

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>LOCAL 743 SEVERANCE AND RETIREMENT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES OF LOCAL 743 IB OF T</u> <u>SEVERANCE AND RETIREMENT PLAN</u></p> <p><u>625 ENTERPRISE DRIVE</u> <u>625 ENTERPRISE DRIVE</u> <u>OAK BROOK, IL 60523-8813</u> <u>OAK BROOK, IL 60523-8813</u></p>	<p><b>1c</b> Effective date of plan <u>05/16/1973</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>36-6523353</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>844-276-1290</u></p> <p><b>2d</b> Business code (see instructions) <u>484110</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/07/2025	DEBRA SIMMONS PETERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/07/2025	JAY SANDLER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2931
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	2931
	<b>6a(2)</b>	3071
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	3071
	<b>6e</b>	
	<b>6f</b>	3071
	<b>6g(1)</b>	2931
<b>6g(2)</b>	3071	
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	27

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E

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

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

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

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>LOCAL 743 SEVERANCE AND RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF LOCAL 743 IB OF T</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6523353</b>	

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

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

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

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

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

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

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

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

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

BENFITS MANAGEMENT GROUP INC.

20-0188125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	133453	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

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	57289	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)

SEGALL, BRYANT & HAMILL

35-2679129

(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 71	NONE	56034	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)

LANER, MUCHIN LTD.

36-3088463

(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	21883	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMALGAMATED BANK OF CHICAGO

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 62	NONE	13480	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)

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

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>LOCAL 743 SEVERANCE AND RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF LOCAL 743 IB OF T</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6523353</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	67491	17499
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	82715	80280
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	57218	63903
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	21101	44261
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	2483560	2158786
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	2317293	2533698
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	8389925	9496283
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	223873	203431

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	13643176	14598141
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	1864	9951
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1864	9951
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	13641312	14588190

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	911723	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		911723
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	4457	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	73632	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	95064	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	5942	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		179095
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	114669	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		114669
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	3925256	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	3959662	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-34406
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	1446070	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		2617151

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	1350854	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1350854
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	133453	
(3) Recordkeeping fees .....	<b>2i(3)</b>	34839	
(4) IQPA audit fees .....	<b>2i(4)</b>	22450	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	56034	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	13480	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	21883	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	2205	
(11) Other expenses.....	<b>2i(11)</b>	35075	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		319419
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		1670273

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		946878
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: CALIBRE CPA GROUP, PLLC

(2) EIN: 47-0900880

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.



**LOCAL 743 SEVERANCE AND RETIREMENT PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024





# LOCAL 743 SEVERANCE AND RETIREMENT PLAN

## FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2024 AND 2023

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## INDEPENDENT AUDITOR'S REPORT

Board of Trustees  
Local 743 Severance and Retirement Plan  
Oak Brook, Illinois

### Opinion

We have audited the accompanying financial statements of Local 743 Severance and Retirement Plan (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 December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.


### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

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





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


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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with generally accepted auditing standards, we:

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



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

### **Supplemental Schedules Required by ERISA**

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

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

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

### **Other Supplemental Information**

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

*Calibre CPA Group, PLLC*

Chicago, IL  
June 10, 2025



## LOCAL 743 SEVERANCE AND RETIREMENT PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
<b>Assets</b>		
Investments, at fair value		
Short-term investments	\$ 44,261	\$ 21,101
U.S. Government and government agency obligations	1,717,576	1,958,137
Mortgage backed securities	426,643	456,455
Collateralized mortgage obligations	217,998	292,841
Corporate bonds	2,533,698	2,317,293
Common stock	<u>9,496,283</u>	<u>8,389,925</u>
Total investments	<u>14,436,459</u>	<u>13,435,752</u>
Receivables		
Employer contributions	80,280	82,715
Accrued investment income	<u>46,266</u>	<u>40,024</u>
Total receivables	<u>126,546</u>	<u>122,739</u>
Prepaid insurance	<u>17,637</u>	<u>17,194</u>
Cash	<u>17,499</u>	<u>67,491</u>
Total assets	<u>14,598,141</u>	<u>13,643,176</u>
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts payable	<u>9,951</u>	<u>1,864</u>
Total liabilities	<u>9,951</u>	<u>1,864</u>
<b>Net assets available for benefits</b>	<u>\$ 14,588,190</u>	<u>\$ 13,641,312</u>

See accompanying notes to financial statements.



## LOCAL 743 SEVERANCE AND RETIREMENT PLAN

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<b>Additions</b>		
Investment income		
Interest income	\$ 179,159	\$ 169,396
Dividend income	114,605	112,543
Net appreciation in fair value of assets	<u>1,411,664</u>	<u>1,431,690</u>
	1,705,428	1,713,629
Less: investment expenses	<u>69,514</u>	<u>60,522</u>
Investment income - net	<u>1,635,914</u>	<u>1,653,107</u>
Employer contributions and liquidated damages	<u>911,723</u>	<u>834,198</u>
Total additions	<u>2,547,637</u>	<u>2,487,305</u>
<b>Deductions</b>		
Benefits paid	1,350,854	2,352,612
Administrative expenses	<u>249,905</u>	<u>204,123</u>
Total deductions	<u>1,600,759</u>	<u>2,556,735</u>
<b>Net change</b>	946,878	(69,430)
<b>Net assets available for benefits</b>		
Beginning of year	<u>13,641,312</u>	<u>13,710,742</u>
End of year	<u>\$ 14,588,190</u>	<u>\$ 13,641,312</u>

See accompanying notes to financial statements.



