Corporate stock	N/A	N/A	18,680	203,738	173,164
	INTUIT	Corporate stock	N/A	N/A	1,858	793,035	1,153,818
	IRHYTHM TECH	Corporate stock	N/A	N/A	4,904	379,539	364,073
	IRIDIUM COMMUNICATIONS INC	Corporate stock	N/A	N/A	11,656	339,660	354,925
	ITT INC	Corporate stock	N/A	N/A	2,856	198,130	427,001
	JABIL INC	Corporate stock	N/A	N/A	2,602	155,614	311,798
	JACKSON FINACIAL INC	Corporate stock	N/A	N/A	8,906	739,908	812,494
	JACOBS SOLUTIONS INC	Corporate stock	N/A	N/A	3,304	377,110	432,494
	JAZZ PHARMACEUTICALS PLC	Corporate stock	N/A	N/A	8,382	960,719	933,839
	JFROG LTD	Corporate stock	N/A	N/A	20,746	433,077	602,464
	KAO CORP	Corporate stock	N/A	N/A	45,811	345,976	455,361
	KB HOME	Corporate stock	N/A	N/A	11,729	753,397	1,005,058
	KDDI CORPORATION UNSPONSORED ADR	Corporate stock	N/A	N/A	9,426	157,980	151,363
	KELLY SERVICES INC CL A	Corporate stock	N/A	N/A	7,560	153,115	161,860
	KERING SA	Corporate stock	N/A	N/A	13,827	558,698	396,365
	KILROY REALTY CORP	Corporate stock	N/A	N/A	8,032	286,193	310,838
	KIMBALL ELECTRONICS INC	Corporate stock	N/A	N/A	7,840	158,437	145,118
	KIRBY CORP	Corporate stock	N/A	N/A	2,792	167,084	341,825

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

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

SEPTEMBER 30, 2024

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							
(a)	(b) Identity of Issuer	Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	KLA CORPORATION	Corporate stock	N/A	N/A	1,549	\$ 630,038	\$ 1,199,561
	KNIGHT SWIFT TRANSN HL INC	Corporate stock	N/A	N/A	17,102	905,012	922,653
	KOPPERS HOLDINGS INC	Corporate stock	N/A	N/A	3,950	150,653	144,294
	KORN/FERRY INTERNATIONAL	Corporate stock	N/A	N/A	4,826	278,717	363,108
	KULICKE & SOFFA INDUSTRIES, INC	Corporate stock	N/A	N/A	5,473	286,270	246,996
	LABCORP HLDGS INC	Corporate stock	N/A	N/A	2,874	553,193	642,282
	LAM RESEARCH CORP	Corporate stock	N/A	N/A	1,394	984,855	1,137,616
	LANDSEA HOMES CORP	Corporate stock	N/A	N/A	13,660	133,651	168,701
	LATTICE SEMICONDUCTOR CORP	Corporate stock	N/A	N/A	11,236	699,354	596,295
	LEAR CORPORATION	Corporate stock	N/A	N/A	2,106	253,666	229,870
	LEIDOS HOLDINGS INC	Corporate stock	N/A	N/A	7,220	1,062,891	1,176,860
	LENNOX INTERNATIONAL INC	Corporate stock	N/A	N/A	1,259	697,849	760,801
	LIBERTY MEDIA CORP	Corporate stock	N/A	N/A	4,018	252,733	311,114
	LINCOLN ELECTRIC HLDS	Corporate stock	N/A	N/A	2,665	533,030	511,733
	LINCOLN NATL CORP IND COM	Corporate stock	N/A	N/A	7,403	202,784	233,269
	LIONS GATE ENTERTAINMENT CL B	Corporate stock	N/A	N/A	22,230	223,707	153,832
	LIVANOVA PLC	Corporate stock	N/A	N/A	5,938	332,139	311,983
	LLOYDS BANKING GROUP PLC	Corporate stock	N/A	N/A	245,775	763,171	766,818
	LOCKHEED MARTIN CORPORATION	Corporate stock	N/A	N/A	1,961	1,024,518	1,146,322
	LOGILITY HOLDINGS INC	Corporate stock	N/A	N/A	16,215	177,488	181,446
	LOUISIANA-PACIFIC CORP	Corporate stock	N/A	N/A	1,513	129,541	162,587
	LYONDELLBASELL INDUSTRIES CL A	Corporate stock	N/A	N/A	1,443	118,706	138,382
	MADRIGAL PHARMACEUTICALS INC	Corporate stock	N/A	N/A	1,492	334,197	316,632
	MANHATTAN ASSOCIATES INC	Corporate stock	N/A	N/A	2,833	710,411	797,150
	MARRIOTT VACATIONS WORLD	Corporate stock	N/A	N/A	4,138	478,474	304,060
	MASCO CORP	Corporate stock	N/A	N/A	3,065	125,346	257,276
	MCKESSON CORP	Corporate stock	N/A	N/A	1,170	283,935	578,471
	MERITAGE HOMES CORPORATION	Corporate stock	N/A	N/A	5,206	985,557	1,067,594
	META PLATFORMS INC	Corporate stock	N/A	N/A	2,286	1,159,012	1,308,598
	METLIFE INC	Corporate stock	N/A	N/A	10,146	595,478	836,842
	MGIC INVESTMENT	Corporate stock	N/A	N/A	16,412	199,571	420,147
	MICROSOFT CORP	Corporate stock	N/A	N/A	2,756	1,118,925	1,185,907
	MISTRAS GROUP INC	Corporate stock	N/A	N/A	13,620	96,212	154,859
	MITEK SYSTEMS INC	Corporate stock	N/A	N/A	12,450	145,000	107,942
	MITSUBISHI ELECTRIC UNSP ADR	Corporate stock	N/A	N/A	16,528	428,834	532,334
	MKS INSTRUMENTS INC	Corporate stock	N/A	N/A	2,428	215,907	263,948
	MODINE MANUFACTURING CO	Corporate stock	N/A	N/A	2,261	217,034	300,238
	MOHAWK INDUSTRIES INC	Corporate stock	N/A	N/A	2,473	292,578	397,362
	MOISON COORS BEVERAGE CO	Corporate stock	N/A	N/A	11,802	735,118	678,851
	MOLINA HEALTHCARE INC	Corporate stock	N/A	N/A	1,812	594,559	624,343
	MONGODB INC	Corporate stock	N/A	N/A	3,233	975,346	874,042
	MUELLER INDUSTRIES INC	Corporate stock	N/A	N/A	10,320	593,629	764,712
	MURPHY OIL CORPORATION	Corporate stock	N/A	N/A	11,608	435,156	391,654
	MURPHY USA INC	Corporate stock	N/A	N/A	3,252	1,229,892	1,602,813
	MYERS INDUSTRIES INC	Corporate stock	N/A	N/A	4,615	92,874	63,779
	NATIONAL FUEL GAS CO	Corporate stock	N/A	N/A	6,189	332,642	375,115
	NATIONAL HEALTHCARE CORP	Corporate stock	N/A	N/A	1,625	110,175	204,376
	NATURAL GROCERS BY VITAMIN C	Corporate stock	N/A	N/A	7,240	104,496	214,956
	NETAPP, INC	Corporate stock	N/A	N/A	10,039	895,147	1,239,917
	NEUROCRINE BIOSCIENCES	Corporate stock	N/A	N/A	6,957	755,412	801,586
	NEW YORK COMMUNITY BANCORP	Corporate stock	N/A	N/A	18,680	200,872	209,776
	NEW YORK TIMES CO CLASS A	Corporate stock	N/A	N/A	17,344	639,076	965,540
	NEWELL BRANDS INC	Corporate stock	N/A	N/A	31,869	260,126	244,754
	NOBLE CORP PLC	Corporate stock	N/A	N/A	3,649	196,941	131,875
	NORDSON CORP	Corporate stock	N/A	N/A	2,994	211,880	786,314
	NORTHEAST BK LEWISTON	Corporate stock	N/A	N/A	2,630	58,599	202,852
	NORTHWEST PIPE CO	Corporate stock	N/A	N/A	6,235	150,051	281,386
	NORWEGIAN CRUISE LINE HLDGLTD	Corporate stock	N/A	N/A	19,674	370,121	403,514
	NOVARTIS AG - ADR [20 ADR'S = 1	Corporate stock	N/A	N/A	3,396	275,350	390,608
	NRG ENERGY INC	Corporate stock	N/A	N/A	3,480	158,030	317,028
	NUCOR CORP	Corporate stock	N/A	N/A	999	110,618	150,190
	NVE CORPORATION	Corporate stock	N/A	N/A	1,275	80,003	101,834
	OASIS PERTOLEUM INC	Corporate stock	N/A	N/A	1,450	105,695	188,834
	OGE ENERGY CORP	Corporate stock	N/A	N/A	6,832	240,155	280,249
	OIL-DRI CORP OF AMERICA	Corporate stock	N/A	N/A	1,330	45,991	91,757
	OPTION CARE HEALTH INC	Corporate stock	N/A	N/A	9,087	315,422	284,423
	ORGANON & CO	Corporate stock	N/A	N/A	29,265	617,161	559,839
	OSHKOSH CORPORATION	Corporate stock	N/A	N/A	5,269	570,627	528,006
	OVINTIV INC	Corporate stock	N/A	N/A	14,938	670,604	572,275
	OWENS CORNING INC	Corporate stock	N/A	N/A	2,485	354,684	438,652
	PACKAGING CORP OF AMERICA	Corporate stock	N/A	N/A	724	79,257	155,950
	PARKER HANNIFAN CORP	Corporate stock	N/A	N/A	416	43,501	262,837
	PARSONS CORP DEL	Corporate stock	N/A	N/A	12,070	1,108,077	1,251,418
	PATRICK INDUSTRIES INC	Corporate stock	N/A	N/A	2,661	341,141	378,847
	PAYCHEX INC	Corporate stock	N/A	N/A	9,022	1,040,056	1,210,662
	PENGUIN SOLUTIONS, INC	Corporate stock	N/A	N/A	8,130	148,986	170,324
	PENTAIR PLC	Corporate stock	N/A	N/A	4,878	247,457	477,020
	PEOPLES BANCORP INC	Corporate stock	N/A	N/A	5,472	147,109	164,652

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

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

SEPTEMBER 30, 2024

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							
(a)	(b) Identity of Issuer	Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	PERFORMANCE FOOD GROUP	Corporate stock	N/A	N/A	4,358	\$ 167,672	\$ 341,536
	PERMIAN RES CORP	Corporate stock	N/A	N/A	16,148	168,830	219,774
	PERRIGO COMPANY PLC	Corporate stock	N/A	N/A	8,984	423,957	235,650
	PFIZER INC	Corporate stock	N/A	N/A	23,072	647,405	667,704
	PHILIP MORRIS INTL INC	Corporate stock	N/A	N/A	4,986	454,972	605,300
	PHILIPS ELECTRONICS N.V.	Corporate stock	N/A	N/A	27,327	507,975	894,139
	PINNACLE WEST CAPITAL CORP	Corporate stock	N/A	N/A	8,072	604,140	715,098
	PLYMOUTH INDUSTRIAL REIT INC	Corporate stock	N/A	N/A	5,820	137,293	131,532
	POST HOLDINGS INC	Corporate stock	N/A	N/A	7,898	745,123	914,194
	POSTAL REALTY TRUST INC	Corporate stock	N/A	N/A	11,885	188,209	173,996
	POWER INTEGRATIONS INC	Corporate stock	N/A	N/A	6,547	222,054	419,794
	PPL CORPORATION	Corporate stock	N/A	N/A	8,499	245,001	281,147
	PREMIER FINANCIAL CORP	Corporate stock	N/A	N/A	6,640	135,951	155,907
	PRESTIGE BRANDS HOLDINGS INC	Corporate stock	N/A	N/A	3,786	228,085	272,971
	PRIMIS FINAN CORP	Corporate stock	N/A	N/A	14,105	188,809	171,799
	PRINCE GEORGE	Corporate stock	N/A	N/A	1,198	108,135	157,190
	PROCORE TECHNOLOGIES	Corporate stock	N/A	N/A	9,669	744,241	596,771
	PROSPERITY BANCSHARES INC	Corporate stock	N/A	N/A	5,112	335,995	368,422
	PROVIDENT FINANCIAL SERVICES	Corporate stock	N/A	N/A	6,526	105,907	121,123
	PRUDENTIAL FINANCIAL INC	Corporate stock	N/A	N/A	6,108	662,609	739,679
	PULTEGROUP INC	Corporate stock	N/A	N/A	6,951	485,176	997,677
	PVH CORP	Corporate stock	N/A	N/A	3,153	228,055	317,917
	QUALCOMM INC	Corporate stock	N/A	N/A	7,054	1,218,303	1,199,533
	QUEST DIAGNOSTICS INC	Corporate stock	N/A	N/A	4,188	595,347	650,187
	RANGER ENERGY SVCS INC.	Corporate stock	N/A	N/A	15,884	188,861	189,178
	REGIONS FINANCIAL CORP	Corporate stock	N/A	N/A	34,084	609,886	795,180
	RELIANCE INC	Corporate stock	N/A	N/A	1,694	302,341	489,922
	RENAISSANCE HOLDINGS LTD	Corporate stock	N/A	N/A	2,618	584,585	713,143
	ROBERT HALF INC	Corporate stock	N/A	N/A	5,111	324,656	344,533
	ROCHE HOLDINGS LTD SPONSORED ADR	Corporate stock	N/A	N/A	5,850	200,059	234,573
	ROYAL CARIBBEAN GROUP	Corporate stock	N/A	N/A	5,496	488,783	974,771
	RYDER SYSTEMS INC	Corporate stock	N/A	N/A	4,135	386,538	602,883
	SAIA INC	Corporate stock	N/A	N/A	869	170,262	379,979
	SALLY BEAUTY CO INC	Corporate stock	N/A	N/A	21,880	228,901	296,912
	SANDOZ GROUP AG	Corporate stock	N/A	N/A	1,290	29,395	53,936
	SANOFI AVENTIS-ADR	Corporate stock	N/A	N/A	11,696	554,295	674,040
	SAREPTA THERAPEUTICS INC	Corporate stock	N/A	N/A	4,949	627,872	618,081
	SCIENTIFIC GAMES CORP	Corporate stock	N/A	N/A	8,127	822,833	737,363
	SECOM CO	Corporate stock	N/A	N/A	21,687	368,999	412,422
	SELECT MEDICAL HOLDINGS CORP	Corporate stock	N/A	N/A	7,407	159,797	258,282
	SENSATA TECHNOLOGIES HLDG PLC	Corporate stock	N/A	N/A	8,598	339,354	308,324
	SHELL PLC (ADR)	Corporate stock	N/A	N/A	15,557	806,422	1,025,984
	SHOE CARNIVAL INC	Corporate stock	N/A	N/A	5,300	100,922	232,405
	SIERRA BANCORP	Corporate stock	N/A	N/A	6,350	136,577	183,388
	SILVERCREST METALS	Corporate stock	N/A	N/A	20,290	121,617	187,683
	SINGAPORE TELECOMMUNICATIONS	Corporate stock	N/A	N/A	15,172	407,223	383,442
	SKYWEST INC	Corporate stock	N/A	N/A	3,739	250,253	317,890
	SM ENERGY CO	Corporate stock	N/A	N/A	10,518	419,941	420,404
	SMART FINANCIAL INC	Corporate stock	N/A	N/A	6,610	148,516	192,615
	SMITH A O CORP	Corporate stock	N/A	N/A	10,300	545,513	925,249
	SNAM RETE GAS-UNSPONSOR ADR	Corporate stock	N/A	N/A	72,914	787,829	743,942
	SNAP-ON INC	Corporate stock	N/A	N/A	908	192,574	263,057
	SONOCO PRODUCTS COM	Corporate stock	N/A	N/A	2,762	151,783	150,888
	SONY CORP SPONSORED ADR	Corporate stock	N/A	N/A	7,116	565,542	687,192
	SOUTH STATE CORP	Corporate stock	N/A	N/A	4,267	314,896	414,667
	SPARTANNASH CO	Corporate stock	N/A	N/A	6,560	136,766	147,010
	SPOK HOLDINGS INC	Corporate stock	N/A	N/A	15,600	157,155	234,936
	SPRINGWORKS THERAPEUTICS INC	Corporate stock	N/A	N/A	16,422	945,394	526,161
	SPROUTS FMRS MKT INC	Corporate stock	N/A	N/A	4,091	390,399	451,687
	SSE PLC	Corporate stock	N/A	N/A	31,061	589,265	784,539
	STANDARD MOTOR PRODUCTS INC	Corporate stock	N/A	N/A	5,520	218,873	183,264
	STATE STREET CORP	Corporate stock	N/A	N/A	9,084	667,079	803,661
	STEEL DYNAMICS INC	Corporate stock	N/A	N/A	1,252	73,077	157,852
	STEVEN MADDEN LTD	Corporate stock	N/A	N/A	4,179	144,068	204,729
	STIFEL FINANCIAL CORP	Corporate stock	N/A	N/A	9,175	628,071	861,533
	SUMMIT MATERIALS INC CL-A	Corporate stock	N/A	N/A	7,038	283,431	274,693
	SYNAPTICS INC	Corporate stock	N/A	N/A	3,632	333,082	281,771
	SYNCHRONY FINANCIAL	Corporate stock	N/A	N/A	15,108	485,663	753,587
	SYNNEX CORP	Corporate stock	N/A	N/A	2,550	283,261	306,204
	SYNOVUS FINANCIAL CORP	Corporate stock	N/A	N/A	16,447	598,492	731,398
	TAIWAN SEMICONDUCTOR	Corporate stock	N/A	N/A	1,377	62,516	239,144
	TAKEDA PHARMACEUTICAL SP ADR	Corporate stock	N/A	N/A	22,915	482,786	325,851
	TAPESTRY INC	Corporate stock	N/A	N/A	18,939	705,089	889,754
	TAYLOR MORRISON HOME CORP	Corporate stock	N/A	N/A	15,200	878,871	1,067,952
	TENET HEALTHCARE CORP	Corporate stock	N/A	N/A	6,231	514,204	1,035,592
	TEREX CORP	Corporate stock	N/A	N/A	4,606	257,341	243,703
	TESCO PLC	Corporate stock	N/A	N/A	29,869	318,282	431,129
	TETRA TECH INC	Corporate stock	N/A	N/A	35,025	132,305	108,578

