

<p><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><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 07/01/2024 and ending 06/30/2025

**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>MACHINERY MOVERS, RIGGERS &amp; MACH. ERECT. LOCAL 136 HEALTH AND WELFARE FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</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>MACHINERY MOVERS, RIGGERS &amp; MACH. ERECT LOCAL 136 HEALTH &amp; WELFARE FUN</u></p> <p><u>625 ENTERPRISE DR</u> <u>OAK BROOK, IL 60523-8813</u></p>	<p><b>1c</b> Effective date of plan <u>07/01/1982</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>36-3204740</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>630-472-0626</u></p> <p><b>2d</b> Business code (see instructions) <u>238900</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.	03/04/2026	ROBERT FULTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	02/25/2026	WILLIAM E JOYCE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  TRSTEES MACH MVRS,RIGGERS&MACH EREC  625 ENTERPRISE DR OAK BROOK, IL 60523-8813	<b>3b</b> Administrator's EIN 36-3204740																				
	<b>3c</b> Administrator's telephone number 630-472-0626																				
<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> 150																				
<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>6a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>6a(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.....	<table border="1"> <tr><td><b>6a(1)</b></td><td>150</td></tr> <tr><td><b>6a(2)</b></td><td>174</td></tr> <tr><td><b>6b</b></td><td></td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td>174</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>	150	<b>6a(2)</b>	174	<b>6b</b>		<b>6c</b>		<b>6d</b>	174	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
<b>6a(1)</b>	150																				
<b>6a(2)</b>	174																				
<b>6b</b>																					
<b>6c</b>																					
<b>6d</b>	174																				
<b>6e</b>																					
<b>6f</b>																					
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b> 32																				

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
 4A 4B 4D 4E 4F

<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 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
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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 checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>2</u> (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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**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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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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 style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<p><b>A</b> Name of plan <b>MACHINERY MOVERS, RIGGERS &amp; MACH. ERECT. LOCAL 136 HEALTH AND WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>501</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MACHINERY MOVERS, RIGGERS &amp; MACH. ERECT LOCAL 136 HEALTH &amp; WELFARE FUN</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>36-3204740</b></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  
**AMALGAMATED 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
13-5501223	60216	SL1010	174	07/01/2024	06/30/2025

**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><b>(a)</b> Total amount of commissions paid <b>13909</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></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  
**COMMERCIAL GROUP INTERMEDIARIES**      **19 ILLINOIS AVENUE**  
**SCHAUMBURG, IL 60193**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13909			3

**(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.

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

**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>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>		
	(2) Administration charge made by carrier.....	<b>7e(2)</b>		
	(3) Transferred to separate account .....	<b>7e(3)</b>		
	(4) Other (specify below) .....	<b>7e(4)</b>		
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	278178
<b>b</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. ....	<b>10b</b>	

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 style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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 style="font-size: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

<p><b>A</b> Name of plan <span style="color: blue;">MACHINERY MOVERS, RIGGERS &amp; MACH. ERECT. LOCAL 136 HEALTH AND WELFARE FUND</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">501</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">MACHINERY MOVERS, RIGGERS &amp; MACH. ERECT LOCAL 136 HEALTH &amp; WELFARE FUN</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">36-3204740</span></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  
AMALGAMATED 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
13-5501223	60216	26IL05	181	07/01/2024	06/30/2025

**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><b>(a)</b> Total amount of commissions paid</p> <p style="color: blue;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="color: blue;">0</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

(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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**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.

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

**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>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	35092
<b>b</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. .... Specify nature of costs.	<b>10b</b>	

**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. ▶

<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 **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>MACHINERY MOVERS, RIGGERS &amp; MACH. ERECT. LOCAL 136 HEALTH AND WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MACHINERY MOVERS, RIGGERS &amp; MACH. ERECT LOCAL 136 HEALTH &amp; WELFARE FUN</b>	<b>D</b> Employer Identification Number (EIN) <b>36-3204740</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)

HEALTH CARE SERVICE CORP (BCBS)

36-1236610

(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?
12 73	NONE	107171	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)

BENEFITS MANAGEMENT GROUP

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?
14	NONE	95230	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)

MARATHON HEALTH

26-0103977

(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?
12	NONE	81580	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JAMES V. GALLERY & ASSOCIATE

20-0188135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	60000	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)

UNION EYES

83-3067276

(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?
12	NONE	41840	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)

ASB CAPITAL MANAGEMENT LLC

80-0618452

(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	27896	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)

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	24500	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)

BLUEGRASS HEALTH SOLUTIONS, LLC

38-4251369

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16		7997	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GREGORIO, STEC, KLEIN & HOSE

99-0408958

(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	5760	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)

SAV-RX

86-1323040

(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?
12	NONE	5515	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)

(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"/>

(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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE 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>	OMB No. 1210-0110  <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>07/01/2024</b> and ending <b>06/30/2025</b>	
<b>A</b> Name of plan <b>MACHINERY MOVERS, RIGGERS &amp; MACH. ERECT. LOCAL 136 HEALTH AND WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MACHINERY MOVERS, RIGGERS &amp; MACH. ERECT LOCAL 136 HEALTH &amp; WELFARE FUN</b>	<b>D</b> Employer Identification Number (EIN) <b>36-3204740</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>	418932	420279
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	215926	235015
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	45219	379178
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	60382	37000
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	692296	633174
<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>	2013466	2233767
<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>	1117421	843588
<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>	788537	442798

<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>	100860	94510
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	5453039	5319309
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	19974	12017
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	3415681	4645885
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	3435655	4657902
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	2017384	661407

**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>	3058872	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	79350	
<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>		3138222
<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>	1047	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	24835	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	89229	
<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>	20762	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		135873
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	15662	
<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>		15662
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	7141391	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	7022986	
<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>		118405
<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>	42660	
<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>		3450822

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	3980003	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	313270	
(3) Other.....	<b>2e(3)</b>	270725	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		4563998
<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>	95100	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	24500	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	27896	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	4052	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	5411	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	85842	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		242801
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		4806799

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-1355977
<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 \_\_\_\_\_.



**MACHINERY MOVERS, RIGGERS AND  
MACHINERY ERECTORS LOCAL 136  
HEALTH AND WELFARE TRUST FUND**

FINANCIAL STATEMENTS

JUNE 30, 2025





**MACHINERY MOVERS, RIGGERS AND  
MACHINERY ERECTORS, LOCAL 136  
HEALTH AND WELFARE TRUST FUND**

FINANCIAL STATEMENTS  
AND SUPPLEMENTAL INFORMATION

YEARS ENDED JUNE 30, 2025 AND 2024

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of  
Machinery Movers, Riggers and Machinery Erectors  
Local 136 Health and Welfare Trust Fund  
Oak Brook, Illinois

### Opinion

We have audited the accompanying financial statements of the Machinery Movers, Riggers and Machinery Erectors Local 136 Health and Welfare Trust 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 and of benefit obligations as of June 30, 2025 and 2024, the related statements of changes in net assets available for benefits and of changes in benefit obligations 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 and benefit obligations of the Plan as of June 30, 2025 and 2024, and the changes in its net assets available for benefits and benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.


### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

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





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


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

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

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

In performing an audit in accordance with GAAS, we:

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



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

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

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

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

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

### **Other Supplemental Information**

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

*Calibre CPA Group, PLLC*

Chicago, IL  
January 8, 2026



**MACHINERY MOVERS, RIGGERS AND MACHINERY ERECTORS  
LOCAL 136 HEALTH AND WELFARE TRUST FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2025 AND 2024

	2025	2024
<b>Assets</b>		
<b>Assets</b>		
Investments, at fair value	\$ 4,190,327	\$ 4,672,102
Receivables		
Employer contributions	235,015	215,926
Stop-loss reimbursement	345,422	14,717
Accrued investment income	33,756	30,502
Total receivables	614,193	261,145
Property and equipment		
Wellness centers leasehold improvements	93,043	122,167
Less: accumulated amortization	(44,288)	(31,538)
Property and equipment (net)	48,755	90,629
Prepaid expenses	45,755	10,231
Non-interest bearing cash	420,279	418,932
Total assets	5,319,309	5,453,039
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts payable and accrued expenses	12,017	19,974
Due to affiliated funds	31,273	-
Total liabilities	43,290	19,974
<b>Net assets available for benefits</b>	<b>\$ 5,276,019</b>	<b>\$ 5,433,065</b>

See accompanying notes to financial statements.