## LOCAL 743 SEVERANCE AND RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

#### NOTE 1. DESCRIPTION OF THE PLAN

The following description of Local 743 Severance and Retirement Plan (the Plan) provides only general information. Participants should refer to the summary plan description for a more complete description of the Plan's provisions.

**General** - The Plan was established during 1973 as a result of collective bargaining agreements between the union and various employers to provide eligible participants with benefits upon termination of employment, for extended insurance coverage, and life insurance coverage. The Plan is a multiemployer defined contribution severance and retirement plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Contributions** - The Plan is financed entirely by employer contributions as specified in the collective bargaining agreements. Each employer has different contribution rates in accordance with the employer's specific collective bargaining agreement. Participants are not permitted to make contributions to the Plan.

**Participant Accounts** - Each participant's account is credited with the employer contributions made on the participant's behalf and is adjusted for Plan earnings, less allocations for administrative expenses. Earnings allocations are based on participant's account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

**Vesting** - Under current provisions of the Plan, each participant's share account is fully vested at all times after employer contributions to the Plan have been made on behalf of the participant.

**Payment of Benefits** - Upon termination, retirement from employment, or death, participants are entitled to apply for and receive a single life annuity, a survivor annuity or a lump sum of the entire amount of their account.

#### NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Method of Accounting** - The accompanying 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)

**Investment Valuation and Income Recognition** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

**Employer Contributions Receivable** - The Plan estimates amounts receivable from reporting employers at year-end based upon amounts collected subsequent to year-end. Based on review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, management has concluded that any expected credit losses on balances outstanding at year end will be immaterial. Employer records are subject to audit and additional revenue, if any, that may arise as a result of these audits, is recognized when received.

**Use of Estimates** - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the use of estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

**Administrative Expenses** - The Plan pays all administrative expenses.

## NOTE 3. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated April 9, 2015 that the Plan was designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

U.S. generally accepted accounting principles require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. At December 31, 2024, the Plan is no longer subject to income tax examinations for years prior to the fiscal year ended December 31, 2021.



## NOTE 4. FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include 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 asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

*Short-term investments and common stock:* Valued at the closing price reported on the active market in which the individual securities are traded.

*U.S. Government and government agency securities:* Certain U.S. Government and government agency securities are valued at the closing price reported on the active market in which the individual securities are traded. Other U.S. Government and government agency securities are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

*Mortgage backed securities, collateralized mortgage obligations, and corporate bonds:* Valued based on yields currently available on comparable securities of issuers with similar credit ratings.

#### NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's fair value measurements at December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 44,261	\$ 44,261	\$ -	\$ -
U.S. Government and government agency securities	1,717,576	1,223,914	493,662	-
Mortgage backed securities	426,643	-	426,643	-
Collateralized mortgage obligations	217,998	-	217,998	-
Corporate bonds	2,533,698	-	2,533,698	-
Common stock	9,496,283	9,496,283	-	-
Total assets at fair value	<u>\$ 14,436,459</u>	<u>\$ 10,764,458</u>	<u>\$ 3,672,001</u>	<u>\$ -</u>

	Assets at Fair Value as of December 31, 2023			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 21,101	\$ 21,101	\$ -	\$ -
U.S. Government and government agency securities	1,958,137	1,486,508	471,629	-
Mortgage backed securities	456,455	-	456,455	-
Collateralized mortgage obligations	292,841	-	292,841	-
Corporate bonds	2,317,293	-	2,317,293	-
Common stock	8,389,925	8,389,925	-	-
Total assets at fair value	<u>\$ 13,435,752</u>	<u>\$ 9,897,534</u>	<u>\$ 3,538,218</u>	<u>\$ -</u>

#### NOTE 5. RELATED PARTIES AND PARTIES-IN-INTEREST TRANSACTIONS

The Plan has related entities which include a health and welfare plan, employee pension plan and a union, which are tax exempt organizations.

During the years ended December 31, 2024 and 2023, the Plan reimbursed the Union \$7,065 and \$3,894, respectively, for administrative and travel expenses incurred by the Union on behalf of the Plan.



**NOTE 5. RELATED PARTIES AND PARTIES-IN-INTEREST TRANSACTIONS  
(CONTINUED)**

As of December 31, 2024 and 2023, the Plan owed the Union \$3,633 and \$710, respectively, for administrative and travel expenses and is included as part of accounts payable.

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

**NOTE 6. PLAN TERMINATION**

Although the Board of Trustees (the Trustees) intend to continue the Plan, they reserve the right to terminate the Plan by written action at any time. In the event of a Plan termination, or if contributions to the Plan are completely discontinued, participants will continue to be fully vested in the Plan. Upon termination of the Plan, the Trustees may, in their sole discretion, either distribute the Plan promptly to participants after payment of all administrative expenses or may maintain the Plan and distribute benefits in accordance with the terms of the Plan in effect immediately prior to the termination.