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

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

SEPTEMBER 30, 2024

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							
(a)	(b) Identity of Issuer	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	TEXAS ROADHOUSE CLASS A	Corporate stock	N/A	N/A	3,554	\$ 602,309	\$ 627,636
	TEXTRON INC	Corporate stock	N/A	N/A	16,915	1,543,103	1,498,331
	THE CIGNA GROUP	Corporate stock	N/A	N/A	1,722	435,227	596,570
	THE SHYFT GROUP INC	Corporate stock	N/A	N/A	11,570	245,140	145,204
	TIMKEN CO	Corporate stock	N/A	N/A	2,987	241,530	251,774
	T-MOBILE US INC	Corporate stock	N/A	N/A	1,377	148,453	284,158
	TOLL BROTHERS INC	Corporate stock	N/A	N/A	6,652	525,563	1,027,667
	TOPBUILD CORP	Corporate stock	N/A	N/A	1,838	327,747	747,717
	TOTAL ENERGIES	Corporate stock	N/A	N/A	6,467	354,191	417,898
	TOYOTA INDUSTRIES	Corporate stock	N/A	N/A	5,965	353,199	459,758
	TRANSDIGM GROUP INC	Corporate stock	N/A	N/A	834	828,749	1,190,226
	TRINET GROUP INC	Corporate stock	N/A	N/A	2,472	267,711	239,710
	TURNING PT BRANDS INC	Corporate stock	N/A	N/A	6,430	144,615	277,455
	TUTOR PERINI CORP	Corporate stock	N/A	N/A	7,415	78,076	201,391
	TYLER TECHNOLOGIES INC	Corporate stock	N/A	N/A	2,677	971,413	1,562,618
	UGI CORP NEW	Corporate stock	N/A	N/A	23,682	707,450	592,524
	UNITED FIRE GROUP INC	Corporate stock	N/A	N/A	6,435	156,701	134,685
	UNITED OVERSEAS BANK LTD SP ADR	Corporate stock	N/A	N/A	14,103	484,902	707,787
	UNITED PARCEL SERVICE	Corporate stock	N/A	N/A	1,871	241,703	255,092
	UNITED RENTALS INC	Corporate stock	N/A	N/A	340	58,171	275,308
	UNITED THERAPEUTICS CORP	Corporate stock	N/A	N/A	2,791	687,435	1,000,155
	UNITIL CORP	Corporate stock	N/A	N/A	3,990	196,973	241,714
	UNIVERSAL STAINLESS & ALLOY	Corporate stock	N/A	N/A	5,675	82,078	219,225
	UNUM GROUP	Corporate stock	N/A	N/A	17,952	771,155	1,067,067
	UPM KYMMENE OYJ	Corporate stock	N/A	N/A	2,750	88,614	92,290
	VAALCO ENERGY INC	Corporate stock	N/A	N/A	16,910	82,649	97,063
	VALLEY NATIONAL BANCORP	Corporate stock	N/A	N/A	33,845	275,668	306,636
	VALVOLINE INC	Corporate stock	N/A	N/A	8,306	325,508	347,606
	VERITEX HLDGS INC	Corporate stock	N/A	N/A	11,671	225,820	307,181
	VERIZON COMMUNICATIONS	Corporate stock	N/A	N/A	6,558	291,965	294,520
	VERRA MOBILITY CORP	Corporate stock	N/A	N/A	16,637	467,174	462,675
	VICTORIA'S SECRET & CO	Corporate stock	N/A	N/A	10,851	263,951	278,871
	VIKING THERAPEUTICS INC	Corporate stock	N/A	N/A	3,624	231,885	229,435
	VINCI SA UNSPONS ADR	Corporate stock	N/A	N/A	10,372	302,779	303,713
	VISHAY PRECISION GROUP INC	Corporate stock	N/A	N/A	5,625	174,746	145,688
	VISTEON CORP	Corporate stock	N/A	N/A	2,778	266,287	264,577
	VISTRA	Corporate stock	N/A	N/A	3,570	109,423	423,188
	VONTIER CORP	Corporate stock	N/A	N/A	7,591	238,966	256,120
	VOYA FINANCIAL INC	Corporate stock	N/A	N/A	3,492	148,106	276,636
	WAFD INC	Corporate stock	N/A	N/A	3,131	112,427	109,115
	WATERSTONE FINANCIAL INC	Corporate stock	N/A	N/A	7,360	131,320	108,192
	WAYSIDE TECHNOLOGY GROUP INC	Corporate stock	N/A	N/A	1,280	57,584	127,411
	WELLS FARGO CO	Corporate stock	N/A	N/A	13,137	527,700	742,109
	WESCO INTERNATIONAL INC	Corporate stock	N/A	N/A	1,671	241,340	280,695
	WESTERN UNION CO	Corporate stock	N/A	N/A	51,619	633,654	615,815
	WESTLAKE CORP	Corporate stock	N/A	N/A	979	85,737	147,134
	WH GROUP LTD SPON ADR	Corporate stock	N/A	N/A	26,804	430,252	425,138
	WHITSTONE REIT	Corporate stock	N/A	N/A	19,000	211,210	257,070
	WINGSTOP INC	Corporate stock	N/A	N/A	3,454	604,848	1,437,140
	WINTRUST FINANCIAL CORP	Corporate stock	N/A	N/A	5,886	550,139	638,808
	WP CAREY INC	Corporate stock	N/A	N/A	5,473	315,987	340,968
	WPP PLC	Corporate stock	N/A	N/A	8,957	603,045	458,240
	XCEL ENERGY INC	Corporate stock	N/A	N/A	4,334	274,758	283,010
	XENON PHARMACEUTICALS INC.	Corporate stock	N/A	N/A	7,512	315,962	295,747
	ZIONS BANCORP	Corporate stock	N/A	N/A	16,146	649,451	762,414
	Total corporate stocks - line 1c(4)(B)					<u>169,300,916</u>	<u>207,018,161</u>
	Limited partnerships						
	American Core Realty Fund	Limited partnership	N/A	N/A	N/A	56,539,552	59,105,306
	CK Opportunities Offshore Fund, LP	Limited partnership	N/A	N/A	N/A	7,599,104	9,356,891
	Corbin Erisa Opportunity Fund, LP	Limited partnership	N/A	N/A	N/A	11,787,279	20,990,383
	Grosvenor Institutional Partners, LP	Limited partnership	N/A	N/A	N/A	30,500,000	67,514,256
	INVESCO VENTURE ALPHA FUND II, LP	Limited partnership	N/A	N/A	N/A	5,454,017	7,144,545
	JP MORGAN IIF ERISA LP	Limited partnership	N/A	N/A	N/A	7,000,000	8,201,194
	Labor Impact Feeder Fund, LP	Limited partnership	N/A	N/A	N/A	2,553,429	4,642,502
	Private Advisors Small Company Buyout V-ERISA	Limited partnership	N/A	N/A	N/A	3,673,671	3,535,834
	Private Advisors Small Company Private Equity Fund VIII, LP	Limited partnership	N/A	N/A	N/A	7,806,107	9,591,893
	Vintage VIII Offshore SCSP	Limited partnership	N/A	N/A	N/A	3,827,002	6,725,506
	White Oak Pinnacle Fund, LP	Limited partnership	N/A	N/A	N/A	3,857,044	2,977,170
	Total limited partnerships - line 1c(5)					<u>140,597,205</u>	<u>199,785,480</u>
	Land and building						
	Land and building in Burr Ridge, Illinois	Land and building	N/A	N/A	N/A	4,480,000	4,480,000
	Total land and building - line 1c(6)					<u>4,480,000</u>	<u>4,480,000</u>

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

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

SEPTEMBER 30, 2024

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

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value			(d) Cost	(e) Current Value	
		Description	Maturity Date	Rate of Interest			Number of Shares or Par/Maturity Value
	Pooled separate account						
	ULLICO SEPERATE ACCOUNT J	Pooled separate account	N/A	N/A	1,104,408	\$ 18,672,524	\$ 20,565,129
	Total pooled separate account - line 1c(10)					<u>18,672,524</u>	<u>20,565,129</u>
	Common collective trusts						
	ASB ALLEGIANCE CHEVY CHASE TRUST	Common collective trusts	N/A	N/A	N/A	16,637,625	10,905,864
	INVESCO INTERNATIONAL GROWTH TRUST CLASS I	Common collective trusts	N/A	N/A	N/A	10,101,430	17,017,982
	L&G MSCI ACWI ex US Index	Common collective trusts	N/A	N/A	N/A	16,249,483	25,675,448
	L&G S&P 500 Index	Common collective trusts	N/A	N/A	N/A	66,983,056	107,434,673
	LOOMIS SAYLES LARGE CAP GROWTH TRUST	Common collective trusts	N/A	N/A	N/A	53,238,437	89,048,544
	NIS CORE FIXED INCOME FUND	Common collective trusts	N/A	N/A	N/A	105,334,424	120,649,346
	NIS INTERMEDIATE FIXED INCOME FUND	Common collective trusts	N/A	N/A	N/A	43,504,208	50,226,218
	RAINIER INTL SMALL CAP EQ CIT FD CL A	Common collective trusts	N/A	N/A	N/A	<u>10,000,000</u>	<u>13,878,886</u>
	Total common collective trusts - line 1c(9)					<u>322,048,663</u>	<u>434,836,961</u>
	Total assets (held at end of year) - at fair value					<u>\$ 751,020,533</u>	<u>\$ 967,346,445</u>
	Investments at contract value					Cost	Current Value
	Insurance company contract						
	UNITED OF OMAHA					\$ 2,253,005	\$ 2,253,005
	Total insurance company contracts - line 1c(14)					<u>\$ 2,253,005</u>	<u>\$ 2,253,005</u>



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

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED SEPTEMBER 30, 2024

SCHEDULE H, PART IV, LINE 4(i)

EIN 36-6513567
PLAN NO. 001

<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Fair Value of Asset at Transaction Date</u>	<u>Net Gain or (Loss)</u>
Goldman Financial Square Govt-A Fd# 465	\$ 106,698,116	\$ -	\$ 106,698,116	\$ 106,698,116	\$ -
Goldman Financial Square Govt-A Fd# 465	-	92,244,647	92,244,647	92,244,647	-

Schedule MB, line 6 – Summary of Plan Provisions

Our valuation of the Local No. 731, I.B. of T., Pension Fund (“Plan”) is based on the plan provisions as of October 1, 2023 as summarized below. This summary has been prepared for valuation purposes only. It outlines the major plan provisions used to perform the actuarial valuation.

