

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
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	
1a	Name of plan LOCAL NO. 731, I.B. OF T., PENSION FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 10/01/1962
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOCAL NO. 731, I.B. OF T., PENSION FUND 1000 BURR RIDGE PARKWAY BURR RIDGE, IL 60527	2b Employer Identification Number (EIN) 36-6513567 2c Plan Sponsor's telephone number 630-887-4150 2d Business code (see instructions) 562000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/01/2026	JOHN LISNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/01/2026	JAMES BUIK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 8304
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 3248 6a(2) 3286 6b 2285 6c 2163 6d 7734 6e 674 6f 8408 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 139

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan LOCAL NO. 731, I.B. OF T., PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL NO. 731, I.B. OF T., PENSION FUND	D Employer Identification Number (EIN) 36-6513567	

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

(a) Name of insurance carrier
UNITED OF OMAHA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
47-0322111	69868	39G07469	8408	10/01/2024	09/30/2025

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 1416257**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 1886967**c** Additions: (1) Contributions deposited during the year **7c(1)** 40645176
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 144270
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 40789446**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 42676413**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 41165859(2) Administration charge made by carrier **7e(2)** 94297(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 41260156**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1416257

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan LOCAL NO. 731, I.B. OF T., PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL NO. 731, I.B. OF T., PENSION FUND	D Employer Identification Number (EIN) 36-6513567	

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

(a) Name of insurance carrier
UNITED OF OMAHA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
47-0322111	69868	39G11854	8408	10/01/2024	09/30/2025

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 334317**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 366038**c** Additions: (1) Contributions deposited during the year **7c(1)** 1804967
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 17210
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 1822177**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2188215**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1841612(2) Administration charge made by carrier **7e(2)** 12286(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 1853898**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 334317

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan LOCAL NO. 731, I.B. OF T., PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL NO. 731, I.B. OF T., PENSION FUND	D Employer Identification Number (EIN) 36-6513567	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA-02076	8408	10/01/2024	09/30/2025

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.

(a) Total amount of commissions paid 12394	(b) Total amount of fees paid 115291
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12394	115291	INVESTMENT MANAGER FEES	6

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	21595393

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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

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

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

1a Enter the valuation date: Month 10 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 984436529
(2) Actuarial value of assets for funding standard account	1b(2) 949825814
c (1) Accrued liability for plan using immediate gain methods	1c(1) 871240878
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 871240878
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 1359533171
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 30247005
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 48333419
(3) Expected plan disbursements for the plan year	1d(3) 49357434

Statement by Enrolled Actuary

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

SIGN HERE	06/30/2026
Signature of actuary MATT DEVENEY, FSA, EA	Date 26-07754
Type or print name of actuary CHEIRON, INC.	Most recent enrollment number 877-243-4766
Firm name 8300 GREENSBORO DRIVE, SUITE 800 MCLEAN, VA 22102	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	984436529
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2843	540203542
(2) For terminated vested participants	2213	194787325
(3) For active participants:		
(a) Non-vested benefits		71692426
(b) Vested benefits		552849878
(c) Total active	3248	624542304
(4) Total	8304	1359533171
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/15/2024	4439027		04/15/2025	5699800	
12/13/2024	4555243		05/15/2025	4633865	
01/15/2025	6347863		06/13/2025	5724943	
02/14/2025	5065588		07/15/2025	4065691	
03/14/2025	4409856		08/15/2025	4762778	
Totals ▶			3(b)	61261192	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	109.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

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

2 Operational information as of beginning of this plan year:

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

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/15/2025	6699446				
10/15/2025	4857092				
Totals ▶			3(b)		3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		3.85 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.20 %	6.90 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		8.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		16.8 %
i Expense load included in normal cost reported in line 9b	6i		☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)		%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)		1815768
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-10708338	-1110647
4	21239943	2202963

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	16810540

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	183016392	23514787
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 2903424**e** Total charges. Add lines 9a through 9d.....**9e** 43228751**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 232223234**g** Employer contributions. Total from column (b) of line 3.....**9g** 61261192**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 18784231**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