**NOTE 7. CONCENTRATION OF RISK**

The Plan had three major participating employers for both the years ended December 31, 2024 and 2023, which accounted for more than 50% of the employer contributions to the Plan.



## NOTE 8. NET ASSETS AVAILABLE FOR BENEFITS

The following is a summary of participant account balances and net assets in excess of participant balances at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
<b>Beginning of year participant account balances</b>	<u>\$ 12,873,864</u>	<u>\$ 12,957,589</u>
<b>Additions</b>		
Employer contributions	911,723	834,198
Add - employer contributions receivable at December 31, 2023 and 2022	82,715	114,791
Less: employer contributions receivable at December 31, 2024 and 2023	(80,280)	(82,715)
Less: liquidated damages received from employers	<u>(3,546)</u>	<u>(10,831)</u>
Net contributions to participants' accounts	910,612	855,443
Dividend earnings to participants' account balances	<u>1,652,028</u>	<u>1,670,534</u>
Total additions	<u>2,562,640</u>	<u>2,525,977</u>
<b>Deductions</b>		
Benefits paid	1,350,854	2,352,612
Fees deducted from participants' account balances	243,675	202,402
Forfeitures	<u>15,726</u>	<u>22,526</u>
Total deductions	<u>1,610,255</u>	<u>2,577,540</u>
<b>Net change</b>	<u>952,385</u>	<u>(51,563)</u>
<b>Other adjustments</b>	<u>1,807</u>	<u>(32,162)</u>
<b>End of year participant balances</b>	<u>\$ 13,828,056</u>	<u>\$ 12,873,864</u>
<b>Net assets (net of contributions receivable)</b>	<u>\$ 14,507,910</u>	<u>\$ 13,558,597</u>
<b>Net assets in excess of participant balances</b>	<u>\$ 679,854</u>	<u>\$ 684,733</u>



**NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of additions and deductions per the financial statements to the Form 5500 for the years ended December 31, 2024 and 2023.

	<u>2024</u>	<u>2023</u>
Total additions per audited financial statements	\$ 2,547,637	\$ 2,487,305
Investment management expenses	<u>69,514</u>	<u>60,522</u>
Total additions per Form 5500	<u>\$ 2,617,151</u>	<u>\$ 2,547,827</u>
Total deductions per audited financial statements	\$ 1,600,759	\$ 2,556,735
Investment management expenses	<u>69,514</u>	<u>60,522</u>
Total deductions per Form 5500	<u>\$ 1,670,273</u>	<u>\$ 2,617,257</u>

**NOTE 10. RISKS AND UNCERTAINTIES**

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

**NOTE 11. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through June 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 adjustment to or disclosure in the accompanying financial statements.



## **SUPPLEMENTAL INFORMATION**





**LOCAL 743 SEVERANCE AND RETIREMENT PLAN**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Administrator fees	\$ 133,453	\$ 127,102
Audit fees	22,450	21,350
Dues and subscriptions	1,275	1,405
Insurance expense	18,491	19,544
Legal fees	21,883	21,438
Meeting and conference expense	2,205	1,774
Office and printing expenses	4,289	5,022
Payroll audit fees (net)	34,839	(3,404)
Postage expense	6,160	5,998
Reimbursement to Union for shared administrative expenses	<u>4,860</u>	<u>3,894</u>
Total administrative expenses	<u>\$ 249,905</u>	<u>\$ 204,123</u>



## LOCAL 743 SEVERANCE AND RETIREMENT PLAN

### SCHEDULES OF EMPLOYER CONTRIBUTIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Beacon Care Center	\$ 6,260	\$ -
Belhaven Nursing Home	17,028	17,244
Black Swan Manufacturing Co.	4,784	4,698
Capital Carton	2,874	2,634
Coleman Cable Systems, Inc.	-	11,550
Community Care Center	11,145	16,935
Concord Nursing Home	27,226	23,397
ConGlobal Industries	80,178	81,274
Countryside Nursing & Rehabilitation	16,875	14,744
Decorators Supply	6,685	9,100
Duraco, Inc.	343,437	282,789
Edgewater Systems	67,553	69,348
TM Healthcare Management - Crestwood Terrace	13,290	9,480
TM Healthcare Management - Frankfort Terrace	9,540	7,845
TM Healthcare Management - Joliet Terrace	9,510	8,835
Glenshire Nursing Home	13,050	12,516
Imperial Zinc, Co.	49,040	46,846
INX International Ink	96,910	94,350
Mado Healthcare Oldtown	2,456	2,961
Metro Facility Solutions	6,388	2,914
Midway Neurological Rehab	30,549	26,723
Munster Medical Inn	15,428	22,628
Next Level Hospitality Services	909	1,096
Oak Brook Health Care	24,402	16,469
Parkshore Estates Nursing and Rehabilitation Center	4,104	-
Tolleston Park	29,304	28,188
Tower Hill Health Care	16,906	15,414
Warren Barr South Loop	<u>5,892</u>	<u>4,220</u>
Total employer contributions	<u>\$ 911,723</u>	<u>\$ 834,198</u>