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

Private Scavengers & Garage Attendants

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

1. Participation

The date on which an employee completes an hour of service under covered employment

2. Plan Year

October 1 through September 30

3. Week of Service

Each week for which a weekly employer contribution is required to be made

4. Year of Vesting Service

Plan year with at least 22 weeks of service (weeks worked plus additional weeks for vacation, etc.)

5. Pension Credits

Pension credit is earned during each plan year according to the following schedule:

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

6. Break in Service

Plan year with less than 500 hours of service

7. Normal Retirement Age

Age 65, or if later, date participant becomes 100% vested or years of plan participation

8. Normal Retirement Pension

Eligibility

Age 65 with 5 years of vesting service;

Monthly Amount

Scavenger Employees

\$170.84 per Pension Credit for first 24 Pension Credits, and \$75 per Pension Credit in excess of first 24 Pension Credits.

Garage Attendant Employees

\$52 per Pension Credit, maximum \$1,040. Payable for life with 60 months guaranteed.

9. Early Retirement Pension (Reduced)

Eligibility

Age 55 with 10 Pension Credits

Monthly Amount

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

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

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

10. Early Retirement Pension (Unreduced)

Eligibility

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

Monthly Amount

Same as Normal Retirement Pension

11. Optional Forms of Pension

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

12. Disability Pension

Eligibility

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

Monthly Amount

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

13. Vested Benefit

Eligibility

5 years of vesting service

Monthly Amount

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

14. Death Benefit

a. Pre-Retirement Survivor Annuity

Eligibility

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

Monthly Amount

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

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

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

b. Pre-Retirement 60-Month Death Benefit

Eligibility

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

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

Monthly Amount

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

15. Changes in Plan Provisions

None.

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

Textile Maintenance & Laundry Craft

1. Participation

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

2. Plan Year and Pension Credit Year

January 1 through December 31

4. Week of Service

Each week for which a weekly employer contribution is required to be made

5. Year of Vesting Service

Plan year with at least 22 weeks of service (weeks worked plus additional weeks for vacation, etc.)

6. Break in Service

Plan year with less than 500 hours of service or 11 weeks of covered employment

7. Normal Retirement Age

Age 65, or if later, date participant becomes 100% vested or five years of plan participation

8. Optional Forms of Pension

- Joint and 50% Survivor Annuity with pop-up
- Joint and 75% Survivor Annuity

9. Pop-Up Feature

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

10. Pension Credits

Pension credit is earned during each Plan year according to the following schedule:

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

11. Normal Retirement Pension

Eligibility

Age 65 with 5 years of vesting service

Monthly Amount

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

12. Early Retirement Pension

Eligibility

Age 58 with 15 Pension Credits

Monthly Amount

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

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

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

13. Disability Pension

Eligibility

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

Monthly Amount

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

14. Vested Benefit

Eligibility

Five years of vesting service.

Monthly Amount

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

15. Pre-Retirement Death Benefit

Eligibility

Death of participant with at least 15 Pension Credits:

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

Monthly Amount

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

16. Changes in Plan Provisions

None.

Plan Name: Local No. 731, I.B. of T., Pension Fund
 Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
 Attachment to 2023 Form 5500 Schedule MB

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

Employer Contributions

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

<u>Private Scavengers</u>		<u>Garage Attendants</u>		<u>Textile Maintenance</u>	
<u>Date</u>	<u>Contribution Rate</u>	<u>Date</u>	<u>Contribution Rate</u>	<u>Date</u>	<u>Contribution Rate</u>
10/1/1996	\$51.00	8/1/1996	\$15.00		
10/1/1997	\$53.00	8/1/1997	\$16.00		
10/1/1998	\$61.00	8/1/1998	\$17.00		
10/1/2000	\$67.00	8/1/2000	\$18.00		
10/1/2003	\$75.00	8/1/2003	\$19.00		
10/1/2004	\$79.00	8/1/2004	\$19.00		
10/1/2005	\$93.00	8/1/2005	\$20.00		
10/1/2006	\$115.00	8/1/2006	\$23.00		
10/1/2007	\$135.00	8/1/2007	\$27.00		
10/1/2008	\$145.00	8/1/2008	\$32.00		
10/1/2009	\$167.00	8/1/2009	\$37.00	5/1/2009	\$85.00
10/1/2010	\$189.00	8/1/2010	\$37.00	5/1/2010	\$94.00
10/1/2011	\$222.20	8/1/2011	\$37.00	5/1/2011	\$103.00
10/1/2012	\$252.20	8/1/2012	\$39.00	5/1/2012	\$128.00
10/1/2013	\$278.20	8/1/2013	\$42.00	5/1/2013	\$143.00
10/1/2014	\$300.20	8/1/2014	\$42.00	5/1/2014	\$158.00
10/1/2015	\$318.20	8/1/2015	\$48.00	5/1/2015	\$173.00
10/1/2016	\$318.20	8/1/2016	\$51.00	5/1/2016	\$188.00
10/1/2017	\$324.20	8/1/2017	\$54.00	5/1/2017	\$203.00
10/1/2018	\$324.20	8/1/2018	\$54.00	5/1/2018	\$218.00
10/1/2019	\$332.20	8/1/2019	\$56.00	5/1/2019	\$218.00
10/1/2020	\$340.20	8/1/2020	\$56.00	5/1/2020	\$233.00
10/1/2021	\$348.20	8/1/2021	\$58.00	5/1/2021	\$233.00
10/1/2022	\$382.20	8/1/2022	\$62.00	5/1/2022	\$233.00
10/1/2023	\$422.20	8/1/2023	\$66.00	5/1/2023	\$233.00



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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2024

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

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	Description	(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value			(d) Cost	(e) Current Value
			Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value		
	Short-term investment fund						
	GOLDMAN FINANCIAL SQUARE GOVT-A FD#465	Short-term investment	N/A	N/A	N/A	\$ 56,840,288	\$ 56,840,288
	Total short-term investment fund - line 1(c)1					56,840,288	56,840,288
	Corporate obligations						
	FORD MOTOR CREDIT CO LLC	Corporate obligation	11/01/24	4.063%	1,170,000	1,196,466	1,168,666
	WESTERN MIDSTREAM OPERAT	Corporate obligation	02/01/25	3.600%	1,055,000	1,069,675	1,046,191
	STARWOOD PROPERTY TRUST INC	Corporate obligation	03/15/25	4.750%	1,098,000	1,142,882	1,092,477
	CDW LLC/CDW FINANCE	Corporate obligation	05/01/25	4.125%	1,195,000	1,169,473	1,185,165
	ENLINK MIDSTREAM PARTNER	Corporate obligation	06/01/25	4.150%	1,070,000	1,033,453	1,060,766
	GLP CAPITAL LP / FIN II	Corporate obligation	06/01/25	5.250%	500,000	530,417	499,600
	DCP MIDSTREAM OPERATING	Corporate obligation	07/15/25	5.375%	206,000	221,369	206,511
	CHARTER COMM OPT LLC/CAP	Corporate obligation	07/23/25	4.908%	1,175,000	1,180,100	1,173,061
	PENSKE AUTOMOTIVE GROUP INC	Corporate obligation	09/01/25	3.500%	1,075,000	1,099,506	1,057,015
	NEW FORTRESS ENERGY INC	Corporate obligation	09/15/25	6.750%	350,000	346,773	335,899
	WYNDHAM WORLDWIDE CORP	Corporate obligation	10/01/25	6.600%	505,000	525,823	510,080
	SLM CORP	Corporate obligation	10/29/25	4.200%	450,000	461,639	444,915
	CROWN AMER/CAP CORP VI	Corporate obligation	02/01/26	4.750%	1,205,000	1,214,825	1,200,987
	WESTERN DIGITAL CORP	Corporate obligation	02/15/26	4.750%	1,070,000	1,161,082	1,064,907
	ALBERTSONS COS/SAFEWAY	Corporate obligation	03/15/26	3.250%	550,000	541,398	531,834
	SPRINGLEAF FINANCE CORP	Corporate obligation	03/15/26	7.125%	80,000	81,280	81,739
	TEGNA INC	Corporate obligation	03/15/26	4.750%	20,000	20,000	19,742
	GLP CAPITAL LP / FIN II	Corporate obligation	04/15/26	5.375%	580,000	578,358	582,337
	PRIME SEC SVCS BRW/FINANCE	Corporate obligation	04/15/26	5.750%	435,000	432,281	437,023
	ICAHN ENTERPRISES	Corporate obligation	05/15/26	6.250%	735,000	716,063	729,267
	UNDER ARMOUR INC	Corporate obligation	06/15/26	3.250%	1,130,000	1,160,853	1,092,439
	SABRA HEALTH CARE LP	Corporate obligation	08/15/26	5.125%	1,165,000	1,109,636	1,171,536
	SIRIUS XM RADIO INC	Corporate obligation	09/01/26	3.125%	455,000	430,637	439,371
	NEW FORTRESS ENERGY INC	Corporate obligation	09/30/26	6.500%	30,000	28,383	25,214
	TEVA PHARMACEUTICALS NE	Corporate obligation	10/01/26	3.150%	700,000	626,175	672,868
	SLM CORP	Corporate obligation	11/02/26	3.125%	710,000	686,931	683,212
	VICI PROPERTIES	Corporate obligation	12/01/26	4.250%	220,000	227,506	217,881
	ONEMAIN FINANCE CORP	Corporate obligation	01/15/27	3.500%	900,000	825,714	860,256
	GGAM FINANCE LTD GGAM FINANCE	Corporate obligation	02/15/27	8.000%	413,000	420,665	431,560
	SBA COMMUNICATIONS CORP	Corporate obligation	02/15/27	3.875%	1,240,000	1,265,772	1,208,417
	AECOM AECOM	Corporate obligation	03/15/27	5.125%	1,190,000	1,161,643	1,195,177
	HILTON WORLDWIDE FIN LLC	Corporate obligation	04/01/27	4.875%	1,180,000	1,212,042	1,176,554
	WYNDHAM WORLDWIDE CORP	Corporate obligation	04/01/27	6.000%	520,000	503,161	526,516
	SUNOCO LP/FINANCE CORP	Corporate obligation	04/15/27	6.000%	1,200,000	1,244,539	1,204,200
	TEVA PHARMACEUTICALS NE	Corporate obligation	05/09/27	4.750%	270,000	259,114	266,247
	ICAHN ENTERPRISES	Corporate obligation	05/15/27	5.250%	445,000	412,756	426,448
	UNITED RENTALS NORTH AM	Corporate obligation	05/15/27	5.500%	1,026,000	1,044,232	1,026,964
	CENTURY COMMUNITIES INC	Corporate obligation	06/01/27	6.750%	765,000	768,889	772,405
	CLEVELAND CLIFFS INC	Corporate obligation	06/01/27	5.875%	1,110,000	1,108,324	1,112,486
	BOYD GAMING CORP	Corporate obligation	10/01/27	4.750%	1,170,000	1,109,827	1,156,931
	TENET HEALTHCARE CORP	Corporate obligation	11/01/27	5.125%	580,000	570,150	577,790
	TELEFLEX INC	Corporate obligation	11/15/27	4.625%	1,250,000	1,186,098	1,232,613
	MURPHY OIL CORPORATION	Corporate obligation	12/01/27	5.875%	260,000	257,057	263,172
	CENTENE CORP	Corporate obligation	12/15/27	4.250%	1,120,000	1,047,622	1,100,210
	SERVICE CORP INTL	Corporate obligation	12/15/27	4.625%	870,000	821,133	858,438
	SILGAN HOLDINGS INC	Corporate obligation	02/01/28	4.125%	1,210,000	1,095,140	1,179,460
	LAMAR MEDIA CORP	Corporate obligation	02/15/28	3.750%	1,131,000	1,034,754	1,084,923
	VICI PROPERTIES	Corporate obligation	02/15/28	4.750%	445,000	429,612	446,802
	TEVA PHARMACEUTICALS NE	Corporate obligation	03/01/28	6.750%	170,000	171,275	177,189
	CLEARWAY ENERGY	Corporate obligation	03/15/28	4.750%	45,000	44,156	44,161
	TEGNA INC	Corporate obligation	03/15/28	4.625%	1,188,000	1,075,369	1,133,613
	XPO INC	Corporate obligation	06/01/28	6.250%	45,000	45,338	45,986
	CARPENTER TECHNOLOGY	Corporate obligation	07/15/28	6.375%	590,000	587,388	593,924
	TRANSDIGM INC	Corporate obligation	08/15/28	6.750%	115,000	116,725	118,344
	ONEMAIN FINANCE CORP	Corporate obligation	09/15/28	3.875%	95,000	87,816	88,070
	PARK INTERMED HOLDINGS OTHER REITS B CLASS	Corporate obligation	10/01/28	5.875%	90,000	88,425	89,855
	H.B. FULLER CO	Corporate obligation	10/15/28	4.250%	325,000	301,381	311,662
	TALLGRASS NRG PRTRN/FIN	Corporate obligation	02/15/29	7.375%	45,000	45,212	45,566
	TRANSDIGM INC	Corporate obligation	03/01/29	6.375%	360,000	360,000	371,945
	WESCO DISTRIBUTION INC WESCO	Corporate obligation	03/15/29	6.375%	40,000	41,275	41,333
	PHINIA INC PHINIA INC	Corporate obligation	04/15/29	6.750%	210,000	216,382	216,766
	AMERICAN AIRLINES	Corporate obligation	04/20/29	5.750%	450,000	444,040	449,258
	GXO LOGISTICS INC	Corporate obligation	05/06/29	6.250%	510,000	509,953	536,495
	TENET HEALTHCARE CORP	Corporate obligation	06/01/29	4.250%	550,000	508,394	530,250
	BRINK'S COMPANY BRINKS CO	Corporate obligation	06/15/29	6.500%	170,000	175,845	176,101
	HERC HOLDINGS, INC	Corporate obligation	06/15/29	6.625%	100,000	101,375	103,556
	NMI HOLDINGS INC	Corporate obligation	08/15/29	6.000%	1,135,000	1,130,066	1,166,110
	GENTING NY LLC	Corporate obligation	10/01/29	7.250%	290,000	290,788	292,510
	ENCOMPASS HEALTH CORPORATION	Corporate obligation	02/01/30	4.750%	460,000	448,506	449,460
	Total corporate obligations - line 1c(3)(B)					43,560,937	43,820,426