## MACHINERY MOVERS, RIGGERS AND MACHINERY ERECTORS LOCAL 136 HEALTH AND WELFARE TRUST FUND

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

YEARS ENDED JUNE 30, 2025 AND 2024

	2025	2024
<b>Additions to net assets attributed to</b>		
Contributions		
Employer contributions	\$ 3,058,872	\$ 2,379,836
Employee contributions	79,350	129,415
Total contributions	3,138,222	2,509,251
Investment income		
Appreciation in fair value of investments	161,065	261,898
Interest and dividends	151,535	133,506
Investment management expenses	(27,896)	(26,601)
Net investment income	284,704	368,803
Total additions	3,422,926	2,878,054
<b>Deductions from net assets attributed to</b>		
Cost of benefits		
Claims payments - medical and prescription drugs (net of subrogation income)	3,322,705	2,081,278
Dental claims	193,065	122,465
Vision claims	7,563	9,143
Disability claims	94,066	28,942
HRA benefits paid	158,054	186,340
Stop-loss insurance premiums	278,178	237,471
Less: stop-loss insurance reimbursements	(994,381)	(14,717)
Life and AD&D insurance premiums	35,092	30,012
Blue Cross Blue Shield access fees	107,171	54,580
Health care management fees	10,655	4,440
Wellness centers	152,899	160,892
Total cost of benefits	3,365,067	2,900,846
Fees mandated by the Patient Protection and Affordable Care Act	420	346
General and administrative expenses	214,485	224,193
Total deductions	3,579,972	3,125,385
<b>Net change</b>	(157,046)	(247,331)
<b>Net assets available for benefits</b>		
Beginning of year	5,433,065	5,680,396
End of year	\$ 5,276,019	\$ 5,433,065

See accompanying notes to financial statements.



**MACHINERY MOVERS, RIGGERS AND MACHINERY ERECTORS  
LOCAL 136 HEALTH AND WELFARE TRUST FUND**

STATEMENTS OF BENEFIT OBLIGATIONS

JUNE 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
<b>Obligations for current benefit coverage, at present value of estimated amounts</b>		
Claims incurred but unpaid	\$ 254,421	\$ 314,534
Accumulated eligibility credits and hours bank	3,189,351	2,069,025
Accumulated balance in participant HRA accounts	<u>1,170,840</u>	<u>1,032,122</u>
 Total benefit obligations at end of year	 <u>\$ 4,614,612</u>	 <u>\$ 3,415,681</u>

See accompanying notes to financial statements.



**MACHINERY MOVERS, RIGGERS AND MACHINERY ERECTORS  
LOCAL 136 HEALTH AND WELFARE TRUST FUND**

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED JUNE 30, 2025 AND 2024

	2025	2024
<b>Obligations for current benefit coverage, at present value of estimated amounts</b>		
Balance at beginning of year	\$ 3,415,681	\$ 3,029,006
Claims and insurance premiums incurred	3,034,230	2,832,567
Claims and insurance premiums paid	(3,094,342)	(2,680,934)
Change during year		
Accumulated eligibility credits and hours bank	1,120,326	192,225
Accumulated balance in participant HRA accounts	138,717	42,817
Total benefit obligations at end of year	\$ 4,614,612	\$ 3,415,681

See accompanying notes to financial statements.



## MACHINERY MOVERS, RIGGERS AND MACHINERY ERECTORS LOCAL 136 HEALTH AND WELFARE TRUST FUND

### NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

#### NOTE 1. DESCRIPTION OF THE PLAN

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

**General** - The Plan is a result of a joint agreement between the Machinery Movers, Riggers and Machinery Erectors Local 136 Health and Welfare Trust Fund and the Machinery Movers and Erectors Association of Greater Chicago. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan's disbursements are under the joint control of union designated and employer designated trustees.

**Benefits** - The Plan provides health benefits (hospital, surgical, major medical, dental, vision, and disability) and life insurance benefits covering employees who work the qualifying period as described in the Plan and for whom contributions have been made by contributing employers. The eligibility period is discussed under Eligibility and Bank of Hours.

All benefits of the Plan, except life insurance benefits, are self-insured.

The Plan has a stop-loss insurance arrangement to limit its exposure for self-insured benefits for individual participant claims exceeding \$150,000 for the years ended June 30, 2025 and 2024.

There is no provision in the Plan for postretirement benefits.

The Board of Trustees (Trustees) established a Health Reimbursement Account (HRA) for participants. HRA's are individual accounts funded by employer contributions that can be used for certain healthcare expenses incurred that are not payable by the Plan.

For each hour a participant works for an employer, there shall be an amount allocated (\$0.25 per hour) to a participant's HRA account.

The Trustees approved an additional HRA credit of \$1 to each participant for every hour worked over 600 hours and \$2 to each member for every hour worked over 1,600 hours for the 2023 and 2024 calendar years. The Trustees approved a \$200 bonus to a participant's HRA account for completing an annual physical examination from May 1, 2023 through December 31, 2023 at a Union Wellness Clinic.



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

The participant's HRA credits will carry over from year to year. When a participant is terminated from covered employment or loses eligibility for coverage under the Plan, any remaining credits will be forfeited. No participant or dependent is vested in any credits under the HRA.

Participants should refer to the Plan document for a complete description of all amendments adopted during the year.

**Eligibility and Bank of Hours** - Employees who start working under the jurisdiction of Local 136 become covered on the first day of the month following the month during which the 500<sup>th</sup> hour of contribution is received. Effective July 2024 work month, the work hour requirement was reduced to the 400<sup>th</sup> hour of contribution received in a six-month period.

Once participants become eligible, they will continue to be covered under the Plan for a coverage quarter. Eligibility will continue for coverage quarters as long as the participant has 250 hours of contribution credit in the participant's hours bank at the beginning of such period. Effective July 2024 contribution quarter, the eligibility requirement was reduced to 200 hours of contribution credit in a coverage quarter. A coverage quarter is defined according to the following schedule:

<u>Contribution Quarters Work Performed During</u>	<u>Benefit Quarters Determines Eligibility for</u>
January, February, March	May, June, July
April, May, June	August, September, October
July, August, September	November, December, January
October, November, December	February, March, April

If the contribution of hours into a participant's account exceeds 250 in a quarter, the excess will be carried forward and will be accumulated with other contribution hours received on the participant's behalf, known as the Hours Bank. Hours will be deducted from the Hours Bank in quarters when less than 250 hours have been worked. Effective July 2024 contribution quarter, the deduction from the Hours Bank was reduced to less than 200 hours worked in a contribution quarter. At no time shall a participant have more than 1,000 in their Hours Bank.

A participant is allowed to make self-payments of contributions if the participant will lose eligibility because of a period of unemployment.

**Employer Contributions** - Employers contribute at "Trade Show" rates and "Street Contract" rates. For the plan years ended June 30, 2025 and 2024, Trade Show employers contributed at an hourly rate of \$10.75 and \$10.50, respectively, for each hour a participant has worked. For the plan years ended June 30, 2025 and 2024, Street employers contributed at an hourly rate of \$9.95 and \$9.70, respectively, for each hour a participant has worked.



## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

**Investment Valuation and Income Recognition** - Investments are stated 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. Appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Cash and equivalents held by the investment custodian represent assets held for investment purposes and are reported as investments.