	Outstanding balance	
9h	29378094	3386047
9j(1)	182721154	
9j(2)	288510118	

k (1) Waived funding deficiency

(2) Other credits

9j(3)**9k(1)****9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 315654704**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 272425953**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

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

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

(3) Total as of valuation date

9o(1)**9o(2)(a)****9o(2)(b)****9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan LOCAL NO. 731, I.B. OF T., PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL NO. 731, I.B. OF T., PENSION FUND	D Employer Identification Number (EIN) 36-6513567	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

GROSVENOR CAPITAL MANAGEMENT

36-3795985

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

INVESCO TRUST COMPANY 1555 PEACHTREE ST NE
ATLANTA, GA 30309

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

CORBIN CAPITAL PARTNERS LP

30-0299433

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

SEI TRUST COMPANY

06-1271230

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

RANIER INVESTMENT MANAGEMENT LLC

46-4242069

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

ASB CAPITAL MANAGEMENT

80-0618452

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

STATE STREET

PO BOX 5493
BOSTON, MA 02206

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

NORTHERN TRUST INVESTMENT SERVICES

333 S. WABASH AVENUE
CHICAGO, IL 60604

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

JP MORGAN ASSET MANAGEMENT

277 PARK AVENUE
NEW YORK, NY 10012

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

LGIM AMERICA

71 S. WACKER DRIVE, 800
CHICAGO, IL 60606

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

MCMORGAN & COMPANY

33 NEW MONTGOMERY ST., STE 2000
SAN FRANCISCO, CA 94105

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

BANK OF NY MELLON ALT INV SVC LTD

240 GREENWICH STREET
NEW YORK, NY 10286

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

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

AMERICAN REALTY ADVISORS

801 N. BRAND BLVD.
GLENDALE, CA 91203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	622949	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY SMITH BARNEY LLC

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 72 50	NONE	490946	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEDGE CAPITAL MANAGEMENT

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	NONE	404316	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

NATIONAL INVESTMENT SERVICES

84-3937993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	374389	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LR HEIN CONSTRUCTION

1480 INDUSTRIAL DRIVE
ITASCA, IL 60143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	352813	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VICTORY CAPITAL MANAGEMENT

13-2700161

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 68	NONE	319476	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

CHARTWELL INVESTMENT PARTNERS

1205 WESTLAKES DR SUITE 100
BERWYN, PA 19312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	209104	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DOWD BLOCH BENNETT & CERVONE

36-3371377

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	206615	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIERRA CAPITAL

10050 INNOVATION DRIVE, 120
DAYTON, OH 45342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	205045	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

CHEIRON

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	197156	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN, LEWIS & BOCKIUS, LLP

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	163735	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLIED UNIVERSAL TECHNOLOGY

435 W FULLERTON AVE
ELMHURST, IL 60126

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	144942	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

FOUNDRY PARTNERS, LLC

46-1184506

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68 71	NONE	141991	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ULLICO INVESTMENT COMPANY

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	115291	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MONDRIAN INVESTMENT PARTNERS

201 KING OF PRUSSIA ROAD, STE 620
RADNOR, PA 19087

(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	114692	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHEVY CHASE TRUST

52-2037618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	111204	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

AMALGAMATED BANK OF CHICAGO

30 N. LASALLE STREET
CHICAGO, IL 60602

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	108333	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

UNITED OF OMAHA

47-0322111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	106558	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

GREENDAY LANDSCAPING, INC

46-1373529

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	78840	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOSEPH D HANNA

36-6513567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	64742	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES

3000 SOUTH LENOLA RD
MAPLE SHADE, NJ 08052

23-2182079

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	62132	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WHITE OAK GLOBAL ADVISORS, LLC

3 EMBARCADERO CENTER, SUITE 550
SAN FRANCISCO, CA 94111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	56488	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRIVATE ADVISORS LLC

901 EAST BYRD STREET, SUITE 1400
RICHMOND, VA 23219

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	55017	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MACNELL ACCOUNTING AND CONSULTING

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	53321	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PATRICK THEIS