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

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

SEPTEMBER 30, 2024

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

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	Corporate stocks						
	ABBVIE INC	Corporate stock	N/A	N/A	3,270	\$ 390,894	\$ 645,760
	ABERCROMBIE & FITCH CLASS A	Corporate stock	N/A	N/A	6,663	763,203	932,154
	ACCO BRANDS CORP	Corporate stock	N/A	N/A	27,450	192,115	150,152
	ACCURAY INC	Corporate stock	N/A	N/A	78,425	213,096	141,165
	ACI WORLDWIDE INC	Corporate stock	N/A	N/A	12,277	300,502	624,899
	ACUIITY BRANDS (HOLDING COMPANY)	Corporate stock	N/A	N/A	993	125,081	273,462
	AGCO CORPORATION	Corporate stock	N/A	N/A	2,524	224,052	246,999
	AGNC INVT CORP	Corporate stock	N/A	N/A	29,719	321,216	310,861
	ALERUS FINANCIAL	Corporate stock	N/A	N/A	838	18,578	19,173
	ALIGHT INC	Corporate stock	N/A	N/A	33,572	328,690	248,433
	ALLIANZ SE	Corporate stock	N/A	N/A	24,148	479,447	795,025
	ALLISON TRANSMISSION HOLDING	Corporate stock	N/A	N/A	2,823	113,482	271,206
	ATI INC	Corporate stock	N/A	N/A	5,439	239,015	363,923
	AXT INC	Corporate stock	N/A	N/A	9,720	57,456	23,522
	3M COMPANY	Corporate stock	N/A	N/A	1,812	207,388	247,700
	ADR IMPERIAL BRANDS	Corporate stock	N/A	N/A	29,124	657,534	848,877
	ADR KONINKLIJKE AHOLD N.V.	Corporate stock	N/A	N/A	6,430	193,934	222,677
	ADR MONDI LLC	Corporate stock	N/A	N/A	8,327	449,860	317,434
	AERCAP HOLDINGS NV	Corporate stock	N/A	N/A	8,514	819,603	806,446
	ALLY FINANCIAL INC	Corporate stock	N/A	N/A	22,999	962,472	818,534
	ALPHABET INC CL A	Corporate stock	N/A	N/A	7,091	1,252,390	1,176,042
	ALPINE INCOME PROPERTY TR	Corporate stock	N/A	N/A	1,630	31,053	29,666
	ALTA EQUIP GROUP INC	Corporate stock	N/A	N/A	7,365	81,804	49,640
	ALTISSOURCE PORT SOLUTIONS	Corporate stock	N/A	N/A	22,042	81,331	26,450
	AMCOR PLC	Corporate stock	N/A	N/A	12,499	138,081	141,614
	AMDOCS LTD	Corporate stock	N/A	N/A	18,318	1,559,986	1,602,459
	AMERANT BANCORP	Corporate stock	N/A	N/A	5,550	145,445	118,604
	AMERICAN EAGLE OUTFITTERS	Corporate stock	N/A	N/A	12,152	255,846	272,083
	AMERICAN FINANCIAL GROUP INC	Corporate stock	N/A	N/A	1,839	228,483	247,529
	AMERICAN PUBLIC EDUCATION	Corporate stock	N/A	N/A	9,590	81,495	141,453
	AMERIPRISE FINANCIAL INC	Corporate stock	N/A	N/A	1,718	354,692	807,134
	AMERISAFE INC	Corporate stock	N/A	N/A	2,535	129,276	122,517
	AMICUS THERAPEUTICS	Corporate stock	N/A	N/A	40,771	568,737	435,434
	AMPHENOL CORP	Corporate stock	N/A	N/A	18,385	1,165,724	1,197,967
	AMPLIFY ENERGY CORP	Corporate stock	N/A	N/A	20,465	136,478	133,636
	ANNALY CAPITAL MANAGEMENT	Corporate stock	N/A	N/A	18,448	325,286	370,251
	ANTERO RESOURCES CORP	Corporate stock	N/A	N/A	7,187	199,970	205,908
	APELLIS PHARMACEUTICALS INC	Corporate stock	N/A	N/A	18,149	906,734	523,417
	APPLE INC	Corporate stock	N/A	N/A	5,373	649,354	1,251,909
	APPLIED INDUSTRIAL TECH INC	Corporate stock	N/A	N/A	1,611	317,962	359,462
	APPLIED MATERIALS INC	Corporate stock	N/A	N/A	6,179	863,401	1,248,467
	ARDMORE SHIPPING CORP	Corporate stock	N/A	N/A	7,400	126,730	133,940
	ARGENX SE	Corporate stock	N/A	N/A	2,227	463,501	1,207,212
	ARISTA NETWORKS INC	Corporate stock	N/A	N/A	3,432	423,577	1,317,270
	ARTESIAN RESOURCES	Corporate stock	N/A	N/A	5,060	227,921	188,131
	ARTISAN PARTNERS ASSETS	Corporate stock	N/A	N/A	5,695	248,243	246,707
	ASSURANT INC	Corporate stock	N/A	N/A	1,340	225,481	266,472
	ATKORE INTERNATIONAL GROUP I	Corporate stock	N/A	N/A	2,751	324,327	233,120
	ATLANTIC UNION BANKSHARES CORP	Corporate stock	N/A	N/A	7,772	283,013	292,771
	AUTOLIV INC	Corporate stock	N/A	N/A	2,393	172,068	223,434
	AVANOS MEDICAL INC	Corporate stock	N/A	N/A	5,675	119,819	136,370
	AVIDITY BIOSCIENCES INC	Corporate stock	N/A	N/A	5,416	241,023	248,757
	AVIENT CORPORATION	Corporate stock	N/A	N/A	8,673	439,480	436,425
	B&G FOODS INC	Corporate stock	N/A	N/A	8,500	119,831	75,480
	BAKER HUGHES A GE CO	Corporate stock	N/A	N/A	12,436	339,872	449,561
	BANC OF CALIFORNIA INC	Corporate stock	N/A	N/A	12,130	183,350	178,675
	BANCO SANTANDER SA-SPON ADR	Corporate stock	N/A	N/A	152,304	637,715	776,750
	BANK OF OZK	Corporate stock	N/A	N/A	7,097	316,150	305,100
	BAR HARBOR BANKSHARES	Corporate stock	N/A	N/A	3,300	80,072	101,772
	BARRETT BUSINESS SVCS INC	Corporate stock	N/A	N/A	6,500	106,313	243,815
	BEAZER HOMES USA INC	Corporate stock	N/A	N/A	5,200	127,940	177,684
	BELDEN INC.	Corporate stock	N/A	N/A	2,486	139,148	291,185
	BENCHMARK ELECTRONICS INC	Corporate stock	N/A	N/A	5,105	135,564	226,254
	BERRY GLOBAL GROUP INC	Corporate stock	N/A	N/A	2,193	118,894	149,080
	BIOGEN INC	Corporate stock	N/A	N/A	3,080	765,956	597,027
	BJS WHOLESALE CLUB HOLDINGS	Corporate stock	N/A	N/A	2,980	200,608	245,790
	BLOOMIN BRANDS INC.	Corporate stock	N/A	N/A	13,515	311,805	223,403
	BOISE CASCADE CO DEL	Corporate stock	N/A	N/A	1,987	212,822	280,127
	BOOZ ALLEN HAMILTON HOLDINGS	Corporate stock	N/A	N/A	7,187	783,362	1,169,756
	BORGWARNER INC	Corporate stock	N/A	N/A	7,676	256,482	278,562
	BOUYGUES	Corporate stock	N/A	N/A	76,137	511,011	510,879
	BP AMOCO PLC	Corporate stock	N/A	N/A	29,284	1,019,668	919,225
	BRAZE INC-A	Corporate stock	N/A	N/A	10,384	574,029	335,819
	BRIDGEWATER BANCSHARES INC	Corporate stock	N/A	N/A	5,985	75,817	84,807
	BRINK'S COMPANY	Corporate stock	N/A	N/A	5,937	528,931	686,555
	BRISTOL MYERS SQUIBB CO	Corporate stock	N/A	N/A	12,636	604,937	653,787
	BRITISH AMERICAN TOB-SP ADR	Corporate stock	N/A	N/A	4,037	156,232	147,673

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

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

SEPTEMBER 30, 2024

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							
(a)	(b) Identity of Issuer	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	BRUNSWICK CORP	Corporate stock	N/A	N/A	3,103	\$ 181,554	\$ 260,093
	BUILDERS FIRSTSOURCE INC	Corporate stock	N/A	N/A	2,496	333,261	483,875
	BWX TECHNOLOGIES INCORPORATED	Corporate stock	N/A	N/A	12,473	778,964	1,355,815
	CABOT CORP	Corporate stock	N/A	N/A	2,350	240,061	262,660
	CACTUS INC	Corporate stock	N/A	N/A	4,952	192,574	295,486
	CADENCE DESIGN SYSTEMS INC	Corporate stock	N/A	N/A	4,313	465,478	1,168,952
	CAESARS ENTMT INC NEW	Corporate stock	N/A	N/A	9,096	431,923	379,667
	CALIFORNIA RESOURCES CORP	Corporate stock	N/A	N/A	3,662	198,812	192,145
	CAMDEN PROPERTY TRUST SHARES BENEFICIAL INTEREST	Corporate stock	N/A	N/A	3,362	361,188	415,308
	CARDINAL HEALTH INC	Corporate stock	N/A	N/A	5,542	621,232	612,502
	CARLISLE COS INC	Corporate stock	N/A	N/A	619	91,637	278,395
	CASEY'S GENERAL STORES INC	Corporate stock	N/A	N/A	3,233	867,275	1,214,670
	CASS INFORMATION SYSTEMS INC	Corporate stock	N/A	N/A	4,410	156,609	182,927
	CECO ENVIRONMENTAL CORP	Corporate stock	N/A	N/A	3,265	44,695	92,073
	CENCORA INC	Corporate stock	N/A	N/A	2,663	359,705	599,388
	CENTENE CORP	Corporate stock	N/A	N/A	8,117	638,038	611,048
	CF INDUSTRIES HOLDINGS INC	Corporate stock	N/A	N/A	1,757	142,696	150,751
	CHAMPIONX CORPORATION	Corporate stock	N/A	N/A	17,694	331,121	533,474
	CHART INDUSTRIES INC	Corporate stock	N/A	N/A	2,167	290,492	269,011
	CHEWY INC	Corporate stock	N/A	N/A	22,310	666,121	653,460
	CHURCHILL DOWNS INC	Corporate stock	N/A	N/A	1,824	225,081	246,623
	CIENA CORP (NEW)	Corporate stock	N/A	N/A	5,636	278,854	347,121
	CINEMARK HOLDINGS INC	Corporate stock	N/A	N/A	9,503	170,555	264,564
	CITIGROUP INC	Corporate stock	N/A	N/A	13,096	632,101	819,810
	CIVITAS RES INC	Corporate stock	N/A	N/A	4,221	282,120	213,878
	CK HUTCHISON HOLDIN-UNSP ADR	Corporate stock	N/A	N/A	79,651	775,961	458,392
	CLEAN HARBORS INC	Corporate stock	N/A	N/A	1,394	127,118	336,944
	CLEVELAND CLIFFS INC	Corporate stock	N/A	N/A	24,351	396,728	310,962
	COLUMBUS MCKINNON CORP	Corporate stock	N/A	N/A	6,230	225,420	224,280
	COMMERCIAL METALS CO	Corporate stock	N/A	N/A	9,437	417,462	518,658
	CONFLUENT INC	Corporate stock	N/A	N/A	14,067	356,835	286,685
	CONTINENTAL AG-SPONS ADR	Corporate stock	N/A	N/A	39,232	408,791	254,576
	CORE & MAIN INC	Corporate stock	N/A	N/A	6,079	236,207	269,908
	COTY INC.	Corporate stock	N/A	N/A	28,261	230,052	265,371
	COVENANT TRANSPORT INC-CL A	Corporate stock	N/A	N/A	4,125	196,263	217,965
	CRA INTERNATIONAL INC	Corporate stock	N/A	N/A	665	25,242	116,588
	CRAWFORD & CO CL A	Corporate stock	N/A	N/A	5,540	45,149	60,774
	CRINETICS PHARMACEUTIC	Corporate stock	N/A	N/A	6,263	227,203	320,039
	CUMMINS ENGINE CO	Corporate stock	N/A	N/A	794	102,234	257,089
	CURTISS-WRIGHT CORP	Corporate stock	N/A	N/A	2,258	426,891	742,182
	CUSHMAN & WAKEFIELD PLC	Corporate stock	N/A	N/A	26,858	266,526	366,075
	D.R. HORTON INC	Corporate stock	N/A	N/A	5,207	570,078	993,339
	DAVITA INC	Corporate stock	N/A	N/A	4,218	403,069	691,457
	DECKERS OUTDOOR CORP	Corporate stock	N/A	N/A	11,130	863,008	1,774,679
	DEUTSCHE POST AG-SPON ADR	Corporate stock	N/A	N/A	14,727	628,491	657,929
	DICK'S SPORTING GOODS INC	Corporate stock	N/A	N/A	4,215	652,395	879,671
	DIME CMNTY BANCSHARES	Corporate stock	N/A	N/A	8,075	189,137	232,560
	DIODES INC	Corporate stock	N/A	N/A	4,103	308,484	262,961
	DOLBY LABORATORIES INC CLASS A	Corporate stock	N/A	N/A	7,615	381,564	582,776
	DOMINION ENERGY INC	Corporate stock	N/A	N/A	4,762	250,683	275,196
	DONEGAL GROUP INC - CL A	Corporate stock	N/A	N/A	8,735	138,356	128,754
	DORMAN PRODUCTS INC	Corporate stock	N/A	N/A	3,073	346,161	347,618
	DOVER CORP	Corporate stock	N/A	N/A	1,438	115,804	275,722
	DUCOMMUN INC	Corporate stock	N/A	N/A	3,725	169,620	245,217
	DUKE ENERGY CORPORATION	Corporate stock	N/A	N/A	2,338	218,369	269,571
	EASTMAN CHEMICAL CO	Corporate stock	N/A	N/A	1,427	109,488	159,753
	ELASTIC NV	Corporate stock	N/A	N/A	3,060	305,099	234,882
	ELEVANCE HEALTH INC	Corporate stock	N/A	N/A	1,153	484,981	599,560
	ELTEK LTD	Corporate stock	N/A	N/A	8,544	93,332	93,215
	EMCOR GROUP INC	Corporate stock	N/A	N/A	3,089	196,127	1,329,907
	EMERSON ELECTRIC CO	Corporate stock	N/A	N/A	2,263	133,622	247,504
	ENCOMPASS HEALTH CORPORATION	Corporate stock	N/A	N/A	3,130	160,466	302,483
	ENEL SPA UNSPON ADR	Corporate stock	N/A	N/A	105,839	618,251	847,559
	ENTEGRIS INC	Corporate stock	N/A	N/A	8,179	272,738	920,383
	EQT CORPORATION	Corporate stock	N/A	N/A	10,709	417,027	392,378
	EQUITY BANCSHARES INC	Corporate stock	N/A	N/A	4,275	148,515	174,762
	ETSY INC	Corporate stock	N/A	N/A	9,462	577,418	525,425
	EVERGY INC	Corporate stock	N/A	N/A	10,124	582,260	627,789
	EXLSERVICE HOLDINGS INC	Corporate stock	N/A	N/A	10,072	345,866	384,247
	EXPAND ENERGY CORP	Corporate stock	N/A	N/A	5,958	491,928	490,046
	EXPEDIA INC	Corporate stock	N/A	N/A	7,044	1,017,955	1,042,653
	FS INC	Corporate stock	N/A	N/A	5,579	1,205,255	1,228,496
	FEDERAL AGRIC MTG CORP-CL C	Corporate stock	N/A	N/A	1,330	103,887	249,255
	FEDERAL RLTY INVT TR NEW	Corporate stock	N/A	N/A	3,276	371,776	376,642
	FIDELITY NATIONAL FINANCIAL	Corporate stock	N/A	N/A	13,264	500,992	823,164
	FIRST AMERICAN FINANCIAL CORP	Corporate stock	N/A	N/A	4,533	263,384	299,223
	FIRST BANCORP INC	Corporate stock	N/A	N/A	2,550	59,110	67,116
	FIRST BANK	Corporate stock	N/A	N/A	4,200	61,158	63,840