# LOCAL 743 SEVERANCE AND RETIREMENT PLAN

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

DECEMBER 31, 2024

FORM 5500, SCHEDULE H, LINE 4f

EIN 36-6523353  
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, shares or par/maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	<b>Common stock</b>						
	Abbot Laboratories	Common stock	N/A	N/A	1,020	\$ 22,039	\$ 115,372
	Adobe Systems Inc	Common stock	N/A	N/A	238	48,561	105,834
	Advanced Micro Devices Inc	Common stock	N/A	N/A	432	68,701	52,181
	Alphabet Inc CL A	Common stock	N/A	N/A	918	10,485	173,777
	Alphabet Inc CL C	Common stock	N/A	N/A	1,818	20,761	346,220
	Amazon.com Inc	Common stock	N/A	N/A	2,120	39,800	465,107
	Amphenol Corp	Common stock	N/A	N/A	2,812	61,135	195,293
	Apple Inc	Common stock	N/A	N/A	2,175	8,599	544,664
	Applied Materials Inc	Common stock	N/A	N/A	1,165	47,960	189,464
	Avery Dennison Corp	Common stock	N/A	N/A	506	45,069	94,688
	Bank of America Corp	Common stock	N/A	N/A	4,008	113,787	176,152
	Becton Dickinson & Co	Common stock	N/A	N/A	150	36,537	34,031
	Berkshire Hathaway Inc Class B	Common stock	N/A	N/A	455	38,593	206,242
	Broadcom Ltd	Common stock	N/A	N/A	2,000	51,112	463,680
	Caterpillar Inc	Common stock	N/A	N/A	486	32,038	176,301
	Chevron Corp	Common stock	N/A	N/A	631	71,745	91,394
	Chubb LTD	Common stock	N/A	N/A	246	56,873	67,970
	Conocophillips	Common stock	N/A	N/A	757	24,604	75,072
	Danaher Corp	Common stock	N/A	N/A	698	16,098	160,226
	Dollar General Corp	Common stock	N/A	N/A	567	28,544	42,990
	Eog Resources Inc	Common stock	N/A	N/A	504	42,802	61,780
	Honeywell International Inc	Common stock	N/A	N/A	652	40,796	147,280
	Illinois Tool Works Inc	Common stock	N/A	N/A	730	28,970	185,099
	Johnson & Johnson	Common stock	N/A	N/A	831	51,963	120,179
	JPM Chase & Co	Common stock	N/A	N/A	1,195	46,954	286,453
	Kenvue Inc	Common stock	N/A	N/A	896	21,164	19,130
	Kimberly Clark Corp	Common stock	N/A	N/A	99	5,976	12,973
	Lowes Cos Inc	Common stock	N/A	N/A	529	11,907	130,557
	LVMH Moët Hennessy & Co	Common stock	N/A	N/A	367	58,097	48,302
	Marsh & McLennan Companies Inc	Common stock	N/A	N/A	688	24,091	146,138
	Marvell Technology Group LTD	Common stock	N/A	N/A	2,312	87,683	255,360
	Merck & Co Inc	Common stock	N/A	N/A	676	24,920	67,248
	Microsoft Corp	Common stock	N/A	N/A	1,193	52,390	502,850
	Nextera Energy Inc	Common stock	N/A	N/A	1,322	101,648	94,774
	Nike Inc Class B Stock	Common stock	N/A	N/A	1,170	56,033	88,534
	Oracle Corp	Common stock	N/A	N/A	1,448	41,909	241,295
	O'Reilly Automotive Inc	Common stock	N/A	N/A	169	6,253	200,400
	Palo Alto Networks Inc	Common stock	N/A	N/A	840	91,284	152,846
	Parker Hannifan Corp	Common stock	N/A	N/A	200	31,352	127,206
	PepsiCo Inc	Common stock	N/A	N/A	757	40,043	115,109
	Progressive Corp	Common stock	N/A	N/A	631	47,713	151,194
	Raytheon Co	Common stock	N/A	N/A	1,446	104,620	167,331
	S&P Global Inc	Common stock	N/A	N/A	229	44,683	114,049
	Salesforce.com Inc	Common stock	N/A	N/A	213	39,181	71,212
	Schlumberger LTD	Common stock	N/A	N/A	653	37,358	25,036
	Schneider Electric Sa Unsp Adi	Common stock	N/A	N/A	2,038	95,668	101,676
	Sherwin Williams Co	Common stock	N/A	N/A	416	57,625	141,411
	Simon Property Group Inc	Common stock	N/A	N/A	679	89,494	116,931
	Sony Corp Sponsored ADR	Common stock	N/A	N/A	3,910	88,293	82,736
	Thermo Fisher Scientific Inc	Common stock	N/A	N/A	208	49,109	108,208
	TJX Cos Inc	Common stock	N/A	N/A	2,097	23,655	253,339
	Trane Technologies	Common stock	N/A	N/A	235	26,136	86,797
	Uber Technologies	Common stock	N/A	N/A	1,134	84,754	68,403
	Union Pacific Corp	Common stock	N/A	N/A	647	67,483	147,542
	United Rentals Inc	Common stock	N/A	N/A	85	72,805	59,877
	UnitedHealth Group Inc	Common stock	N/A	N/A	573	28,561	289,858
	Verifone Corp	Common stock	N/A	N/A	232	2,119	23,629
	Visa Inc Class A	Common stock	N/A	N/A	795	23,360	251,252
	Walmart Inc	Common stock	N/A	N/A	2,441	69,417	220,544
	Zebra Technologies Corp CL-A	Common stock	N/A	N/A	221	52,370	85,355
	Zoetis Inc	Common stock	N/A	N/A	919	50,285	149,732
	Total common stock					2,863,964	9,496,263