**Employer Contributions Receivable** - Contributions receivable at June 30, 2025 and 2024 represents amounts received subsequent to year end for work performed through June 30. Employer records are subject to audit and additional revenue, if any, that may arise as a result of these audits is recognized when received. Based on review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, management has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

**Property and Equipment** - Property and equipment is stated 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. Amortization for leasehold improvements is calculated on the straight-line method over the current lease agreement periods with extensions, if applicable, of 5 - 15 years. Amortization expense was \$12,749 and \$13,419 for the years ended June 30, 2025 and 2024, respectively.

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

**Benefits** - Claim payments are recorded when submitted to the Plan by the third-party claims processors for reimbursement. Claims paid by the claims processors prior to year-end or claim payments submitted to the Plan by the third-party claims processors that are not yet paid are recorded as an amount currently payable in the accompanying statements of benefit obligations. Premium payments are recorded as premium payments in the statements of changes in net assets available for benefits.

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



### **NOTE 3. TAX STATUS**

The Trust established under the Plan to hold the Plan's net assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC), and, accordingly, the Trust's income is exempt from income taxes. The Trust has obtained a favorable tax determination letter from the Internal Revenue Service (IRS), and the Plan sponsor believes that the Trust, as amended, continues to qualify and operate in accordance with applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of June 30, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### **NOTE 4. PLAN TERMINATION**

Although they have not expressed any intent to do so, the Trustees have the right under the Plan to terminate the Plan subject to the provisions of the Plan document. In the event of Plan termination, Plan assets will be distributed to the participants after all expenses incurred by the Plan are paid.

### **NOTE 5. CASH CONCENTRATIONS**

The Plan maintains its cash balances in financial institutions deemed to be creditworthy. Balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per financial institution. At June 30, 2025, the cash balances exceeded the FDIC insured limit by approximately \$180,000. Management does not believe it has a significant risk of loss at this time.

### **NOTE 6. ESTIMATED LIABILITY FOR FUTURE CLAIMS**

The estimated liabilities for benefit claims incurred but not yet reported and accumulated eligibility credits and hours bank were prepared by the consultant of the Plan.

The estimates for accumulated eligibility credits are based on hours worked prior to July 1, 2025 and 2024.



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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2025 and 2024.

*U.S. Government and agency securities and common stock:* Valued at the closing price reported in the active market in which the individual securities are traded.

*Collateralized mortgage obligations and municipal and corporate bonds:* Collateralized mortgage obligations, municipal and corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

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

## NOTE 7. 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 values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2025 and 2024:

	Assets at Fair Value as of June 30, 2025			
	Total	Level 1	Level 2	Level 3
U.S. Government and agency securities	\$ 633,174	\$ 633,174	\$ -	\$ -
Collateralized mortgage obligations	6,231	-	6,231	-
Common stock	843,588	843,588	-	-
Municipal bonds	436,567	-	436,567	-
Corporate bonds	2,233,767	-	2,233,767	-
Short-term investment fund	37,000	37,000	-	-
	<u>\$ 4,190,327</u>	<u>\$ 1,513,762</u>	<u>\$ 2,676,565</u>	<u>\$ -</u>

	Assets at Fair Value as of June 30, 2024			
	Total	Level 1	Level 2	Level 3
U.S. Government and agency securities	\$ 692,296	\$ 692,296	\$ -	\$ -
Common stock	1,117,421	1,117,421	-	-
Municipal bonds	788,537	-	788,537	-
Corporate bonds	2,013,466	-	2,013,466	-
Short-term investment fund	60,382	60,382	-	-
	<u>\$ 4,672,102</u>	<u>\$ 1,870,099</u>	<u>\$ 2,802,003</u>	<u>\$ -</u>

## NOTE 8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for plan benefits from the financial statements to the Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	\$ 5,276,019	\$ 5,433,065
Benefit obligations currently payable	<u>(4,614,612)</u>	<u>(3,415,681)</u>
Net assets available for benefits per the Form 5500	<u>\$ 661,407</u>	<u>\$ 2,017,384</u>



**NOTE 8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500  
(CONTINUED)**

Claims and premiums that have been processed and approved for payment at year-end, but not paid and claims incurred but not reported are not considered liabilities under U.S. GAAP and, therefore, are not presented as liabilities or claims and premiums paid in the accompanying financial statements but are recorded on the Form 5500 as a liability.

The following is a reconciliation of benefits paid to participants from the financial statements to the Form 5500 for the year ended June 30, 2025:

Cost of benefits per the financial statements	\$ 3,365,067
Add: amounts payable at June 30, 2025	4,614,612
Less: amounts payable at June 30, 2024	<u>(3,415,681)</u>
Cost of benefits per the Form 5500	<u>\$ 4,563,998</u>

The following is a reconciliation of additions and deductions per the statement of changes in net assets available for benefits to income and expenses per the Form 5500 for the year ended June 30, 2025:

Total additions per audited financial statements	\$ 3,422,926
Add: investment management expenses	<u>27,896</u>
Total additions per the Form 5500	<u>\$ 3,450,822</u>
Total deductions per audited financial statements	\$ 3,579,972
Add: effects of changes in benefit payable	1,198,931
Add: investment management expenses	<u>27,896</u>
Total deductions per the Form 5500	<u>\$ 4,806,799</u>

**NOTE 9. DUE FROM AFFILIATED FUND AND PARTY-IN-INTEREST TRANSACTIONS**

As of June 30, 2025, the Plan has a \$31,273 payable to Machinery Movers, Riggers and Machinery Erectors Local 136 Supplemental Retirement Fund (Retirement Fund) (a related party) for a bank transfer received by the Plan intended for the Retirement Fund. The balance was repaid subsequent to year end.

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 10. CHICAGOLAND CONSTRUCTION TRADES WELLNESS CENTER COOPERATIVE

Effective April 1, 2021, the Plan and five other Chicagoland multiemployer health and welfare plans formed the Chicagoland Construction Trades Wellness Center Cooperative (the Cooperative). The purpose of the Cooperative is to establish wellness centers (clinics) to provide health care benefits to their participants. As of June 30, 2025, there are eleven multiemployer health and welfare plans in the Cooperative. Leasehold improvements and expenses of eight clinics are allocated under a cost sharing arrangement based on a pro-rata percentage of eligible participants covered by each Plan on a quarterly basis. The Plan's share of clinic expenses as of June 30, 2025 and 2024 is 0.71% and 0.87%, respectively, is based on eligible participants as of January 1, 2025 and 2024. The Plan's clinic expenses for the years ended June 30, 2025 and 2024 are as follows:

	<u>2025</u>	<u>2024</u>
Medical and vision expenses	\$ 123,420	\$ 125,362
General and administrative expenses	18,678	23,103
Rent expense	<u>10,801</u>	<u>12,427</u>
Total	<u>\$ 152,899</u>	<u>\$ 160,892</u>

**Wellness Center Leases** - The Cooperative entered into lease agreements for the eight clinic locations with the following terms:

- Bellwood, IL - Lease is effective from January 1, 2022 through December 31, 2026. The lease requires monthly base rent of \$10,637 through December 31, 2024, \$10,903 from January 1, 2025 through December 31, 2025, and \$11,169 from January 1, 2026 through December 31, 2026.
- Channahon, IL - Lease is effective from February 1, 2022 through June 30, 2027 with an option for the Cooperative to extend the lease for two additional three- year periods. The lease requires monthly base rent of \$9,945 with annual increases of 2.5%. Rent is abated for the first five months.
- Crestwood, IL - Lease is effective from September 1, 2021 through December 31, 2026 with an option for the Cooperative to extend the lease for two additional five-year periods. The lease requires monthly base rent of \$10,321 with annual increases of 2.0%. Rent is abated for the first four months.
- Crystal Lake, IL - Lease is effective from September 25, 2021 through December 24, 2026 with an option for the Cooperative to extend the lease for an additional five-year period. The lease requires monthly base rent of \$7,511 with annual increases of 3.0%. Rent is abated for the first three months.