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

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

SEPTEMBER 30, 2024

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							
(a)	(b) Identity of Issuer	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	FIRST FINANCIAL CORP	Corporate stock	N/A	N/A	2,055	\$ 74,115	\$ 90,112
	FIRST HORIZON NATIONAL CORP	Corporate stock	N/A	N/A	24,521	367,121	380,811
	FIRST INDUSTRIAL REALTY TR	Corporate stock	N/A	N/A	8,494	380,566	475,494
	FIRST INTERNET BANCORP	Corporate stock	N/A	N/A	4,413	120,377	151,189
	FLEX LTD	Corporate stock	N/A	N/A	6,843	101,789	228,761
	FLUOR CORP	Corporate stock	N/A	N/A	6,198	192,854	295,707
	FORTINET INC.	Corporate stock	N/A	N/A	14,661	822,432	1,136,961
	FORTREA HOLDINGS INC	Corporate stock	N/A	N/A	3,743	120,203	74,860
	FUJIFILM HOLDINGS UNSP ADR	Corporate stock	N/A	N/A	52,559	414,819	677,591
	FUJITSU LTD	Corporate stock	N/A	N/A	37,556	533,208	770,724
	GAMING AND LEISURE PROPERTIES	Corporate stock	N/A	N/A	9,483	399,615	487,900
	GARMIN LTD	Corporate stock	N/A	N/A	5,143	914,803	905,322
	GARTNER GROUP INC	Corporate stock	N/A	N/A	2,388	675,182	1,210,143
	GENCO	Corporate stock	N/A	N/A	11,800	234,145	230,100
	GENTEX CORP	Corporate stock	N/A	N/A	7,440	179,955	220,894
	GENUINE PARTS CO	Corporate stock	N/A	N/A	1,714	224,815	239,412
	GILAT SATELITE NETWORKS LTD	Corporate stock	N/A	N/A	29,900	186,599	157,573
	GILEAD SCIENCES INC	Corporate stock	N/A	N/A	7,978	594,795	668,876
	GITLAB INC	Corporate stock	N/A	N/A	16,087	823,851	829,124
	GLACIER BANCORP INC	Corporate stock	N/A	N/A	8,882	305,772	405,907
	GLOBAL SHIP LEASE INC-CL A	Corporate stock	N/A	N/A	10,665	174,203	284,220
	GLOBUS MED INC -A	Corporate stock	N/A	N/A	3,930	268,890	281,152
	GODADDY INC CLASS A	Corporate stock	N/A	N/A	16,432	1,869,107	2,576,209
	GOLDMAN SACHS GROUP INC	Corporate stock	N/A	N/A	1,548	580,959	766,430
	GOODYEAR TIRE & RUBBER CO	Corporate stock	N/A	N/A	24,468	280,311	216,542
	GRACO INC	Corporate stock	N/A	N/A	6,476	295,633	566,715
	GSK PLC	Corporate stock	N/A	N/A	16,121	641,189	659,026
	GUARDIAN PHRMCY	Corporate stock	N/A	N/A	3,585	50,190	60,228
	H & R BLOCK INC	Corporate stock	N/A	N/A	14,460	937,297	918,933
	HALLIBURTON CO	Corporate stock	N/A	N/A	14,400	544,405	418,320
	HAMILTON LANE INC CLASS A	Corporate stock	N/A	N/A	3,762	466,043	633,483
	HARTFORD FINANCIAL SERVICES	Corporate stock	N/A	N/A	6,743	482,605	793,044
	HCA HEALTHCARE INC	Corporate stock	N/A	N/A	1,601	432,099	650,694
	HEALTHCARE SVCS GROUP INC	Corporate stock	N/A	N/A	16,975	220,527	189,611
	HELIX ENERGY SOLUTIONS CORP	Corporate stock	N/A	N/A	17,950	92,044	199,245
	HIGHWOOD PROPERTIES INC	Corporate stock	N/A	N/A	10,598	405,642	355,139
	HITACHI LTD	Corporate stock	N/A	N/A	14,450	323,255	763,914
	HOLOGIC INC	Corporate stock	N/A	N/A	7,781	576,053	633,840
	HOMETRUST BANCSHARES INC	Corporate stock	N/A	N/A	3,805	83,459	129,674
	HONDA MOTOR CO LTD	Corporate stock	N/A	N/A	14,467	452,678	459,038
	HOOKER FURNITURE CORP	Corporate stock	N/A	N/A	3,100	67,788	56,048
	HORIZON BANCORP INDIANA	Corporate stock	N/A	N/A	6,515	86,551	101,308
	HOST HOTELS & RESORTS INC	Corporate stock	N/A	N/A	15,346	282,285	270,090
	HOULIHAN LOKEY INC	Corporate stock	N/A	N/A	3,829	564,742	605,059
	HUBBELL INC	Corporate stock	N/A	N/A	1,924	633,125	824,145
	HUBSPOT INC	Corporate stock	N/A	N/A	1,671	598,434	888,304
	HUDSON TECHNOLOGY INC	Corporate stock	N/A	N/A	19,125	214,693	159,503
	HUNTSMAN CORP	Corporate stock	N/A	N/A	15,967	377,175	386,401
	HYATT HOTELS CORP CL A	Corporate stock	N/A	N/A	6,055	403,497	921,571
	ICHOR HOLDINGS LTD	Corporate stock	N/A	N/A	3,425	106,878	108,949
	IDEAYA BIOSCIENCES INC	Corporate stock	N/A	N/A	17,365	723,184	550,123
	IDT CORP CL B COM	Corporate stock	N/A	N/A	3,630	47,384	138,557
	IMAX CORP	Corporate stock	N/A	N/A	7,775	121,041	159,465
	IMMUNOCORE HLDGS	Corporate stock	N/A	N/A	11,491	660,010	357,715
	INARI MED INC	Corporate stock	N/A	N/A	7,529	519,177	310,496
	INDEPENDENT BANK CORP-MASS	Corporate stock	N/A	N/A	5,562	282,272	328,881
	INDEPENDENT BANK CORP-MICHIGAN	Corporate stock	N/A	N/A	7,465	125,925	248,958
	INGEVITY CORP	Corporate stock	N/A	N/A	6,496	300,836	253,344
	INGREDION INC	Corporate stock	N/A	N/A	1,086	100,161	149,249
	INSMED INCORPORATED	Corporate stock	N/A	N/A	7,390	459,061	539,470
	INSPIRED ENTMT INC	Corporate stock	N/A	N/A	18,680	203,738	173,164
	INTUIT	Corporate stock	N/A	N/A	1,858	793,035	1,153,818
	IRHYTHM TECH	Corporate stock	N/A	N/A	4,904	379,539	364,073
	IRIDIUM COMMUNICATIONS INC	Corporate stock	N/A	N/A	11,656	339,660	354,925
	ITT INC	Corporate stock	N/A	N/A	2,856	198,130	427,001
	JABIL INC	Corporate stock	N/A	N/A	2,602	155,614	311,798
	JACKSON FINACIAL INC	Corporate stock	N/A	N/A	8,906	739,908	812,494
	JACOBS SOLUTIONS INC	Corporate stock	N/A	N/A	3,304	377,110	432,494
	JAZZ PHARMACEUTICALS PLC	Corporate stock	N/A	N/A	8,382	960,719	933,839
	JFROG LTD	Corporate stock	N/A	N/A	20,746	433,077	602,464
	KAO CORP	Corporate stock	N/A	N/A	45,811	345,976	455,361
	KB HOME	Corporate stock	N/A	N/A	11,729	753,397	1,005,058
	KDDI CORPORATION UNSPONSORED ADR	Corporate stock	N/A	N/A	9,426	157,980	151,363
	KELLY SERVICES INC CL A	Corporate stock	N/A	N/A	7,560	153,115	161,860
	KERING SA	Corporate stock	N/A	N/A	13,827	558,698	396,365
	KILROY REALTY CORP	Corporate stock	N/A	N/A	8,032	286,193	310,838
	KIMBALL ELECTRONICS INC	Corporate stock	N/A	N/A	7,840	158,437	145,118
	KIRBY CORP	Corporate stock	N/A	N/A	2,792	167,084	341,825