# LOCAL 743 SEVERANCE AND RETIREMENT PLAN

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

DECEMBER 31, 2024

FORM 5500, SCHEDULE H, LINE 4f

EIN 36-6523353  
PLAN NO. 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, shares or par/maturity value	Maturity Date	Rate of Interest	Number of Shares or Par / Maturity Value	(d) Cost	(e) Current Value	
	<b>U.S. Government and government agency obligations, mortgage backed securities, and collateralized mortgage obligations</b>							
	U.S., Treasury Notes	U.S. Government and government agency	02/15/25	2.000%	25,000	\$ 24,581	\$ 24,929	
	Honolulu Hawaii City & Cnty	U.S. Government and government agency	07/01/25	2.316%	30,000	30,000	29,708	
	U.S., Treasury Notes	U.S. Government and government agency	07/15/25	3.000%	100,000	96,398	99,355	
	FHLMC Series K733 Class A2	Collateralized mortgage obligation	08/25/25	3.750%	27,836	30,058	27,653	
	FNMA	U.S. Government and government agency	08/25/25	0.375%	20,000	19,906	19,499	
	FHLMC Multifamily Structured	Collateralized mortgage obligation	12/25/25	2.995%	25,000	24,555	24,662	
	Raleigh Nc Comb Enterprise Sys	U.S. Government and government agency	03/01/26	2.275%	25,000	25,000	24,434	
	FHLMC Multifamily Structured	Collateralized mortgage obligation	03/25/26	2.673%	34,759	35,465	34,037	
	U.S., Treasury Notes	U.S. Government and government agency	07/31/26	4.375%	50,000	51,893	49,000	
	U.S., Treasury Notes	U.S. Government and government agency	08/15/26	1.500%	40,000	37,661	38,289	
	Dallas-Fort Worth Tx Intl Airtl	U.S. Government and government agency	11/01/26	2.256%	25,000	25,000	24,045	
	U.S., Treasury Notes	U.S. Government and government agency	11/15/26	2.000%	65,000	61,705	61,574	
	Nebraska Pub Pwr Dist Rev	U.S. Government and government agency	01/01/27	2.493%	25,000	25,000	24,032	
	Cap One Multi-Asset Exe Trust	Collateralized mortgage obligation	03/15/27	2.800%	25,000	24,998	24,907	
	Daimler Trucks Relatl Tr Series	Collateralized mortgage obligation	03/15/27	5.900%	35,000	34,999	35,354	
	Metro Wstlwr Reclamation Dist	U.S. Government and government agency	04/01/27	2.363%	25,000	25,000	23,968	
	U.S., Treasury Notes	U.S. Government and government agency	02/15/28	2.750%	50,000	51,369	47,737	
	John Deere Owner Tr 2 Ser 23-B	Collateralized mortgage obligation	03/15/28	5.180%	10,000	9,998	10,082	
	New York St Urban Dev Corp Rev	U.S. Government and government agency	03/15/28	3.270%	30,000	29,371	28,922	
	Virginia St Resources Auth	U.S. Government and government agency	11/01/28	2.530%	25,000	25,000	23,313	
	U.S., Treasury Notes	U.S. Government and government agency	11/15/28	3.125%	45,000	43,995	43,054	
	Colorado St Hsg & Fin	U.S. Government and government agency	05/01/29	4.665%	25,000	25,000	25,009	
	U.S., Treasury Notes	U.S. Government and government agency	05/15/29	2.375%	11,000	114,417	101,380	
	FHLMC Gold Pool # G15144	Mortgage backed security	07/01/29	2.500%	5,812	5,889	5,634	
	FHLMC Pool # G18527	Mortgage backed security	10/01/29	3.000%	5,707	5,935	5,533	
	FNMA Pool # Ax8309	Mortgage backed security	11/01/29	3.000%	4,694	4,875	4,542	