**NOTE 10. CHICAGOLAND CONSTRUCTION TRADES WELLNESS CENTER COOPERATIVE (CONTINUED)**

- Lemont, IL - Lease is effective for the Fund as part of the Cooperative from May 18, 2021 through May 31, 2024 with options to extend the lease for three additional three-year periods. The lease was originally effective June 1, 2019 between the lessor and another member of the Cooperative. The first amendment to the lease added the Fund effective May 18, 2021. The second amendment to the lease extended the lease term through May 31, 2029 with required monthly base rent of \$8,093 with annual increases of 3.0% on June 1.
- Merrillville, IN - Lease is effective from April 10, 2023 through October 10, 2028 with an option to extend for an additional five-year period. The lease requires monthly base rent of \$10,174 with an annual increase of 2% after the second year. Rent is abated for the first six months.
- Rosemont, IL - Lease is effective from September 1, 2021 through December 31, 2026 with an option for the Cooperative to extend the lease for an additional five-year period. The lease requires monthly base rent of \$13,349 with annual increases of approximately 2%. Rent is abated for the first four months.
- Warrenville, IL - Lease is effective from May 1, 2021 through April 30, 2026 with an option to renew for an additional five-year period. The lease requires monthly base rent of \$12,056.

The Plan's portion of future minimum required lease payments for the Cooperative is as follows at June 30, 2025:

Year Ending June 30,	<u>Amount</u>
2026	\$ 7,227
2027	4,539
2028	1,752
2029	<u>941</u>
Total	<u>\$ 14,459</u>

**NOTE 11. RISKS AND UNCERTAINTIES**

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



## **NOTE 12. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through January 8, 2026, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



## SUPPLEMENTAL INFORMATION





**MACHINERY MOVERS, RIGGERS AND MACHINERY ERECTORS  
LOCAL 136 HEALTH AND WELFARE TRUST FUND**

SCHEDULES OF GENERAL AND ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Administrative fees	\$ 95,100	\$ 95,100
Actuary fees	-	14,000
Audit and accounting fees	24,500	23,500
Bank charges	4,052	3,971
Consulting	60,000	60,000
Insurance	7,286	7,286
Legal fees	5,411	5,455
Office expense	<u>18,136</u>	<u>14,881</u>
Total general and administrative expenses	<u>\$ 214,485</u>	<u>\$ 224,193</u>

# MACHINERY MOVERS, RIGGERS AND MACHINERY ERECTORS LOCAL 136 HEALTH AND WELFARE TRUST FUND

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

JUNE 30, 2025

Schedule H, Part IV, Line 4(i)

EIN No.: 36-3204740  
Plan No.: 501

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value or Shares			(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest		
	Short-term investment fund					
	GOLDMAN FINANCIAL SQUARE GOVT	Short-term investment fund	N/A	N/A	36,982	\$ 36,982
	CHARLES SCHWAB BANK	Short-term investment fund	N/A	N/A	N/A	18
	Total short-term investment funds					<u>37,000</u>
	Corporate bonds					
	CHARTER COMM OPT LLC/CAP	Corporate bond	07/23/25	4.908%	2,000	2,007
	EVERSOURCE ENERGY	Corporate bond	08/15/25	0.800%	15,000	14,987
	MCDONALD'S CORP	Corporate bond	01/30/26	3.700%	15,000	14,966
	MPLX LP	Corporate bond	03/01/26	1.750%	10,000	9,994
	SOUTHERN CAL EDISON	Corporate bond	03/01/26	5.350%	25,000	25,011
	LEGG MASON INC	Corporate bond	03/15/26	4.750%	10,000	10,530
	CHARLES SCHWAB CORP	Corporate bond	05/13/26	1.150%	15,000	14,980
	CENTERPOINT ENERGY INC	Corporate bond	06/01/26	1.450%	15,000	14,980
	REALTY INCOME CORP	Corporate bond	06/01/26	4.875%	15,000	15,293
	TORONTO-DOMINION BANK	Corporate bond	06/03/26	1.200%	15,000	15,004
	AIR LEASE CORP AIR LEASE COR	Corporate bond	08/15/26	1.875%	20,000	19,860
	COCA COLA ENTERPRISES INC BONDS	Corporate bond	10/01/26	7.000%	5,000	5,369
	DTE ENERGY COMPANY DTE ENERGY CO	Corporate bond	10/01/26	2.850%	5,000	5,002
	ENBRIDGE INC ENBRIDGE INC	Corporate bond	10/04/26	1.600%	15,000	15,006
	NATIONAL RURAL UTIL CORP	Corporate bond	11/13/26	5.600%	20,000	20,006
	O'REILLY AUTOMOTIVE INC	Corporate bond	11/20/26	5.750%	15,000	15,006
	DUKE ENERGY CAROLINAS	Corporate bond	12/01/26	2.950%	10,000	9,991
	GOLDMAN SACHS GROUP INC	Corporate bond	12/09/26	1.093%	10,000	10,005
	ENTERPRISE PRODUCTS OPERATING	Corporate bond	01/11/27	4.600%	15,000	15,000
	COMCAST CORP	Corporate bond	01/15/27	2.350%	5,000	5,002
	DUKE ENERGY FLORIDA LLC	Corporate bond	01/15/27	3.200%	10,000	10,002
	STARBUCKS CORP	Corporate bond	02/08/27	4.850%	15,000	15,008
	AON NA	Corporate bond	03/01/27	5.125%	20,000	19,976
	TRUIST FINANCIAL CORP	Corporate bond	03/02/27	1.267%	15,000	15,006
	ABBVIE INC ABBVIE INC	Corporate bond	03/15/27	4.800%	15,000	14,994
	JPMORGAN CHASE CO	Corporate bond	04/22/27	1.578%	15,000	10,006
	MORGAN STANLEY	Corporate bond	04/23/27	3.950%	10,000	9,979
	CONSTELLATION BRANDS INC 1	Corporate bond	05/09/27	4.350%	15,000	15,004
	ATMOS ENERGY CORP	Corporate bond	06/15/27	3.000%	5,000	5,000
	SOUTHWEST AIRLINES CO	Corporate bond	06/15/27	5.125%	20,000	20,356
	PACCAR FINANCIAL CORP	Corporate bond	06/23/27	4.250%	15,000	14,994
	INTUIT INC	Corporate bond	07/15/27	1.350%	10,000	19,996
	TOYOTA MOTOR CREDIT CORP	Corporate bond	08/13/27	1.150%	15,000	15,003
	CVS HEALTH CORPORATION	Corporate bond	08/21/27	1.300%	20,000	19,959
	AGILENT TECHNOLOGIES INC	Corporate bond	09/09/27	4.200%	25,000	24,982
	GENERAL MOTORS CO	Corporate bond	10/01/27	6.800%	10,000	10,017
	JPM CHASE & CO	Corporate bond	10/01/27	4.250%	10,000	9,981
	BMW VEHICLE LEASE SER 2024-2	Corporate bond	10/25/27	4.180%	25,000	25,013
	DOLLAR GENERAL CORP	Corporate bond	11/01/27	4.625%	15,000	15,000
	ALLY FINANCIAL INC	Corporate bond	11/15/27	7.100%	15,000	14,865
	STATE STREET CORP	Corporate bond	11/18/27	1.684%	10,000	10,008
	BANK OF AMERICA CORP	Corporate bond	11/25/27	4.183%	10,000	10,005
	JOHN DEERE CAPITAL CORP	Corporate bond	01/07/28	4.650%	25,000	25,008
	AT&T INC	Corporate bond	02/01/28	1.650%	15,000	14,510
	ENERGY TRANSFER EQUITY LP	Corporate bond	02/15/28	5.550%	10,000	10,010
	TEXAS INSTRUMENTS INC	Corporate bond	02/15/28	4.600%	20,000	19,980
	KIMCO REALTY CORP	Corporate bond	03/01/28	1.900%	15,000	9,970
	SPIRIT REALTY LP	Corporate bond	03/15/28	2.100%	10,000	9,769
	CHARLES SCHWAB CORP	Corporate bond	03/20/28	2.000%	10,000	9,998
	CAPITAL ONE FINANCIAL CO	Corporate bond	05/10/28	4.927%	25,000	25,016
	AMAZON COM INC	Corporate bond	05/12/28	1.650%	20,000	20,002
	VALERO ENERGY CORP	Corporate bond	06/01/28	4.350%	5,000	5,004
	NVIDIA CORP	Corporate bond	06/15/28	1.550%	15,000	14,967