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

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

SEPTEMBER 30, 2024

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							(d) Cost	(e) Current Value
(a)	(b) Identity of Issuer	Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value			
	KLA CORPORATION	Corporate stock	N/A	N/A	1,549	\$ 630,038	\$ 1,199,561	
	KNIGHT SWIFT TRANSN HL INC	Corporate stock	N/A	N/A	17,102	905,012	922,653	
	KOPPERS HOLDINGS INC	Corporate stock	N/A	N/A	3,950	150,653	144,294	
	KORN/FERRY INTERNATIONAL	Corporate stock	N/A	N/A	4,826	278,717	363,108	
	KULICKE & SOFFA INDUSTRIES, INC	Corporate stock	N/A	N/A	5,473	286,270	246,996	
	LABCORP HLDGS INC	Corporate stock	N/A	N/A	2,874	553,193	642,282	
	LAM RESEARCH CORP	Corporate stock	N/A	N/A	1,394	984,855	1,137,616	
	LANDSEA HOMES CORP	Corporate stock	N/A	N/A	13,660	133,651	168,701	
	LATTICE SEMICONDUCTOR CORP	Corporate stock	N/A	N/A	11,236	699,354	596,295	
	LEAR CORPORATION	Corporate stock	N/A	N/A	2,106	253,666	229,870	
	LEIDOS HOLDINGS INC	Corporate stock	N/A	N/A	7,220	1,062,891	1,176,860	
	LENNOX INTERNATIONAL INC	Corporate stock	N/A	N/A	1,259	697,849	760,801	
	LIBERTY MEDIA CORP	Corporate stock	N/A	N/A	4,018	252,733	311,114	
	LINCOLN ELECTRIC HLDS	Corporate stock	N/A	N/A	2,665	533,030	511,733	
	LINCOLN NATL CORP IND COM	Corporate stock	N/A	N/A	7,403	202,784	233,269	
	LIONS GATE ENTERTAINMENT CL B	Corporate stock	N/A	N/A	22,230	223,707	153,832	
	LIVANOVA PLC	Corporate stock	N/A	N/A	5,938	332,139	311,983	
	LLOYDS BANKING GROUP PLC	Corporate stock	N/A	N/A	245,775	763,171	766,818	
	LOCKHEED MARTIN CORPORATION	Corporate stock	N/A	N/A	1,961	1,024,518	1,146,322	
	LOGILITY HOLDINGS INC	Corporate stock	N/A	N/A	16,215	177,488	181,446	
	LOUISIANA-PACIFIC CORP	Corporate stock	N/A	N/A	1,513	129,541	162,587	
	LYONDELLBASELL INDUSTRIES CL A	Corporate stock	N/A	N/A	1,443	118,706	138,382	
	MADRIGAL PHARMACEUTICALS INC	Corporate stock	N/A	N/A	1,492	334,197	316,632	
	MANHATTAN ASSOCIATES INC	Corporate stock	N/A	N/A	2,833	710,411	797,150	
	MARRIOTT VACATIONS WORLD	Corporate stock	N/A	N/A	4,138	478,474	304,060	
	MASCO CORP	Corporate stock	N/A	N/A	3,065	125,346	257,276	
	MCKESSON CORP	Corporate stock	N/A	N/A	1,170	283,935	578,471	
	MERITAGE HOMES CORPORATION	Corporate stock	N/A	N/A	5,206	985,557	1,067,594	
	META PLATFORMS INC	Corporate stock	N/A	N/A	2,286	1,159,012	1,308,598	
	METLIFE INC	Corporate stock	N/A	N/A	10,146	595,478	836,842	
	MGIC INVESTMENT	Corporate stock	N/A	N/A	16,412	199,571	420,147	
	MICROSOFT CORP	Corporate stock	N/A	N/A	2,756	1,118,925	1,185,907	
	MISTRAS GROUP INC	Corporate stock	N/A	N/A	13,620	96,212	154,859	
	MITEK SYSTEMS INC	Corporate stock	N/A	N/A	12,450	145,000	107,942	
	MITSUBISHI ELECTRIC UNSP ADR	Corporate stock	N/A	N/A	16,528	428,834	532,334	
	MKS INSTRUMENTS INC	Corporate stock	N/A	N/A	2,428	215,907	263,948	
	MODINE MANUFACTURING CO	Corporate stock	N/A	N/A	2,261	217,034	300,238	
	MOHAWK INDUSTRIES INC	Corporate stock	N/A	N/A	2,473	292,578	397,362	
	MOISON COORS BEVERAGE CO	Corporate stock	N/A	N/A	11,802	735,118	678,851	
	MOLINA HEALTHCARE INC	Corporate stock	N/A	N/A	1,812	594,559	624,343	
	MONGODB INC	Corporate stock	N/A	N/A	3,233	975,346	874,042	
	MUELLER INDUSTRIES INC	Corporate stock	N/A	N/A	10,320	593,629	764,712	
	MURPHY OIL CORPORATION	Corporate stock	N/A	N/A	11,608	435,156	391,654	
	MURPHY USA INC	Corporate stock	N/A	N/A	3,252	1,229,892	1,602,813	
	MYERS INDUSTRIES INC	Corporate stock	N/A	N/A	4,615	92,874	63,779	
	NATIONAL FUEL GAS CO	Corporate stock	N/A	N/A	6,189	332,642	375,115	
	NATIONAL HEALTHCARE CORP	Corporate stock	N/A	N/A	1,625	110,175	204,376	
	NATURAL GROCERS BY VITAMIN C	Corporate stock	N/A	N/A	7,240	104,496	214,956	
	NETAPP, INC	Corporate stock	N/A	N/A	10,039	895,147	1,239,917	
	NEUROCRINE BIOSCIENCES	Corporate stock	N/A	N/A	6,957	755,412	801,586	
	NEW YORK COMMUNITY BANCORP	Corporate stock	N/A	N/A	18,680	200,872	209,776	
	NEW YORK TIMES CO CLASS A	Corporate stock	N/A	N/A	17,344	639,076	965,540	
	NEWELL BRANDS INC	Corporate stock	N/A	N/A	31,869	260,126	244,754	
	NOBLE CORP PLC	Corporate stock	N/A	N/A	3,649	196,941	131,875	
	NORDSON CORP	Corporate stock	N/A	N/A	2,994	211,880	786,314	
	NORTHEAST BK LEWISTON	Corporate stock	N/A	N/A	2,630	58,599	202,852	
	NORTHWEST PIPE CO	Corporate stock	N/A	N/A	6,235	150,051	281,386	
	NORWEGIAN CRUISE LINE HLDGLTD	Corporate stock	N/A	N/A	19,674	370,121	403,514	
	NOVARTIS AG - ADR [20 ADR'S = 1	Corporate stock	N/A	N/A	3,396	275,350	390,608	
	NRG ENERGY INC	Corporate stock	N/A	N/A	3,480	158,030	317,028	
	NUCOR CORP	Corporate stock	N/A	N/A	999	110,618	150,190	
	NVE CORPORATION	Corporate stock	N/A	N/A	1,275	80,003	101,834	
	OASIS PERTOLEUM INC	Corporate stock	N/A	N/A	1,450	105,695	188,834	
	OGE ENERGY CORP	Corporate stock	N/A	N/A	6,832	240,155	280,249	
	OIL-DRI CORP OF AMERICA	Corporate stock	N/A	N/A	1,330	45,991	91,757	
	OPTION CARE HEALTH INC	Corporate stock	N/A	N/A	9,087	315,422	284,423	
	ORGANON & CO	Corporate stock	N/A	N/A	29,265	617,161	559,839	
	OSHKOSH CORPORATION	Corporate stock	N/A	N/A	5,269	570,627	528,006	
	OVINTIV INC	Corporate stock	N/A	N/A	14,938	670,604	572,275	
	OWENS CORNING INC	Corporate stock	N/A	N/A	2,485	354,684	438,652	
	PACKAGING CORP OF AMERICA	Corporate stock	N/A	N/A	724	79,257	155,950	
	PARKER HANNIFAN CORP	Corporate stock	N/A	N/A	416	43,501	262,837	
	PARSONS CORP DEL	Corporate stock	N/A	N/A	12,070	1,108,077	1,251,418	
	PATRICK INDUSTRIES INC	Corporate stock	N/A	N/A	2,661	341,141	378,847	
	PAYCHEX INC	Corporate stock	N/A	N/A	9,022	1,040,056	1,210,662	
	PENGUIN SOLUTIONS, INC	Corporate stock	N/A	N/A	8,130	148,986	170,324	
	PENTAIR PLC	Corporate stock	N/A	N/A	4,878	247,457	477,020	
	PEOPLES BANCORP INC	Corporate stock	N/A	N/A	5,472	147,109	164,652	

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

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

SEPTEMBER 30, 2024

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							
(a)	(b) Identity of Issuer	Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	PERFORMANCE FOOD GROUP	Corporate stock	N/A	N/A	4,358	\$ 167,672	\$ 341,536
	PERMIAN RES CORP	Corporate stock	N/A	N/A	16,148	168,830	219,774
	PERRIGO COMPANY PLC	Corporate stock	N/A	N/A	8,984	423,957	235,650
	PFIZER INC	Corporate stock	N/A	N/A	23,072	647,405	667,704
	PHILIP MORRIS INTL INC	Corporate stock	N/A	N/A	4,986	454,972	605,300
	PHILIPS ELECTRONICS N.V.	Corporate stock	N/A	N/A	27,327	507,975	894,139
	PINNACLE WEST CAPITAL CORP	Corporate stock	N/A	N/A	8,072	604,140	715,098
	PLYMOUTH INDUSTRIAL REIT INC	Corporate stock	N/A	N/A	5,820	137,293	131,532
	POST HOLDINGS INC	Corporate stock	N/A	N/A	7,898	745,123	914,194
	POSTAL REALTY TRUST INC	Corporate stock	N/A	N/A	11,885	188,209	173,996
	POWER INTEGRATIONS INC	Corporate stock	N/A	N/A	6,547	222,054	419,794
	PPL CORPORATION	Corporate stock	N/A	N/A	8,499	245,001	281,147
	PREMIER FINANCIAL CORP	Corporate stock	N/A	N/A	6,640	135,951	155,907
	PRESTIGE BRANDS HOLDINGS INC	Corporate stock	N/A	N/A	3,786	228,085	272,971
	PRIMIS FINAN CORP	Corporate stock	N/A	N/A	14,105	188,809	171,799
	PRINCE GEORGE	Corporate stock	N/A	N/A	1,198	108,135	157,190
	PROCORE TECHNOLOGIES	Corporate stock	N/A	N/A	9,669	744,241	596,771
	PROSPERITY BANCSHARES INC	Corporate stock	N/A	N/A	5,112	335,995	368,422
	PROVIDENT FINANCIAL SERVICES	Corporate stock	N/A	N/A	6,526	105,907	121,123
	PRUDENTIAL FINANCIAL INC	Corporate stock	N/A	N/A	6,108	662,609	739,679
	PULTEGROUP INC	Corporate stock	N/A	N/A	6,951	485,176	997,677
	PVH CORP	Corporate stock	N/A	N/A	3,153	228,055	317,917
	QUALCOMM INC	Corporate stock	N/A	N/A	7,054	1,218,303	1,199,533
	QUEST DIAGNOSTICS INC	Corporate stock	N/A	N/A	4,188	595,347	650,187
	RANGER ENERGY SVCS INC.	Corporate stock	N/A	N/A	15,884	188,861	189,178
	REGIONS FINANCIAL CORP	Corporate stock	N/A	N/A	34,084	609,886	795,180
	RELIANCE INC	Corporate stock	N/A	N/A	1,694	302,341	489,922
	RENAISSANCE HOLDINGS LTD	Corporate stock	N/A	N/A	2,618	584,585	713,143
	ROBERT HALF INC	Corporate stock	N/A	N/A	5,111	324,656	344,533
	ROCHE HOLDINGS LTD SPONSORED ADR	Corporate stock	N/A	N/A	5,850	200,059	234,573
	ROYAL CARIBBEAN GROUP	Corporate stock	N/A	N/A	5,496	488,783	974,771
	RYDER SYSTEMS INC	Corporate stock	N/A	N/A	4,135	386,538	602,883
	SAIA INC	Corporate stock	N/A	N/A	869	170,262	379,979
	SALLY BEAUTY CO INC	Corporate stock	N/A	N/A	21,880	228,901	296,912
	SANDOZ GROUP AG	Corporate stock	N/A	N/A	1,290	29,395	53,936
	SANOFI AVENTIS-ADR	Corporate stock	N/A	N/A	11,696	554,295	674,040
	SAREPTA THERAPEUTICS INC	Corporate stock	N/A	N/A	4,949	627,872	618,081
	SCIENTIFIC GAMES CORP	Corporate stock	N/A	N/A	8,127	822,833	737,363
	SECOM CO	Corporate stock	N/A	N/A	21,687	368,999	412,422
	SELECT MEDICAL HOLDINGS CORP	Corporate stock	N/A	N/A	7,407	159,797	258,282
	SENSATA TECHNOLOGIES HLDG PLC	Corporate stock	N/A	N/A	8,598	339,354	308,324
	SHELL PLC (ADR)	Corporate stock	N/A	N/A	15,557	806,422	1,025,984
	SHOE CARNIVAL INC	Corporate stock	N/A	N/A	5,300	100,922	232,405
	SIERRA BANCORP	Corporate stock	N/A	N/A	6,350	136,577	183,388
	SILVERCREST METALS	Corporate stock	N/A	N/A	20,290	121,617	187,683
	SINGAPORE TELECOMMUNICATIONS	Corporate stock	N/A	N/A	15,172	407,223	383,442
	SKYWEST INC	Corporate stock	N/A	N/A	3,739	250,253	317,890
	SM ENERGY CO	Corporate stock	N/A	N/A	10,518	419,941	420,404
	SMART FINANCIAL INC	Corporate stock	N/A	N/A	6,610	148,516	192,615
	SMITH A O CORP	Corporate stock	N/A	N/A	10,300	545,513	925,249
	SNAM RETE GAS-UNSPONSOR ADR	Corporate stock	N/A	N/A	72,914	787,829	743,942
	SNAP-ON INC	Corporate stock	N/A	N/A	908	192,574	263,057
	SONOCO PRODUCTS COM	Corporate stock	N/A	N/A	2,762	151,783	150,888
	SONY CORP SPONSORED ADR	Corporate stock	N/A	N/A	7,116	565,542	687,192
	SOUTH STATE CORP	Corporate stock	N/A	N/A	4,267	314,896	414,667
	SPARTANNASH CO	Corporate stock	N/A	N/A	6,560	136,766	147,010
	SPOK HOLDINGS INC	Corporate stock	N/A	N/A	15,600	157,155	234,936
	SPRINGWORKS THERAPEUTICS INC	Corporate stock	N/A	N/A	16,422	945,394	526,161
	SPROUTS FMRS MKT INC	Corporate stock	N/A	N/A	4,091	390,399	451,687
	SSE PLC	Corporate stock	N/A	N/A	31,061	589,265	784,539
	STANDARD MOTOR PRODUCTS INC	Corporate stock	N/A	N/A	5,520	218,873	183,264
	STATE STREET CORP	Corporate stock	N/A	N/A	9,084	667,079	803,661
	STEEL DYNAMICS INC	Corporate stock	N/A	N/A	1,252	73,077	157,852
	STEVEN MADDEN LTD	Corporate stock	N/A	N/A	4,179	144,068	204,729
	STIFEL FINANCIAL CORP	Corporate stock	N/A	N/A	9,175	628,071	861,533
	SUMMIT MATERIALS INC CL-A	Corporate stock	N/A	N/A	7,038	283,431	274,693
	SYNAPTICS INC	Corporate stock	N/A	N/A	3,632	333,082	281,771
	SYNCHRONY FINANCIAL	Corporate stock	N/A	N/A	15,108	485,663	753,587
	SYNNEX CORP	Corporate stock	N/A	N/A	2,550	283,261	306,204
	SYNOVUS FINANCIAL CORP	Corporate stock	N/A	N/A	16,447	598,492	731,398
	TAIWAN SEMICONDUCTOR	Corporate stock	N/A	N/A	1,377	62,516	239,144
	TAKEDA PHARMACEUTICAL SP ADR	Corporate stock	N/A	N/A	22,915	482,786	325,851
	TAPESTRY INC	Corporate stock	N/A	N/A	18,939	705,089	889,754
	TAYLOR MORRISON HOME CORP	Corporate stock	N/A	N/A	15,200	878,871	1,067,952
	TENET HEALTHCARE CORP	Corporate stock	N/A	N/A	6,231	514,204	1,035,592
	TEREX CORP	Corporate stock	N/A	N/A	4,606	257,341	243,703
	TESCO PLC	Corporate stock	N/A	N/A	29,869	318,282	431,129
	TETRA TECH INC	Corporate stock	N/A	N/A	35,025	132,305	108,578