	U.S., Treasury Notes	U.S. Government and government agency	02/15/30	1.500%	55,000	51,646	47,751	
	FNMA	U.S. Government and government agency	08/05/30	0.875%	105,000	98,215	96,689	
	U.S., Treasury Notes	U.S. Government and government agency	08/15/30	0.625%	110,000	107,019	89,319	
	Verizon Master Trust 2 Series	Collateralized mortgage obligation	08/20/30	4.170%	20,000	19,995	19,806	
	FNMA Bonds	U.S. Government and government agency	11/15/30	6.625%	80,000	97,784	88,660	
	U.S., Treasury Notes	U.S. Government and government agency	11/30/30	4.375%	75,000	76,318	74,719	
	FHLMC Pool # G18578	Mortgage backed security	12/01/30	3.000%	6,195	6,449	5,960	
	U.S., Treasury Notes	U.S. Government and government agency	02/15/31	1.125%	100,000	96,064	82,516	
	U.S., Treasury Notes	U.S. Government and government agency	08/15/31	1.250%	135,000	119,663	110,163	
	FHLMC Multifamily Series K146 Cl	Collateralized mortgage obligation	06/25/32	2.920%	30,000	27,014	26,353	
	FHLMC	U.S. Government and government agency	07/15/32	6.250%	40,000	46,324	44,361	
	FNMA Pool # 890790	Mortgage backed security	08/01/32	3.000%	7,748	8,019	7,381	
	U.S., Treasury Notes	U.S. Government and government agency	08/15/32	2.750%	110,000	98,137	97,552	
	U.S., Treasury Notes	U.S. Government and government agency	11/15/32	4.125%	80,000	82,328	78,028	
	U.S., Treasury Notes	U.S. Government and government agency	05/15/33	3.375%	110,000	106,675	101,097	
	U.S., Treasury Notes	U.S. Government and government agency	02/15/34	4.000%	60,000	58,059	57,452	
	FHLMC Pool SB0661	Mortgage backed security	04/01/37	2.500%	31,659	29,329	28,880	
	FNMA Pool FN MA4667	Mortgage backed security	06/01/37	3.500%	14,230	14,327	13,454	
	FNMA Pool FN MA4713	Mortgage backed security	07/01/37	4.000%	44,213	44,118	42,500	
	FHLMC Pool FR SB8191	Mortgage backed security	09/01/37	4.500%	47,201	47,125	46,168	
	FHLMC Pool FR SB8184	Mortgage backed security	09/01/37	4.000%	24,448	24,431	23,474	
	FHLMC Pool FR SB8186	Mortgage backed security	09/01/37	4.500%	23,463	23,851	22,957	
	FNMA Pool FN MA	Mortgage backed security	10/01/37	5.000%	15,981	16,084	15,903	
	FNMA Pool MA4797	Mortgage backed security	11/01/37	4.000%	18,542	18,292	17,818	
	FHLMC Pool SB6220	Mortgage backed security	02/01/38	5.500%	40,739	40,383	41,044	
	FHLMC Pool SB8216	Mortgage backed security	03/01/38	4.500%	7,290	7,162	7,140	
	FHLMC Pool SB9217	Mortgage backed security	03/01/38	5.000%	32,329	32,319	32,206	
	<b>FNMA Pool MA4991</b>	Mortgage backed security	04/01/38	5.500%	21,061	21,147	21,219	
	FNMA Pool # MA5014	Mortgage backed security	05/01/38	5.000%	17,112	17,220	17,028	
	FNMA Pool MA5145	Mortgage backed security	09/01/38	4.000%	46,531	46,898	47,308	
	Bank Of America Credi Card Tr	Collateralized mortgage obligation	11/15/38	4.980%	15,000	14,998	15,145	
	FHLMC Pool SB8293	Mortgage backed security	04/01/39	5.000%	20,597	20,459	20,496	
	FHLMC FR SB8303	U.S. Government and government agency	05/01/39	5.000%	51,275	51,601	51,018	
	Total U.S. Government and government agency obligations, mortgage backed securities, and collateralized mortgage obligations						<b>2,477,021</b>	<b>2,367,217</b>