# MACHINERY MOVERS, RIGGERS AND MACHINERY ERECTORS LOCAL 136 HEALTH AND WELFARE TRUST FUND

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

JUNE 30, 2025

Schedule H, Part IV, Line 4(i)

EIN No.: 36-3204740  
Plan No.: 501

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value or Shares				(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest	Par or Maturity Value or Shares		
	NVIDIA CORP	Corporate bond	06/15/28	1.550%	15,000	14,967	14,031
	AMERICAN TOWER CORPORATION	Corporate bond	07/15/28	5.250%	15,000	\$ 14,972	\$ 15,374
	BEST BUY CO INC	Corporate bond	10/01/28	4.450%	15,000	16,356	15,045
	SUN COMMUNITIES OPERATION	Corporate bond	11/01/28	2.300%	10,000	9,998	9,346
	JM SMUCKER CO	Corporate bond	11/15/28	5.900%	15,000	15,008	15,753
	HUMANA INC	Corporate bond	12/01/28	5.750%	15,000	14,990	15,597
	PNC FINANCIAL SERVICES	Corporate bond	12/02/28	5.354%	15,000	15,011	15,361
	CUBESMART LP	Corporate bond	12/15/28	2.250%	10,000	9,967	9,314
	AMEREN CORPORATION	Corporate bond	01/15/29	5.000%	15,000	14,981	15,267
	CORPORATE OFFICE PROP LP	Corporate bond	01/15/29	2.000%	15,000	15,006	13,664
	T-MOBILE USA INC	Corporate bond	01/15/29	4.850%	15,000	14,993	15,206
	NORTHROP GRUMMAN CORP	Corporate bond	02/01/29	4.600%	15,000	15,000	15,189
	US BANCORP	Corporate bond	02/01/29	4.653%	15,000	15,012	15,096
	AMER AIRLINE	Corporate bond	02/15/29	3.650%	3,075	3,084	2,972
	REALTY INCOME CORP	Corporate bond	02/15/29	4.750%	15,000	14,899	15,160
	DTE ENERGY COMPANY SER 2024	Corporate bond	03/01/29	5.100%	15,000	14,982	15,294
	PFIZER INC	Corporate bond	03/15/29	3.450%	10,000	9,992	9,791
	SOUTHERN CO	Corporate bond	03/15/29	5.500%	20,000	20,013	20,817
	PUBLIC SERVICES ENTERPRISES	Corporate bond	04/01/29	5.200%	15,000	14,993	15,418
	HP INC	Corporate bond	04/15/29	4.000%	15,000	14,980	14,678
	KEURIG DR PEPPER INC	Corporate bond	04/15/29	3.950%	10,000	5,004	4,918
	GM FINL CON AUTO REC	Corporate bond	04/16/29	5.130%	25,000	25,011	25,253
	JOHNSON CONTROLS/TYCO FI	Corporate bond	04/19/29	5.500%	15,000	14,976	15,557
	AMERICAN EXPRESS CO	Corporate bond	05/03/29	4.050%	25,000	24,968	24,987
	HYUNDAI AUTO RECEIVABLES TR	Corporate bond	05/15/29	4.410%	30,000	30,013	30,148
	MASTERCARD INC	Corporate bond	06/01/29	2.950%	30,000	29,974	28,818
	CAMDEN PROPERTY TRUST	Corporate bond	07/01/29	3.150%	25,000	24,953	23,871
	ERP OPERATING LP	Corporate bond	07/01/29	3.000%	15,000	14,952	14,271
	BROADCOM INC BROADCOM INC	Corporate bond	07/12/29	5.050%	15,000	14,995	15,366
	PEPSICO INC	Corporate bond	07/29/29	2.625%	15,000	14,970	14,185
	EASTMAN CHEMICAL CO	Corporate bond	08/01/29	5.000%	10,000	9,986	10,142
	GE HEALTHCARE TECHNOLOGIES INC	Corporate bond	08/14/29	4.800%	15,000	14,997	15,217
	CHUBB INA HOLDINGS INC	Corporate bond	08/15/29	4.650%	15,000	15,001	15,253
	PHILIP MORRIS INTL INC	Corporate bond	08/15/29	3.375%	5,000	4,948	4,822
	HUNTINGTON BANCSHARES INC	Corporate bond	08/21/29	6.208%	15,000	15,013	15,736
	EVERGY INC	Corporate bond	09/15/29	2.900%	25,000	24,972	23,480
	M&T BANK CORPORATION	Corporate bond	10/30/29	7.413%	15,000	15,013	16,266
	UNION PACIFIC RR CO	Corporate bond	11/09/29	2.495%	10,341	10,351	9,446
	CARDINAL HEALTH INC CARDINAL	Corporate bond	11/15/29	5.000%	15,000	15,010	15,288
	ALEXANDRIA REAL ESTATE EQUITY	Corporate bond	12/15/29	2.750%	15,000	14,991	13,847
	CONSERVATION FD / SUST SER 2019	Corporate bond	12/15/29	3.474%	10,000	10,008	9,439
	PLAINS ALL AMER PIPELINE	Corporate bond	12/15/29	3.550%	20,000	19,975	19,111
	WORLD OMNI AUT REC	Corporate bond	12/17/29	4.430%	25,000	25,010	25,094
	CATERPILLAR FINL SERVICE	Corporate bond	01/08/30	4.800%	25,000	24,967	25,593
	TOYOTA MOTOR CREDIT CORP	Corporate bond	01/09/30	4.950%	15,000	14,983	15,335
	CONNECTICUT LIGHT & PWR	Corporate bond	01/15/30	4.950%	15,000	14,995	15,351
	CONSUMERS ENERGY CO	Corporate bond	01/15/30	4.700%	15,000	14,981	15,218
	ADOBE INC	Corporate bond	01/17/30	4.950%	15,000	14,992	15,500
	GENERAL MILLS INC	Corporate bond	01/30/30	4.875%	15,000	14,946	15,245
	GOLDMAN SACHS GROUP INC	Corporate bond	02/07/30	2.600%	10,000	10,007	9,242
	PHILIP MORRIS INTL INC	Corporate bond	02/15/30	5.125%	10,000	10,060	10,288
	MARATHON PETROLEUM CORP	Corporate bond	03/01/30	5.150%	10,000	9,964	10,188
	KROGER CO	Corporate bond	05/01/30	2.200%	10,000	9,994	9,039
	NORTHERN TRUST CORP	Corporate bond	05/01/30	1.950%	10,000	9,977	8,985
	ALTRIA GROUP INC	Corporate bond	05/06/30	3.400%	10,000	10,118	9,496
	ELEVANCE HEALTH INC	Corporate bond	05/15/30	2.250%	15,000	14,959	13,540

# MACHINERY MOVERS, RIGGERS AND MACHINERY ERECTORS LOCAL 136 HEALTH AND WELFARE TRUST FUND

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

JUNE 30, 2025

Schedule H, Part IV, Line 4(f)