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

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

SEPTEMBER 30, 2024

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							
(a)	(b) Identity of Issuer	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	TEXAS ROADHOUSE CLASS A	Corporate stock	N/A	N/A	3,554	\$ 602,309	\$ 627,636
	TEXTRON INC	Corporate stock	N/A	N/A	16,915	1,543,103	1,498,331
	THE CIGNA GROUP	Corporate stock	N/A	N/A	1,722	435,227	596,570
	THE SHYFT GROUP INC	Corporate stock	N/A	N/A	11,570	245,140	145,204
	TIMKEN CO	Corporate stock	N/A	N/A	2,987	241,530	251,774
	T-MOBILE US INC	Corporate stock	N/A	N/A	1,377	148,453	284,158
	TOLL BROTHERS INC	Corporate stock	N/A	N/A	6,652	525,563	1,027,667
	TOPBUILD CORP	Corporate stock	N/A	N/A	1,838	327,747	747,717
	TOTAL ENERGIES	Corporate stock	N/A	N/A	6,467	354,191	417,898
	TOYOTA INDUSTRIES	Corporate stock	N/A	N/A	5,965	353,199	459,758
	TRANSDIGM GROUP INC	Corporate stock	N/A	N/A	834	828,749	1,190,226
	TRINET GROUP INC	Corporate stock	N/A	N/A	2,472	267,711	239,710
	TURNING PT BRANDS INC	Corporate stock	N/A	N/A	6,430	144,615	277,455
	TUTOR PERINI CORP	Corporate stock	N/A	N/A	7,415	78,076	201,391
	TYLER TECHNOLOGIES INC	Corporate stock	N/A	N/A	2,677	971,413	1,562,618
	UGI CORP NEW	Corporate stock	N/A	N/A	23,682	707,450	592,524
	UNITED FIRE GROUP INC	Corporate stock	N/A	N/A	6,435	156,701	134,685
	UNITED OVERSEAS BANK LTD SP ADR	Corporate stock	N/A	N/A	14,103	484,902	707,787
	UNITED PARCEL SERVICE	Corporate stock	N/A	N/A	1,871	241,703	255,092
	UNITED RENTALS INC	Corporate stock	N/A	N/A	340	58,171	275,308
	UNITED THERAPEUTICS CORP	Corporate stock	N/A	N/A	2,791	687,435	1,000,155
	UNITIL CORP	Corporate stock	N/A	N/A	3,990	196,973	241,714
	UNIVERSAL STAINLESS & ALLOY	Corporate stock	N/A	N/A	5,675	82,078	219,225
	UNUM GROUP	Corporate stock	N/A	N/A	17,952	771,155	1,067,067
	UPM KYMMENE OYJ	Corporate stock	N/A	N/A	2,750	88,614	92,290
	VAALCO ENERGY INC	Corporate stock	N/A	N/A	16,910	82,649	97,063
	VALLEY NATIONAL BANCORP	Corporate stock	N/A	N/A	33,845	275,668	306,636
	VALVOLINE INC	Corporate stock	N/A	N/A	8,306	325,508	347,606
	VERITEX HLDGS INC	Corporate stock	N/A	N/A	11,671	225,820	307,181
	VERIZON COMMUNICATIONS	Corporate stock	N/A	N/A	6,558	291,965	294,520
	VERRA MOBILITY CORP	Corporate stock	N/A	N/A	16,637	467,174	462,675
	VICTORIA'S SECRET & CO	Corporate stock	N/A	N/A	10,851	263,951	278,871
	VIKING THERAPEUTICS INC	Corporate stock	N/A	N/A	3,624	231,885	229,435
	VINCI SA UNSPONS ADR	Corporate stock	N/A	N/A	10,372	302,779	303,713
	VISHAY PRECISION GROUP INC	Corporate stock	N/A	N/A	5,625	174,746	145,688
	VISTEON CORP	Corporate stock	N/A	N/A	2,778	266,287	264,577
	VISTRA	Corporate stock	N/A	N/A	3,570	109,423	423,188
	VONTIER CORP	Corporate stock	N/A	N/A	7,591	238,966	256,120
	VOYA FINANCIAL INC	Corporate stock	N/A	N/A	3,492	148,106	276,636
	WAFD INC	Corporate stock	N/A	N/A	3,131	112,427	109,115
	WATERSTONE FINANCIAL INC	Corporate stock	N/A	N/A	7,360	131,320	108,192
	WAYSIDE TECHNOLOGY GROUP INC	Corporate stock	N/A	N/A	1,280	57,584	127,411
	WELLS FARGO CO	Corporate stock	N/A	N/A	13,137	527,700	742,109
	WESCO INTERNATIONAL INC	Corporate stock	N/A	N/A	1,671	241,340	280,695
	WESTERN UNION CO	Corporate stock	N/A	N/A	51,619	633,654	615,815
	WESTLAKE CORP	Corporate stock	N/A	N/A	979	85,737	147,134
	WH GROUP LTD SPON ADR	Corporate stock	N/A	N/A	26,804	430,252	425,138
	WHITESTONE REIT	Corporate stock	N/A	N/A	19,000	211,210	257,070
	WINGSTOP INC	Corporate stock	N/A	N/A	3,454	604,848	1,437,140
	WINTRUST FINANCIAL CORP	Corporate stock	N/A	N/A	5,886	550,139	638,808
	WP CAREY INC	Corporate stock	N/A	N/A	5,473	315,987	340,968
	WPP PLC	Corporate stock	N/A	N/A	8,957	603,045	458,240
	XCEL ENERGY INC	Corporate stock	N/A	N/A	4,334	274,758	283,010
	XENON PHARMACEUTICALS INC.	Corporate stock	N/A	N/A	7,512	315,962	295,747
	ZIONS BANCORP	Corporate stock	N/A	N/A	16,146	649,451	762,414
	Total corporate stocks - line 1c(4)(B)					<u>169,300,916</u>	<u>207,018,161</u>
	Limited partnerships						
	American Core Realty Fund	Limited partnership	N/A	N/A	N/A	56,539,552	59,105,306
	CK Opportunities Offshore Fund, LP	Limited partnership	N/A	N/A	N/A	7,599,104	9,356,891
	Corbin Erisa Opportunity Fund, LP	Limited partnership	N/A	N/A	N/A	11,787,279	20,990,383
	Grosvenor Institutional Partners, LP	Limited partnership	N/A	N/A	N/A	30,500,000	67,514,256
	INVESCO VENTURE ALPHA FUND II, LP	Limited partnership	N/A	N/A	N/A	5,454,017	7,144,545
	JP MORGAN IIF ERISA LP	Limited partnership	N/A	N/A	N/A	7,000,000	8,201,194
	Labor Impact Feeder Fund, LP	Limited partnership	N/A	N/A	N/A	2,553,429	4,642,502
	Private Advisors Small Company Buyout V-ERISA	Limited partnership	N/A	N/A	N/A	3,673,671	3,535,834
	Private Advisors Small Company Private Equity Fund VIII, LP	Limited partnership	N/A	N/A	N/A	7,806,107	9,591,893
	Vintage VIII Offshore SCSP	Limited partnership	N/A	N/A	N/A	3,827,002	6,725,506
	White Oak Pinnacle Fund, LP	Limited partnership	N/A	N/A	N/A	3,857,044	2,977,170
	Total limited partnerships - line 1c(5)					<u>140,597,205</u>	<u>199,785,480</u>
	Land and building						
	Land and building in Burr Ridge, Illinois	Land and building	N/A	N/A	N/A	4,480,000	4,480,000
	Total land and building - line 1c(6)					<u>4,480,000</u>	<u>4,480,000</u>

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

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

SEPTEMBER 30, 2024

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

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value			(d) Cost	(e) Current Value	
		Description	Maturity Date	Rate of Interest			Number of Shares or Par/Maturity Value
	Pooled separate account						
	ULLICO SEPERATE ACCOUNT J	Pooled separate account	N/A	N/A	1,104,408	\$ 18,672,524	\$ 20,565,129
	Total pooled separate account - line 1c(10)					<u>18,672,524</u>	<u>20,565,129</u>
	Common collective trusts						
	ASB ALLEGIANCE CHEVY CHASE TRUST	Common collective trusts	N/A	N/A	N/A	16,637,625	10,905,864
	INVESCO INTERNATIONAL GROWTH TRUST CLASS I	Common collective trusts	N/A	N/A	N/A	10,101,430	17,017,982
	L&G MSCI ACWI ex US Index	Common collective trusts	N/A	N/A	N/A	16,249,483	25,675,448
	L&G S&P 500 Index	Common collective trusts	N/A	N/A	N/A	66,983,056	107,434,673
	LOOMIS SAYLES LARGE CAP GROWTH TRUST	Common collective trusts	N/A	N/A	N/A	53,238,437	89,048,544
	NIS CORE FIXED INCOME FUND	Common collective trusts	N/A	N/A	N/A	105,334,424	120,649,346
	NIS INTERMEDIATE FIXED INCOME FUND	Common collective trusts	N/A	N/A	N/A	43,504,208	50,226,218
	RAINIER INTL SMALL CAP EQ CIT FD CL A	Common collective trusts	N/A	N/A	N/A	<u>10,000,000</u>	<u>13,878,886</u>
	Total common collective trusts - line 1c(9)					<u>322,048,663</u>	<u>434,836,961</u>
	Total assets (held at end of year) - at fair value					<u>\$ 751,020,533</u>	<u>\$ 967,346,445</u>
	Investments at contract value					Cost	Current Value
	Insurance company contract						
	UNITED OF OMAHA					\$ 2,253,005	\$ 2,253,005
	Total insurance company contracts - line 1c(14)					<u>\$ 2,253,005</u>	<u>\$ 2,253,005</u>

Plan Name: Local No. 731, I.B. of T., Pension Fund
 Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
 Attachment to 2023 Form 5500 Schedule MB

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

Distribution Of Active Members By Age And Service As Of October 1, 2023																							
Age	Years of Credited Service																						
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up				
	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben			
Under 25	31	19.31	78	153	3	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	
25 to 29	26	45.85	123	242	37	772	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	
30 to 34	26	58	177	258	101	951	25	1,345	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	
35 to 39	30	33.96	143	304	135	991	55	1,518	41	2,339	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	
40 to 44	16	N/A	113	339	119	1,044	69	1,619	85	2,531	46	2,530	4	N/A	0	N/A	0	N/A	0	N/A	0	N/A	
45 to 49	12	N/A	83	309	88	1,042	66	1,745	93	2,469	103	3,264	42	3,416	2	N/A	0	N/A	0	N/A	0	N/A	
50 to 54	11	N/A	58	325	62	1,120	50	1,752	80	2,540	110	3,120	66	3,745	36	4,021	3	N/A	0	N/A	0	N/A	
55 to 59	3	N/A	48	292	30	996	41	1,833	73	2,443	90	3,069	77	3,655	59	3,675	27	4,509	1	N/A	0	N/A	
60 to 64	3	N/A	21	266	37	1,012	18	N/A	41	2,250	48	3,105	35	3,088	42	3,783	32	3,874	21	4,467	0	N/A	
65 to 69	0	N/A	3	N/A	6	N/A	4	N/A	8	N/A	9	N/A	12	N/A	14	N/A	9	N/A	14	N/A	0	N/A	
70 & up	0	N/A	1	N/A	0	N/A	2	N/A	1	N/A	3	N/A	1	N/A	0	N/A	1	N/A	3	N/A	0	N/A	
Total	158	38	848	276	618	1,005	331	1,641	423	2,440	410	3,046	237	3,503	153	3,727	72	4,008	39	4,094			

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2023 Form 5500 Schedule MB

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

Table IV-4 SCHEDULE OF AMORTIZATIONS REQUIRED FOR MINIMUM REQUIRED CONTRIBUTION AS OF OCTOBER 1, 2023						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	10/1/2023 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CHARGES						
1. Combined Base - PSGA	10/1/2016	\$ 100,680,278	7.84	\$ 13,658,097	0.84	\$ 13,658,097
2. Combined Base - Textile	4/1/2017	13,756,003	8.60	4,175,539	2.10	2,064,440
3. Experience Loss	10/1/2017	299,680	15.00	215,882	9.00	31,173
4. Plan Amendment	10/1/2018	19,044,482	15.00	14,764,021	10.00	1,979,048
5. Assumption Change	10/1/2019	15,781,198	15.00	13,039,851	11.00	1,638,356
6. Plan Amendment	10/1/2019	16,186,552	15.00	13,374,792	11.00	1,680,439
7. Experience Loss	10/1/2020	2,204,120	15.00	1,926,812	12.00	228,714
8. Assumption Change	10/1/2021	19,869,584	15.00	18,256,321	13.00	2,060,832
9. Plan Amendment	10/1/2021	43,899,049	15.00	40,334,770	13.00	4,553,119
10. Experience Loss	10/1/2022	15,546,361	15.00	14,937,167	14.00	1,612,437
11. Plan Amendment	10/1/2022	37,685,457	15.00	36,208,729	14.00	3,908,658
12. Experience Loss	10/1/2023	14,988,807	15.00	14,988,807	15.00	1,554,608
TOTAL CHARGES		299,941,571		\$ 185,880,788		\$ 34,969,921
CREDITS						
1. Experience Gain	10/1/2018	\$ 914,417	15.00	\$ 708,891	10.00	\$ 95,023
2. Experience Gain	10/1/2019	3,565,643	15.00	2,946,258	11.00	370,174
3. Experience Gain	10/1/2021	17,453,135	15.00	16,036,069	13.00	1,810,203
TOTAL CREDITS		\$ 21,933,195		\$ 19,691,218		\$ 2,275,400
NET CHARGE		\$ 278,008,376		\$ 166,189,570		\$ 32,694,521

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

1. The RPA '94 Current Liability interest rate was changed from 2.38% to 3.07% to comply with appropriate guidance and remains within the required corridor as prescribed by the IRS.
2. The RPA '94 Current Liability mortality table changed from the 2022 static mortality table to the 2023 static mortality table to comply with appropriate guidance.
3. For financial disclosure under FASB ASC 960, the per capita annual expense to determine future administrative expense was changed from \$151.56 to \$170.39.

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2023 Form 5500 Schedule MB

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

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8. Assumption Change	10/1/2021	19,869,584	15.00	18,256,321	13.00	2,060,832
9. Plan Amendment	10/1/2021	43,899,049	15.00	40,334,770	13.00	4,553,119
10. Experience Loss	10/1/2022	15,546,361	15.00	14,937,167	14.00	1,612,437
11. Plan Amendment	10/1/2022	37,685,457	15.00	36,208,729	14.00	3,908,658
12. Experience Loss	10/1/2023	14,988,807	15.00	14,988,807	15.00	1,554,608
TOTAL CHARGES		299,941,571		\$ 185,880,788		\$ 34,969,921
CREDITS						
1. Experience Gain	10/1/2018	\$ 914,417	15.00	\$ 708,891	10.00	\$ 95,023
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3. Experience Gain	10/1/2021	17,453,135	15.00	16,036,069	13.00	1,810,203
TOTAL CREDITS		\$ 21,933,195		\$ 19,691,218		\$ 2,275,400
NET CHARGE		\$ 278,008,376		\$ 166,189,570		\$ 32,694,521

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

1. The RPA '94 Current Liability interest rate was changed from 2.38% to 3.07% to comply with appropriate guidance and remains within the required corridor as prescribed by the IRS.
2. The RPA '94 Current Liability mortality table changed from the 2022 static mortality table to the 2023 static mortality table to comply with appropriate guidance.
3. For financial disclosure under FASB ASC 960, the per capita annual expense to determine future administrative expense was changed from \$151.56 to \$170.39.

Plan Name: Local No. 731, I.B. of T., Pension Fund
 Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
 Attachment to 2023 Form 5500 Schedule MB

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

Valuation Date: October 1, 2023

Interest Rates

Assumed Return on Plan Assets

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

6.90% per year after building expenses for Retired participants.