# LOCAL 743 SEVERANCE AND RETIREMENT PLAN

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

DECEMBER 31, 2024

FORM 5500, SCHEDULE H, LINE 4f

EIN 36-6523353  
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, shares or par/maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	<b>Corporate bonds</b>						
	W.W. Grainger Inc	Corporate bond	02/15/25	1.850%	15,000	\$ 15,216	\$ 14,936
	Analog Devices Inc	Corporate bond	04/01/25	2.950%	10,000	10,886	9,957
	T-Mobile USA Inc	Corporate bond	04/15/25	3.500%	25,000	26,638	24,887
	Public Service Colorado	Corporate bond	05/15/25	2.900%	20,000	20,404	19,843
	Cincinnati Gas & Electric Co	Corporate bond	06/01/25	6.900%	10,000	12,565	10,064
	Hershey Company	Corporate bond	08/21/25	3.200%	35,000	38,147	34,684
	Connecticut Light & Pwr	Corporate bond	12/01/25	0.750%	30,000	28,444	29,000
	Georgia Pacific Bonds	Corporate bond	12/01/25	7.375%	40,000	46,070	41,019
	Visa Inc	Corporate bond	12/14/25	3.150%	15,000	16,182	14,826
	Allstate Corp	Corporate bond	12/15/25	0.750%	25,000	24,875	24,102
	General Motors Finl Co	Corporate bond	01/08/26	1.250%	40,000	39,867	38,535
	HCA INC	Corporate bond	02/15/26	5.875%	35,000	35,095	35,175
	Kenvue Inc	Corporate bond	03/22/26	5.350%	35,000	34,995	35,323
	Amphenol Corp	Corporate bond	03/30/26	4.750%	40,000	39,955	40,021
	Wells Fargo Co	Corporate bond	04/22/26	3.000%	35,000	33,108	34,227
	Union Pacific RR Co Sinkable	Corporate bond	05/14/26	3.227%	36,080	36,072	35,449
	Caterpillar Fin Service	Corporate bond	05/15/26	4.350%	40,000	39,623	39,944
	Home Depot INC	Corporate bond	06/25/26	5.150%	15,000	14,995	15,155
	Molson Coors Beverage Co	Corporate bond	07/15/26	3.000%	35,000	33,871	34,091
	Apple Inc	Corporate bond	09/11/26	2.050%	30,000	31,471	28,660
	Home Depot INC	Corporate bond	09/30/26	4.950%	30,000	29,982	30,248
	Citi Group INC	Corporate bond	10/21/26	3.200%	25,000	23,770	24,317
	Paccar Financial Corp	Corporate bond	11/09/26	5.200%	20,000	19,968	20,269
	Illinois Tool Works Inc	Corporate bond	11/15/26	2.650%	45,000	43,545	43,696
	Abbott Laboratories	Corporate bond	11/30/26	3.750%	45,000	51,371	44,461
	Texas Instruments Inc	Corporate bond	02/08/27	4.600%	25,000	24,978	25,105
	Eli Lilly & Co	Corporate bond	02/09/27	4.500%	40,000	39,979	40,091
	Mandētz International	Corporate bond	03/17/27	2.625%	45,000	42,079	43,053
	Cintas Corp	Corporate bond	04/01/27	3.700%	45,000	47,115	44,105
	JPMorgan Chase Co	Corporate bond	04/22/27	1.578%	50,000	47,157	47,994
	Darden Restaurants Inc	Corporate bond	05/01/27	3.850%	25,000	24,449	24,436
	Emerson Electric Co	Corporate bond	05/15/27	1.800%	25,000	25,453	23,226
	Estée Lauder Co INC	Corporate bond	05/15/27	4.650%	10,000	9,831	9,551
	AT&T Inc	Corporate bond	06/01/27	2.300%	40,000	37,950	37,747
	Intel Corp	Corporate bond	08/05/27	3.750%	25,000	24,821	24,246
	Paccar Financial Corp	Corporate bond	08/06/27	4.450%	10,000	9,987	9,990
	Quantia Services	Corporate bond	08/09/27	4.750%	20,000	19,969	19,971
	Amazon.com Inc	Corporate bond	08/22/27	3.150%	30,000	31,814	28,964
	Oracle Corp Commercial Paper	Corporate bond	11/15/27	3.250%	50,000	47,675	48,084
	Ecolab Inc	Corporate bond	01/15/28	5.250%	30,000	30,327	30,560
	Bank of America Corp	Corporate bond	01/20/28	3.824%	20,000	22,906	19,595
	Ventas Realty LP	Corporate bond	03/01/28	4.000%	15,000	14,618	14,597
	Transconl Gas Pipe Line	Corporate bond	03/15/28	4.000%	15,000	16,413	14,574
	Florida Power & Light	Corporate bond	04/01/28	5.050%	45,000	45,131	45,437
	Nvent Finance Sarl	Corporate bond	04/15/28	4.550%	15,000	16,852	14,852
	Automatic Data Processing Inc	Corporate bond	05/15/28	1.700%	20,000	20,117	18,265
	Republic Services Inc	Corporate bond	05/15/28	3.950%	45,000	42,919	43,820
	Georgia Power CO	Corporate bond	05/16/28	4.650%	40,000	40,085	39,828
	Canadian Pacific RR Co	Corporate bond	06/01/28	4.000%	25,000	24,538	24,340
	Canadian National Railway Co	Corporate bond	07/15/28	6.900%	30,000	40,030	32,061
	Jacobs Engineering Group INC	Corporate bond	08/18/28	6.350%	10,000	10,022	10,411
	Kimberly Clark Corp	Corporate bond	11/01/28	3.950%	40,000	41,978	39,091
	Avery Dennison Corp	Corporate bond	12/06/28	4.875%	40,000	42,201	39,914
	CNH Industrial Copilal LLC	Corporate bond	01/12/29	5.500%	20,000	19,890	20,286
	Anheuser Busch	Corporate bond	01/23/29	4.750%	30,000	31,988	29,980
	Lockheed Martin Corporation	Corporate bond	02/15/29	4.500%	35,000	34,980	34,619
	Adobe Inc	Corporate bond	04/04/29	4.800%	35,000	34,849	35,186
	Oge Energy Corp	Corporate bond	05/15/29	5.450%	30,000	30,269	30,498
	Wisconsin Electric Power	Corporate bond	05/15/29	5.000%	30,000	30,066	30,206
	O'Reilly Automotive Inc	Corporate bond	06/01/29	3.900%	40,000	38,444	38,344
	Applied Materials Inc	Corporate bond	06/15/29	4.800%	20,000	19,941	20,062
	Exxon Mobil Corp	Corporate bond	08/16/29	2.440%	35,000	35,585	31,941
	Oracle Corp Commercial Paper	Corporate bond	11/09/29	6.150%	20,000	20,646	20,975
	Vulcan Materials	Corporate bond	12/01/29	4.950%	15,000	15,000	14,958