EIN No.: 36-3204740  
Plan No.: 501

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value or Shares	Maturity Date	Rate of Interest	Par or Maturity Value or Shares	(d) Cost	(e)
							Current Value
	AMERICAN TOWER CORPORATION	Corporate bond	07/15/28	5.250%	15,000	\$ 14,972	\$ 15,374
	BEST BUY CO INC	Corporate bond	10/01/28	4.450%	15,000	16,356	15,045
	SUN COMMUNITIES OPERATION	Corporate bond	11/01/28	2.300%	10,000	9,998	9,346
	JM SMUCKER CO	Corporate bond	11/15/28	5.900%	15,000	15,008	15,753
	HUMANA INC	Corporate bond	12/01/28	5.750%	15,000	14,990	15,597
	PNC FINANCIAL SERVICES	Corporate bond	12/02/28	5.354%	15,000	15,011	15,361
	CUBESMART LP	Corporate bond	12/15/28	2.250%	10,000	9,967	9,314
	AMEREN CORPORATION	Corporate bond	01/15/29	5.000%	15,000	14,981	15,267
	CORPORATE OFFICE PROP LP	Corporate bond	01/15/29	2.000%	15,000	15,006	13,664
	T-MOBILE USA INC	Corporate bond	01/15/29	4.850%	15,000	14,993	15,206
	NORTHROP GRUMMAN CORP	Corporate bond	02/01/29	4.600%	15,000	15,000	15,189
	US BANCORP	Corporate bond	02/01/29	4.653%	15,000	15,012	15,096
	AMER AIRLINE	Corporate bond	02/15/29	3.650%	3,075	3,084	2,972
	REALTY INCOME CORP	Corporate bond	02/15/29	4.750%	15,000	14,899	15,160
	DTE ENERGY COMPANY SER 2024	Corporate bond	03/01/29	5.100%	15,000	14,982	15,294
	PFIZER INC	Corporate bond	03/15/29	3.450%	10,000	9,992	9,791
	SOUTHERN CO	Corporate bond	03/15/29	5.500%	20,000	20,013	20,817
	PUBLIC SERVICES ENTERPRISES	Corporate bond	04/01/29	5.200%	15,000	14,993	15,418
	HP INC	Corporate bond	04/15/29	4.000%	15,000	14,980	14,678
	KEURIG DR PEPPER INC	Corporate bond	04/15/29	3.950%	10,000	5,004	4,918
	GM FINL CON AUTO REC	Corporate bond	04/16/29	5.130%	25,000	25,011	25,253
	JOHNSON CONTROLS/TYCO FI	Corporate bond	04/19/29	5.500%	15,000	14,976	15,557
	AMERICAN EXPRESS CO	Corporate bond	05/03/29	4.050%	25,000	24,968	24,987
	HYUNDAI AUTO RECEIVABLES TR	Corporate bond	05/15/29	4.410%	30,000	30,013	30,148
	MASTERCARD INC	Corporate bond	06/01/29	2.950%	30,000	29,974	28,818
	CAMDEN PROPERTY TRUST	Corporate bond	07/01/29	3.150%	25,000	24,953	23,871
	ERP OPERATING LP	Corporate bond	07/01/29	3.000%	15,000	14,952	14,271
	BROADCOM INC BROADCOM INC	Corporate bond	07/12/29	5.050%	15,000	14,995	15,366
	PEPSICO INC	Corporate bond	07/29/29	2.625%	15,000	14,970	14,185
	EASTMAN CHEMICAL CO	Corporate bond	08/01/29	5.000%	10,000	9,986	10,142
	GE HEALTHCARE TECHNOLOGIES INC	Corporate bond	08/14/29	4.800%	15,000	14,997	15,217
	CHUBB INA HOLDINGS INC	Corporate bond	08/15/29	4.650%	15,000	15,001	15,253
	PHILIP MORRIS INTL INC	Corporate bond	08/15/29	3.375%	5,000	4,948	4,822
	HUNTINGTON BANCSHARES INC	Corporate bond	08/21/29	6.208%	15,000	15,013	15,736
	EVERGY INC	Corporate bond	09/15/29	2.900%	25,000	24,972	23,480
	M&T BANK CORPORATION	Corporate bond	10/30/29	7.413%	15,000	15,013	16,266
	UNION PACIFIC RR CO	Corporate bond	11/09/29	2.495%	10,341	10,351	9,446
	CARDINAL HEALTH INC CARDINAL	Corporate bond	11/15/29	5.000%	15,000	15,010	15,288
	ALEXANDRIA REAL ESTATE EQUITY	Corporate bond	12/15/29	2.750%	15,000	14,991	13,847
	CONSERVATION FD / SUST SER 2019	Corporate bond	12/15/29	3.474%	10,000	10,008	9,439
	PLAINS ALL AMER PIPELINE	Corporate bond	12/15/29	3.550%	20,000	19,975	19,111
	WORLD OMNI AUT REC	Corporate bond	12/17/29	4.430%	25,000	25,010	25,094
	CATERPILLAR FINL SERVICE	Corporate bond	01/08/30	4.800%	25,000	24,967	25,593
	TOYOTA MOTOR CREDIT CORP	Corporate bond	01/09/30	4.950%	15,000	14,983	15,335
	CONNECTICUT LIGHT & PWR	Corporate bond	01/15/30	4.950%	15,000	14,995	15,351
	CONSUMERS ENERGY CO	Corporate bond	01/15/30	4.700%	15,000	14,981	15,218
	ADOBE INC	Corporate bond	01/17/30	4.950%	15,000	14,992	15,500
	GENERAL MILLS INC	Corporate bond	01/30/30	4.875%	15,000	14,946	15,245
	GOLDMAN SACHS GROUP INC	Corporate bond	02/07/30	2.600%	10,000	10,007	9,242
	PHILIP MORRIS INTL INC	Corporate bond	02/15/30	5.125%	10,000	10,060	10,288
	MARATHON PETROLEUM CORP	Corporate bond	03/01/30	5.150%	10,000	9,964	10,188
	KROGER CO	Corporate bond	05/01/30	2.200%	10,000	9,994	9,039
	NORTHERN TRUST CORP	Corporate bond	05/01/30	1.950%	10,000	9,977	8,985
	ALTRIA GROUP INC	Corporate bond	05/06/30	3.400%	10,000	10,118	9,496
	ELEVANCE HEALTH INC	Corporate bond	05/15/30	2.250%	15,000	14,959	13,540
	META PLATFORMS INC	Corporate bond	05/15/30	4.800%	15,000	15,117	15,449
	GATX CORP GATX CORP NOTE	Corporate bond	06/30/30	4.000%	15,000	14,983	14,591
	US BANCORP	Corporate bond	07/23/30	5.100%	15,000	15,014	15,310
	S&P GLOBAL INC	Corporate bond	08/15/30	1.250%	10,000	9,966	8,611
	MORGAN STANLEY SER 1 MTN	Corporate bond	10/18/30	4.654%	10,000	10,015	10,017

# MACHINERY MOVERS, RIGGERS AND MACHINERY ERECTORS LOCAL 136 HEALTH AND WELFARE TRUST FUND

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

JUNE 30, 2025

Schedule H, Part IV, Line 4(i)