RPA '94 Current Liability

3.07% (in accordance with §412(l)(7)(C) of the Internal Revenue Code)

Administrative Expenses

The average of the last 2 years of actual administrative expenses, excluding investment and building expenses rounded to the next ten thousand dollars and assumed to be payable mid-year. The assumption for annual administrative expenses for October 1, 2023 is \$1,450,000 (\$1,400,460 payable beginning of year) per year.

For financial disclosure under FASB Topic ASC 960 the present value of future administrative expense is based on future cash flows of \$170.39 per participant, payable beginning of year, that increase 3% per year for inflation.

Mortality

Funding

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

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

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

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

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

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

RPA '94 Current Liability

2023 Applicable Mortality Table

Plan Name: Local No. 731, I.B. of T., Pension Fund
 Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
 Attachment to 2023 Form 5500 Schedule MB

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

Assumed Retirement Ages

a) Active Lives

According to the following schedule:

Private Scavengers & Garage Attendants participants

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

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

Textile Maintenance & Laundry Craft participants

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

b) Inactive Vested Lives

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

c) Disabled Lives

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

Withdrawal Rates

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

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

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

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

Plan Name: Local No. 731, I.B. of T., Pension Fund
 Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
 Attachment to 2023 Form 5500 Schedule MB

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

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

Age ≤ 29

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

Age 30 – 39

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

Age 40 – 49

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

Age 50 – 64

Years of Service	Termination Rate
0	0.05
1+	0.02

Future Pension Credits

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

Disability Rates

Specimen rates shown below:

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

Future Weekly Contributions

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

Plan Year	Private Scavengers	Garage Attendants	Textile & Laundry
2018	\$324.20/week	\$54.00/week	\$218.00/week
2019	\$332.20/week	\$56.00/week	\$218.00/week
2020	\$340.20/week	\$56.00/week	\$233.00/week
2021	\$348.20/week	\$58.00/week	\$233.00/week
2022	\$382.20/week	\$62.00/week	\$233.00/week
2023	\$422.20/week	\$66.00/week	\$233.00/week

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

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

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2023 Form 5500 Schedule MB

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

QDRO Benefits

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

Marriage Assumptions

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

Age of Participants with Unrecorded Birth Dates

Based on average entry age of participants with recorded birth dates and same vesting status

Justification for Economic Assumptions

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

Changes in Assumptions since Last Valuation

- The RPA '94 Current Liability interest rate was changed from 2.38% to 3.07% to comply with appropriate guidance and remains within the required corridor as prescribed by the IRS.
- The RPA '94 Current Liability mortality table changed from the 2022 static mortality table to the 2023 static mortality table to comply with appropriate guidance.
- For financial disclosure under FASB ASC 960, the per capita annual expense to determine future administrative expense was changed from \$151.56 to \$170.39.

Modeling Disclosures

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

ProVal

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

Projection Model

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

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

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 1	
DESCRIPTION		BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS		949,382.	940,117.
PREPAID EXPENSES		3,149,165.	3,436,505.
DUE FROM BROKER		102,686.	0.
DUE FROM RELATED ORGANIZATIONS		0.	779.
TOTAL TO SCHEDULE H, LINE 1B(3)		4,201,233.	4,377,401.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 2	
DESCRIPTION		BEGINNING	ENDING
DUE TO BROKER		0.	158,444.
DUE TO RELATED ORGANIZATIONS		60,628.	0.
TOTAL TO SCHEDULE H, LINE 1J		60,628.	158,444.

SCHEDULE H	OTHER INCOME	STATEMENT 3	
DESCRIPTION		AMOUNT	
SECURITIES LITIGATION		45,929.	
MISCELLANEOUS INCOME		1,633.	
COMMISSION RECAPTURE		562.	
NET INVESTMENT GAIN ON PARTNERSHIPS		8,226,423.	
TOTAL TO SCHEDULE H, LINE 2C		8,274,547.	

SCHEDULE H OTHER ADMINISTRATIVE EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
COMPUTER MAINTENANCE	94,088.
DEPRECIATION- OFFICE EQUIPMENT	24,637.
FIDUCIARY LIABILITY & BONDING INSURANCE	106,597.
INSURANCE CONTRACT EXPENSE CHARGES	97,454.
PLAN TERMINATION INSURANCE	283,150.
BUILDING EXPENSES	1,250,933.
ADMINISTRATIVE EXPENSES REIMBURSED TO LOCAL 731 EXCAVATORS	
WELFARE FUND	569,396.
PRINTING, POSTAGE AND OFFICE EXPENSE	107,437.
TOTAL TO SCHEDULE H, LINE 2I(11)	2,533,692.

Local No. 731, I.B. of T. Pension Fund
 Pension Trust Fund
 EIN: 36-6513567
 September 30, 2024

Employer Contribution Rate

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

			Rate	CBA Exp.
Waste Management		36-2660859		
	Private Scavenger		422.20	9/30/2028
	Garage Attendant		70.00	9/30/2028
Groot Recycling and Waste Services		36-2430346		
	Private Scavenger		422.20	9/30/2028
	Garage Attendant		70.00	9/30/2028
Lake Shore Waste Services, LLC		36-4437735		
	Private Scavenger		422.20	9/30/2028
	Garage Attendant		70.00	9/30/2028
Homewood Transfer Trailer		36-3519935		
	Private Scavenger		422.20	9/30/2028
	Garage Attendant		70.00	9/30/2028

Plan Name: Local No. 731, I.B. of T., Pension Fund
 Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
 Attachment to 2023 Form 5500 Schedule MB

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	\$ 3,558,288	\$ 3,682,567	\$ 37,305,467	\$ 44,546,322
2024	6,805,468	4,450,642	36,540,668	47,796,778
2025	10,125,090	5,244,325	35,694,333	51,063,748
2026	13,400,911	6,018,180	34,830,686	54,249,777
2027	16,543,026	6,759,392	33,803,171	57,105,589
2028	19,422,886	7,143,715	32,831,897	59,398,498
2029	22,211,539	7,767,136	31,822,683	61,801,358
2030	24,796,503	8,498,835	30,833,146	64,128,484
2031	27,285,090	9,236,407	29,775,976	66,297,473
2032	29,535,234	9,841,778	28,606,568	67,983,580
2033	31,477,956	10,316,813	27,440,089	69,234,858
2034	33,218,279	10,819,687	26,293,174	70,331,140
2035	34,766,427	11,064,594	25,114,077	70,945,098
2036	36,006,720	11,153,046	23,905,557	71,065,323
2037	37,044,017	11,249,320	22,671,879	70,965,216
2038	37,872,098	11,339,363	21,417,686	70,629,147
2039	38,612,043	11,272,322	20,148,559	70,032,924
2040	39,078,582	11,291,479	18,870,993	69,241,054
2041	39,354,160	11,237,821	17,591,708	68,183,689
2042	39,480,488	11,110,109	16,317,743	66,908,340
2043	39,371,232	10,970,197	15,056,814	65,398,243
2044	39,115,727	10,751,027	13,817,123	63,683,877
2045	38,646,984	10,407,448	12,607,084	61,661,516
2046	38,067,426	10,057,190	11,435,451	59,560,067
2047	37,303,825	9,679,100	10,310,816	57,293,741

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2048	\$ 36,404,911	\$ 9,250,243	\$ 9,240,609	\$ 54,895,763
2049	35,397,973	8,789,154	8,231,141	52,418,268
2050	34,257,864	8,300,270	7,287,638	49,845,772
2051	32,993,509	7,800,718	6,413,422	47,207,649
2052	31,653,385	7,290,064	5,610,346	44,553,795
2053	30,249,336	6,800,438	4,879,016	41,928,790
2054	28,798,456	6,294,754	4,218,464	39,311,674
2055	27,293,801	5,794,123	3,626,357	36,714,281
2056	25,779,957	5,300,241	3,099,615	34,179,813
2057	24,230,339	4,828,741	2,634,349	31,693,429
2058	22,693,849	4,376,185	2,226,161	29,296,195
2059	21,143,532	3,945,432	1,870,365	26,959,329
2060	19,621,770	3,537,467	1,562,225	24,721,462
2061	18,122,368	3,156,555	1,296,990	22,575,913
2062	16,668,380	2,802,814	1,070,124	20,541,318
2063	15,266,161	2,476,546	877,421	18,620,128
2064	13,923,396	2,177,571	714,892	16,815,859
2065	12,641,492	1,905,278	578,760	15,125,530
2066	11,421,294	1,658,557	465,682	13,545,533
2067	10,274,497	1,436,237	372,291	12,083,025
2068	9,202,847	1,236,972	295,674	10,735,493
2069	8,204,708	1,059,341	233,547	9,497,596
2070	7,281,589	901,995	183,628	8,367,212
2071	6,433,052	763,390	143,658	7,340,100
2072	5,657,423	641,995	111,824	6,411,242

- Based on 2023 funding assumptions
- Amounts payable mid-year
- Per the 5500 instructions, the benefit payments do not include additional accruals, new entrants, or expected expenses.

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2023 Form 5500 Schedule MB

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

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

Plan Name: Local No. 731, I.B. of T., Pension Fund
 Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
 Attachment to 2023 Form 5500 Schedule MB

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	\$ 55,764,077	\$ 0	\$ 55,764,077
2024	56,445,983	0	56,445,983
2025	56,571,461	0	56,571,461
2026	56,571,461	0	56,571,461
2027	56,571,461	0	56,571,461
2028	56,571,461	0	56,571,461
2029	56,571,461	0	56,571,461
2030	56,571,461	0	56,571,461
2031	56,571,461	0	56,571,461
2032	56,571,461	0	56,571,461

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

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

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

C If the plan is a collectively-bargained plan, check here

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____

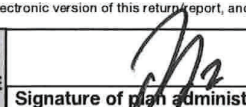
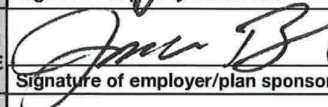
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan LOCAL NO. 731, I.B. OF T., PENSION FUND	1b Three-digit plan number (PN) 001
	1c Effective date of plan 10/01/1962
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOCAL NO. 731, I.B. OF T., PENSION FUND 1000 BURR RIDGE PARKWAY BURR RIDGE IL 60527	2b Employer Identification Number (EIN) 36-6513567
	2c Plan Sponsor's telephone number 630-887-4150
	2d Business code (see instructions) 562000

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

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

SIGN HERE		7/14/2025	John Lisner
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		7/14/2025	James W Beik as plan admin
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

5 Total number of participants at the beginning of the plan year	5	8,219
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	3,289
a (2) Total number of active participants at the end of the plan year	6a(2)	3,248
b Retired or separated participants receiving benefits	6b	2,172
c Other retired or separated participants entitled to future benefits	6c	2,213
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	7,633
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	671
f Total. Add lines 6d and 6e	6f	8,304
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	142

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

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

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

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

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u> 3 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED SEPTEMBER 30, 2024

SCHEDULE H, PART IV, LINE 4(i)

EIN 36-6513567
PLAN NO. 001

<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Fair Value of Asset at Transaction Date</u>	<u>Net Gain or (Loss)</u>
Goldman Financial Square Govt-A Fd# 465	\$ 106,698,116	\$ -	\$ 106,698,116	\$ 106,698,116	\$ -
Goldman Financial Square Govt-A Fd# 465	-	92,244,647	92,244,647	92,244,647	-

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

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

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

OMB No. 1210-0110

2023

**This Form is Open to Public
Inspection**

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **Round off amounts to nearest dollar.**

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

A Name of plan L731 Private Scavengers And Garage Attendants Pension Plan	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF L731 Private Scavengers and Garage Attendants Pension	D Employer Identification Number (EIN) <u>36-6513567</u>

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

1a Enter the valuation date: Month 10 Day 1 Year 2023

b Assets

(1) Current value of assets.....	1b(1)	828,933,248
(2) Actuarial value of assets for funding standard account.....	1b(2)	859,456,015

c (1) Accrued liability for plan using immediate gain methods.....

(1) Accrued liability for plan using immediate gain methods.....	1c(1)	813,927,549
--	--------------	-------------

(2) Information for plans using spread gain methods:

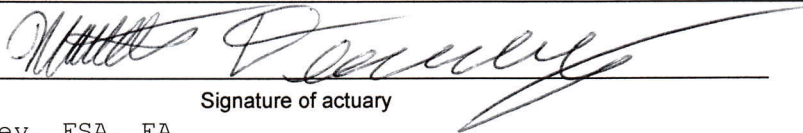
(a) Unfunded liability for methods with bases.....	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method.....	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	813,927,549

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	1,481,544,079
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	36,395,059
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	43,922,309
(3) Expected plan disbursements for the plan year.....	1d(3)	44,424,824

Statement by Enrolled Actuary

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

SIGN HERE		<u>7/10/2025</u>
	Signature of actuary Matt Deveney, FSA, EA	Date 23-07754
	Type or print name of actuary Cheiron, Inc.	Most recent enrollment number (877) 243-4766
	Firm name 8300 Greensboro Drive Suite 800 McLean VA 22102	Telephone number (including area code)

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

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

Schedule MB (Form 5500) 2023 v. 230728

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	828,933,248
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2,708	539,156,841
(2) For terminated vested participants	2,222	214,579,279
(3) For active participants:		
(a) Non-vested benefits		86,654,498
(b) Vested benefits		641,153,461
(c) Total active	3,289	727,807,959
(4) Total	8,219	1,481,544,079
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	55.95%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/15/2023	3,403,547	0	04/15/2024	4,863,259	0
12/15/2023	4,055,376	0	05/15/2024	4,709,565	0
01/15/2024	6,065,853	0	06/14/2024	4,429,154	0
02/15/2024	4,099,660	0	07/15/2024	4,612,976	0
03/15/2024	4,123,687	0	08/15/2024	5,369,264	0
			Totals ▶	3(b)	3(c)
				55,764,077	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	105.6%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • 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."	4f	

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

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

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l 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
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.07 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.20 % 6.90 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	6.1%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.3%
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1,400,460
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<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	14,988,807	1,554,608

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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	15,919,946

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	185,880,788	34,969,921
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		3,664,070
e Total charges. Add lines 9a through 9d.....	9e		54,553,937
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		211,718,036
g Employer contributions. Total from column (b) of line 3.....	9g		55,764,077
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	19,691,218	2,275,400
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		17,019,658
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	227,941,807	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	493,670,001	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		286,777,171
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		232,223,234
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			

Yes No