# LOCAL 743 SEVERANCE AND RETIREMENT PLAN

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

DECEMBER 31, 2024

FORM 5500, SCHEDULE H, LINE 4f

EIN 36-6523353  
PLAN NO. 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, shares or par/maturity value	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current
							Value
	Conocophillips Company	Corporate bond	01/15/30	4.700%	35,000	\$ 34,617	\$ 34,636
	Fierv Inc	Corporate bond	03/15/30	4.750%	15,000	14,936	14,827
	National Rural Utility Corp	Corporate bond	03/15/30	2.400%	30,000	28,856	26,462
	Pepsico Inc	Corporate bond	03/19/30	2.750%	40,000	39,871	36,342
	Comcast Corp	Corporate bond	10/15/30	4.250%	40,000	39,128	38,566
	CBOE Global Markets Inc	Corporate bond	12/15/30	1.625%	30,000	29,650	24,890
	Xylem Inc	Corporate bond	01/30/31	2.250%	20,000	17,078	17,050
	Bristol Myers Squibb Co	Corporate bond	02/01/31	5.750%	40,000	40,702	41,614
	Abbvie Inc	Corporate bond	03/15/31	4.950%	35,000	35,035	35,001
	Keurig Dr. Pepper Inc	Corporate bond	03/15/31	5.200%	25,000	24,725	25,251
	PG&E Energy Recovery Fund	Corporate bond	07/15/31	1.460%	21,755	21,755	19,673
	Dick's Sporting Goods Inc	Corporate bond	01/15/32	3.150%	15,000	15,013	13,150
	Roper Technologies Inc	Corporate bond	02/15/32	4.750%	25,000	25,055	24,317
	Progressive Corp	Corporate bond	03/15/32	3.000%	30,000	26,249	26,358
	Waste Management Inc	Corporate bond	04/15/32	4.150%	35,000	34,594	33,085
	Pacific Gas & Electric	Corporate bond	06/15/32	5.900%	15,000	15,368	15,401
	United Parcel Service	Corporate bond	03/03/33	4.870%	30,000	30,454	29,693
	Eaton Corp	Corporate bond	03/15/33	4.150%	35,000	33,260	32,910
	Brown-Forman Corp	Corporate bond	04/15/33	4.750%	25,000	25,141	24,396
	Public Storage	Corporate bond	08/01/33	5.100%	25,000	25,077	24,905
	Duke Energy Carolinas	Corporate bond	01/15/34	4.850%	25,000	24,536	24,241
	Air Products & Chemicals Inc	Corporate bond	02/08/34	4.850%	20,000	19,945	19,540
	Cummins Engine Co	Corporate bond	02/20/34	5.150%	20,000	20,098	20,016
	Public Service Elec & Gas	Corporate bond	03/01/34	5.200%	25,000	25,074	24,915
	Master Card Inc	Corporate bond	05/09/34	4.875%	15,000	15,531	14,771
	Automatic Data Processing Inc	Corporate bond	09/09/34	4.450%	15,000	15,082	14,292
	W.W. Grainger Inc	Corporate bond	09/15/34	4.450%	20,000	20,054	19,037
	Wisconsin Electric Power	Corporate bond	10/01/34	4.600%	15,000	15,066	14,307
	Total corporate bonds					<u>2,612,307</u>	<u>2,533,658</u>
	Goldman Financial Square Treas Obligations	Short-term investment	N/A	N/A	44,261	44,261	44,261
	Total assets (held at end of year)					<u>\$ 7,997,553</u>	<u>\$ 14,436,459</u>



<b>Form 5500</b> <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	<b>Annual Return/Report of Employee Benefit Plan</b> 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). <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	<small>OMB Nos. 1210 - 0110 1210 - 0089</small> <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2024</div> This Form is Open to Public Inspection
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	<input checked="" type="checkbox"/>
D Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>

<b>Part II Basic Plan Information - enter all requested information</b>	
1a Name of plan <b>LOCAL 743 SEVERANCE AND RETIREMENT PLAN</b>	1b Three-digit plan number (PN) ▶ <b>001</b>
	1c Effective date of plan <b>05/16/1973</b>
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) <b>TRUSTEES OF LOCAL 743 IB OF T SEVERANCE AND RETIREMENT PLAN</b>  <b>625 ENTERPRISE DRIVE</b>  <b>OAK BROOK IL 60523-8813</b>	2b Employer identification number (EIN) <b>36-6523353</b> 2c Plan sponsor's telephone number <b>844-276-1290</b> 2d Business code (see instructions) <b>484110</b>

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

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

SIGN HERE		7/7/25	DEBRA SIMMONS PETERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		7/7/25	JAY SANDLER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2,931
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	2,931
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	3,071
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	3,071
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</b>	3,071
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	2,931
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	3,071
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	27

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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## LOCAL 743 SEVERANCE AND RETIREMENT PLAN

### SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

FORM 5500, SCHEDULE H, LINE 4J

EIN 36-6523353  
PLAN NO. 001

<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Carrying Value at Transaction Date</u>	<u>Net Gain or (Loss)</u>
<u>Purchases</u>					
Goldman Financial Square Treasury Obligations	\$ 1,543,913	\$ -	\$ 1,543,913	\$ 1,543,913	\$ -
<u>Sales</u>					
Goldman Financial Square Treasury Obligations	-	1,520,752	1,520,752	1,520,752	-