EIN No.: 36-3204740  
Plan No.: 501

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value or Shares			(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest		
	PNC FINANCIAL SERVICES	Corporate bond	01/29/31	5.222%	15,000	15,392
	ROYAL BANK OF CANADA	Corporate bond	02/04/31	5.153%	25,000	25,499
	GENERAL MOTORS FINL CO	Corporate bond	02/08/31	5.750%	15,000	15,408
	BANK OF NY MELLON CORP	Corporate bond	02/11/31	4.942%	20,000	20,418
	BAT CAPITAL CORP	Corporate bond	02/20/31	5.834%	15,000	15,782
	FISERV INC	Corporate bond	03/15/31	5.350%	10,000	10,367
	WILLIAMS COMPANIES INC	Corporate bond	03/15/31	2.600%	10,000	8,957
	HCA INC	Corporate bond	04/01/31	5.450%	15,000	15,439
	UNITEDHEALTH GROUP INC	Corporate bond	05/15/31	2.300%	15,000	13,223
	JOHNSON & JOHNSON	Corporate bond	06/01/31	4.900%	5,000	15,508
	CITIGROUP INC	Corporate bond	06/03/31	2.572%	15,000	13,602
	ASSURED GUARANTY US HLDG	Corporate bond	06/15/31	3.150%	10,000	9,238
	BALTIMORE GAS & ELECTRIC CO	Corporate bond	06/15/31	2.250%	15,000	13,314
	INGERSOLL RAND INC	Corporate bond	06/15/31	5.314%	10,000	15,548
	WASTE MANAGEMENT INC	Corporate bond	07/03/31	4.950%	10,000	10,263
	VICI PROPERTIES	Corporate bond	11/15/31	5.125%	10,000	10,007
	KITE REALTY GROUP LP	Corporate bond	12/15/31	4.950%	10,000	15,045
	TORONTO DOMINION BK	Corporate bond	01/30/32	5.298%	15,000	15,404
	NEXTERA ENERGY CAPITAL	Corporate bond	03/15/32	5.300%	15,000	15,450
	BROADCOM INC	Corporate bond	04/15/32	5.200%	15,000	14,997
	WASTE MANAGEMENT INC	Corporate bond	04/15/32	4.150%	15,000	14,682
	BAT CAPITAL CORP	Corporate bond	08/15/32	5.350%	15,000	15,344
	DISCOVER FINANCIAL SERVICES	Corporate bond	11/29/32	6.700%	10,000	10,918
	KINDER MORGAN INC	Corporate bond	02/01/33	4.800%	15,000	14,760
	ELI LILLY & CO	Corporate bond	02/27/33	4.700%	15,000	15,143
	AMERICAN ELECTRIC POWER INC	Corporate bond	03/01/33	5.625%	15,000	15,595
	TARGA RESOURCES CORP	Corporate bond	03/15/33	0.000%	15,000	14,994
	AMERICAN INTL GROUP	Corporate bond	03/27/33	5.125%	15,000	15,255
	FLORIDA POWER & LIGHT	Corporate bond	04/01/33	5.100%	15,000	15,331
	CNA FINANCIAL CORP 06	Corporate bond	06/15/33	0.000%	15,000	15,379
	INTERPUBLIC GROUP COMPANIES INC	Corporate bond	06/15/33	5.375%	20,000	10,148
	DUKE ENERGY CORPORATION	Corporate bond	09/15/33	5.750%	15,000	15,762
	CISCO SYSTEMS INC	Corporate bond	02/26/34	5.050%	15,000	15,360
	BP CAP MARKETS AMERICA	Corporate bond	04/10/34	4.989%	25,000	25,164
	NATIONAL RETAIL PROPERTIES	Corporate bond	06/15/34	5.500%	10,000	10,254
	DEVON ENERGY CORP	Corporate bond	09/15/34	5.200%	10,000	9,711
	OCCIDENTAL PETROLEUM CORP	Corporate bond	10/01/34	5.550%	15,000	14,712
	MICRON TECHNOLOGY INC	Corporate bond	01/15/35	5.800%	15,000	15,524
	UNION PACIFIC CORP	Corporate bond	02/20/35	5.100%	15,000	15,258
	CAMPBELL SOUP CO	Corporate bond	03/23/35	4.750%	15,000	14,416
	UNITED AIRLNS PASS SER	Corporate bond	08/15/38	5.450%	19,826	20,010
	Total corporate bonds				<u>2,230,884</u>	<u>2,233,767</u>
	Municipal bonds					
	MINNESOTA ST HSG FIN AGY	Municipal bond	07/01/25	4.943%	25,000	25,000
	MICHIGAN ST HSG DEV AUTH	Municipal bond	12/01/25	1.038%	15,000	14,800
	ROBINSONE TX INDEP	Municipal bond	08/15/26	0.000%	10,000	9,531
	SAN FRAN CITY CA CMNTY FACS DIST	Municipal bond	09/01/26	5.123%	25,000	25,260
	WYANDOTTE CNTY KANSAS CITY KS	Municipal bond	09/01/26	1.562%	15,000	14,544
	VIRGINIA ST RESOURCES AUTH	Municipal bond	11/01/26	1.800%	25,000	24,295
	CURATORS UNIV MO SYS FACS REV	Municipal bond	01/01/27	2.012%	15,000	14,342
	LANCASTER CNTY CONV CENTER	Municipal bond	05/01/27	4.780%	25,000	25,243
	COLORADO ST HSG	Municipal bond	11/01/27	5.717%	25,000	25,817
	ALVARADO TX INDEP SCH DIST	Municipal bond	02/15/28	0.000%	5,000	4,479
	ILLINOIS HSG DEV AUTH REV	Municipal bond	04/01/28	5.869%	25,000	26,040
	ALASKA ST HSG FIN CORP	Municipal bond	06/01/28	1.680%	15,000	13,990
	KENTUCKY ST HGR EDU STUDENT LOAN	Municipal bond	06/01/28	5.321%	10,000	10,161

# MACHINERY MOVERS, RIGGERS AND MACHINERY ERECTORS LOCAL 136 HEALTH AND WELFARE TRUST FUND

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

JUNE 30, 2025

Schedule H, Part IV, Line 4(i)

EIN No.: 36-3204740  
Plan No.: 501

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value or Shares			(d) Cost	(e) Current Value	
		Description	Maturity Date	Rate of Interest			Par or Maturity Value or Shares
	HONOLULU HAWAII CITY & CNTY	Municipal bond	07/01/28	1.273%	25,000	\$ 25,007	\$ 23,116
	SEGUIN TX	Municipal bond	08/15/28	0.000%	5,000	4,746	4,432
	PITTSBURGH PA	Municipal bond	12/01/28	2.230%	25,000	25,008	23,423
	NEW YORK N Y CITY HSG	Municipal bond	01/01/29	3.756%	15,000	15,009	14,658
	TENNESSEE HSG DEV AGY RES	Municipal bond	01/01/29	5.171%	15,000	15,011	15,446
	NEW YORK ST DORM AUTH ST	Municipal bond	03/15/29	1.952%	25,000	25,009	23,272
	LOS ANGELES CA DEPT	Municipal bond	05/15/29	3.158%	10,000	10,010	9,611
	CALIFORNIA ST	Municipal bond	03/01/30	6.000%	25,000	26,166	26,893
	DISTRICT OF COLUMBIA	Municipal bond	05/01/30	5.071%	15,000	15,013	15,611
	WISC ST GEN FD ANNUAL APPROP REV	Municipal bond	05/01/30	4.471%	15,000	15,013	15,183
	CONNECTICUT ST	Municipal bond	05/15/30	4.657%	15,000	15,012	15,355
	EL PASO CNTY TEX EL PASO CNTY	Municipal bond	08/15/30	4.532%	15,000	15,014	15,252
	VIRGINIA ST HSG DEV AUTH SERIES	Municipal bond	10/25/37	3.500%	868	170	796
	Total municipal bonds					440,832	436,567
	U.S. Government and agency securities						
	U.S. TREASURY NOTE	U.S. Government and agency security	03/31/32	4.125%	140,000	140,572	141,242
	U.S. TREASURY NOTE	U.S. Government and agency security	04/30/32	4.000%	275,000	275,877	275,343
	U.S. TREASURY NOTE	U.S. Government and agency security	05/31/32	4.120%	64,000	63,676	64,540
	U.S. TREASURY NOTE	U.S. Government and agency security	06/30/32	4.000%	30,000	30,014	30,014
	U.S. TREASURY NOTE	U.S. Government and agency security	02/15/35	4.625%	60,000	62,221	61,922
	U.S. TREASURY NOTE	U.S. Government and agency security	05/15/35	4.250%	60,000	60,080	60,113
	Total U.S. Government and agency securities					632,440	633,174
	Collateralized mortgage obligation						
	BANK SERIES 20-BN30 CLASS A1	Collateralized mortgage obligation	12/17/53	0.446%	2,380	2,381	2,358
	BANK SERIES 21-BN36 CLASS A1	Collateralized mortgage obligation	09/15/64	0.801%	3,923	3,925	3,873
	Total collateralized mortgage obligations					6,306	6,231
	Common stock						
	ADOBE INC	Common stock	N/A	N/A	85	38,362	32,885
	ALPHABET INC	Common stock	N/A	N/A	209	18,019	37,075
	APPLE INC	Common stock	N/A	N/A	167	16,041	34,263
	APPLIED MATERIALS	Common stock	N/A	N/A	144	16,453	26,362
	ARTISTA NETWORKS INC	Common stock	N/A	N/A	241	10,198	24,657
	BERKSHIRE HATHAWAY	Common stock	N/A	N/A	56	16,376	27,203
	BLACKROCK INC	Common stock	N/A	N/A	15	8,422	15,739
	CHECK PT SOFTWARE F	Common stock	N/A	N/A	92	12,247	20,355
	CISCO SYSTEMS INC	Common stock	N/A	N/A	450	22,958	31,221
	CLEAR SECURE INC	Common stock	N/A	N/A	824	20,467	22,874
	CLOROX CO	Common stock	N/A	N/A	82	14,983	9,846
	CONOCOPHILLIPS	Common stock	N/A	N/A	256	28,871	22,973
	DECKERS OUTDOOR CORP	Common stock	N/A	N/A	179	15,928	18,450
	EBAY INC	Common stock	N/A	N/A	489	26,808	36,411
	EXXON MOBIL CORP	Common stock	N/A	N/A	241	13,197	25,980
	GENTEX CORP	Common stock	N/A	N/A	780	22,312	17,152
	GOLDMAN SAC-IS GROUP	Common stock	N/A	N/A	39	14,687	27,602
	GRACO INC	Common stock	N/A	N/A	205	16,058	17,624
	HOST HOTELS & RESORT	Common stock	N/A	N/A	149	4,156	6,175
	KIMBERLY CLARK CORP	Common stock	N/A	N/A	60	19,495	19,209
	MEDPACE HOLDINGS INC	Common stock	N/A	N/A	60	8,777	18,832
	MONSTER BEVERAGE CORP	Common stock	N/A	N/A	316	14,088	19,794
	MUELLER INDUSTRIES INC	Common stock	N/A	N/A	333	25,884	26,463
	NEWMONT CORP	Common stock	N/A	N/A	567	21,262	33,033
	NRG ENERGY INC	Common stock	N/A	N/A	193	19,196	30,992
	PAYCHEX INC	Common stock	N/A	N/A	193	24,227	28,074
	PUBLIC STORAGE	Common stock	N/A	N/A	24	4,978	7,042

# MACHINERY MOVERS, RIGGERS AND MACHINERY ERECTORS LOCAL 136 HEALTH AND WELFARE TRUST FUND

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

JUNE 30, 2025

Schedule H, Part IV, Line 4(i)

EIN No.: 36-3204740  
Plan No.: 501

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value or Shares			(d) Cost	(e) Current Value	
		Description	Maturity Date	Rate of Interest			Par or Maturity Value or Shares
	QUEST DIAGNOSTIC INC	Common stock	N/A	N/A	120	\$ 14,955	\$ 21,555
	SEI INVESTMENTS CO	Common stock	N/A	N/A	313	21,083	28,126
	SNAP ON INC	Common stock	N/A	N/A	113	28,243	35,163
	STRYKER CORP	Common stock	N/A	N/A	38	9,333	15,034
	TERADYNE INCORPORATE	Common stock	N/A	N/A	241	24,760	21,671
	UNITED THERAPEUTICS	Common stock	N/A	N/A	111	32,219	31,896
	VERIZON COMMUNICATN	Common stock	N/A	N/A	470	20,208	20,337
	YETI HOLDINGS INCORPORAT	Common stock	N/A	N/A	1,000	39,312	31,520
	Total common stock					<u>664,563</u>	<u>843,588</u>
	Total assets (held at end of year)					<u>\$ 4,012,025</u>	<u>\$ 4,190,327</u>

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: [X] 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)
C If the plan is a collectively-bargained plan, check here [X]
D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program
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: MACHINERY MOVERS, RIGGERS & MACH. ERECT. LOCAL 136 HEALTH AND WELFARE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 07/01/1982
2a Plan sponsor's name (employer, if for a single-employer plan): MACHINERY MOVERS, RIGGERS & MACH. ERECT LOCAL 136 H
2b Employer Identification Number (EIN): 36-3204740
2c Plan Sponsor's telephone number: (630)472-0626
2d Business code (see instructions): 238900

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Robert Fulton, 3-4-26, ROBERT FULTON. Row 2: William E Joyce, 2/25/2026, William E Joyce.

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 type="checkbox"/> Same as Plan Sponsor <b>TRSTEEES MACH MVRS ,RIGGERS&amp;MACH EREC</b>  <b>625 ENTERPRISE DR</b> <b>OAK BROOK</b>	<b>3b</b> Administrator's EIN <b>36-3204740</b>  <b>3c</b> Administrator's telephone number <b>630-472-0626</b>
<b>IL 60523-8813</b>	

<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>	150
<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>6a(1)</b>	150
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	174
<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 <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	174
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</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>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	32

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
**4A 4B 4D 4E 4F**

<b>9a</b> Plan funding arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) <b>(1)</b> <input checked="" type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <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> <b>(1)</b> <input type="checkbox"/> <b>R</b> (Retirement Plan Information) <b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary <b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary <b>(4)</b> <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ <b>(5)</b> <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> <b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information) <b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) <b>(3)</b> <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached <u>  2  </u> <b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) <b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) <b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**MACHINERY MOVERS, RIGGERS AND MACHINERY ERECTORS  
LOCAL 136 HEALTH AND WELFARE TRUST FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2025

Schedule H, Part IV, Line 4(j)

EIN No.: 36-3204740

Plan No.: 501

Description of Asset	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset at Transaction Date	Net Gain or (Loss)
<u>Purchases</u>					
<u>Cash equivalents</u>					
Charles Schwab Bank	\$5,280,152	\$ -	\$ 5,280,152	\$ 5,280,152	\$ -
Goldman Financial Square Govt	504,992	-	504,992	504,992	-
<u>U.S. Government and agency securities</u>					
U.S. Treasury Note, 4.125%, due 11/30/29	399,844	-	399,844	399,844	-
U.S. Treasury Note, 3.625%, due 09/30/31	340,027	-	340,027	340,027	-
U.S. Treasury Note, 4.375%, due 01/31/32	708,197	-	708,197	708,197	-
<u>Sales</u>					
<u>Cash equivalents</u>					
Charles Schwab Bank	-	5,340,516	5,340,516	5,340,516	-
Goldman Financial Square Govt	-	468,010	468,010	468,010	-
<u>U.S. Government and agency securities</u>					
U.S. Treasury Note, 4.125%, due 11/30/29	-	395,303	399,844	395,303	(4,541)
U.S. Treasury Note, 4.125%, due 07/31/31	-	333,689	329,329	333,689	4,360
U.S. Treasury Note, 3.625%, due 09/30/31	-	324,304	340,027	324,304	(15,723)
U.S. Treasury Note, 4.125%, due 10/31/31	-	343,264	346,423	343,264	(3,159)
U.S. Treasury Note, 4.375%, due 01/31/32	-	704,806	708,197	704,806	(3,391)
U.S. Treasury Note, 4.125%, due 02/29/32	-	360,478	355,333	360,478	5,145
U.S. Treasury Note, 4.375%, due 05/15/34	-	596,192	577,466	596,192	18,726
U.S. Treasury Note, 3.875%, due 08/15/34	-	427,903	439,245	427,903	(11,342)