36-6513567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	51398	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADVANCED BUILDING MAINTENANCE

1001 MCINTOSH LANE
JOLIET, IL 60433

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	51029	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAMANTHA POSLUSZNY

36-6513567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOLDMAN SACHS

71 S WACKER STE 1200
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	50539	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL WAINSCOTT

36-6513567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50308	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KIERA HARRIS

36-6513567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48502	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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(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	45750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GINA BENGE

36-6513567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	36602	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRANCESCO SALERNO

36-6513567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	33477	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

LASALLE CONSULTING PARTNERS

200 W MADISON ST, STE 940
CHICAGO, IL 60606

36-4030449

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	33342	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CITY WIDE FACILITY SOLUTIONS

2622 83RD STREET
DARIEN, IL 60561

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	32583	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JJ JONES ELECTRIC

400 GUNDERSEN DRIVE
CAROL STREAM, IL 60188

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	29776	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

ALICIA BENSON

36-6513567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	29318	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BEATRIZ BELTRAN

36-6513567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	28375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'HARE MECHANICAL CONTRACTORS

951 OAKTON ST
ELK GROVE VILLAGE, IL 60007

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	18829	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

E&A MAINTENANCE GROUP, INC.

1105 SANDHURST DRIVE
SANDWICH, IL 60548

36-4551083

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	13100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'DONOGHUE & O'DONOGHUE

5301 WISCONSIN AVENUE NW 800
WASHINGTON, DC 20015

(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	12893	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TK ELEVATOR CORPORATION

3600 LACEY ROAD STE 100
DOWNERS GROVE, IL 60515

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	10352	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BKB COMMERCIAL CORPORATION

304 N ROSERA ST
LENA, WI 54139

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	8514	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OVERHEAD DOOR SOLUTIONS

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	7865	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POWDER COATING SPECIALISTS

9436 W. 47TH STREET
BROOKFIELD, IL 60513

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6496	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

ARLINGTON GLASS & MIRROR

4547 N MILWAUKEE
CHICAGO, IL 60630

27-1603261

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	5070	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ELITE ADMINISTRATION	53	15353

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ULLICO/MARKEL 1625 EYE STREET, NW WASHINGTON, DC 20006	STANDARD COMMISSION EARNED AS INSURANCE REPRESENTATIVE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan LOCAL NO. 731, I.B. OF T., PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 LOCAL NO. 731, I.B. OF T., PENSION FUND		D Employer Identification Number (EIN) 36-6513567
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY		
c EIN-PN 52-6257033-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11338354
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS CORE FIXED INCOME FUND, LLC		
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES, INC		
c EIN-PN 20-0005644-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142369909
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS INTERMEDIATE FIXED INCOME FUND		
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES, INC		
c EIN-PN 20-0065449-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52647445
a Name of MTIA, CCT, PSA, or 103-12 IE: UNION LABOR LIFE INS CO SEP ACCT J		
b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE CO		
c EIN-PN 13-1423090-203	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21595393
a Name of MTIA, CCT, PSA, or 103-12 IE: RAINIER INTERNATIONAL SMALL CAP EQ		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 45-4762346-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12713773
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO INTERNATIONAL GROWTH TRUST		
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY		
c EIN-PN 20-2583973-114	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17978834
a Name of MTIA, CCT, PSA, or 103-12 IE: L&G MSCI ACWI EXUS INDEX		
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY		
c EIN-PN 35-7085469-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27344957
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: L&G S&P 500 INDEX**b** Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN 35-7085469-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126320286
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a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES LARGE CAP GROWTH TRST**b** Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC

c EIN-PN 84-6391546-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105223099
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan LOCAL NO. 731, I.B. OF T., PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL NO. 731, I.B. OF T., PENSION FUND	D Employer Identification Number (EIN) 36-6513567	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	4457726	5254024
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5462551	4857091
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	4377401	4812824
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	58211953	54439461
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	43820426	46056539
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	207018161	223967824
(5) Partnership/joint venture interests	1c(5)	199785480	235894425
(6) Real estate (other than employer real property)	1c(6)	4480000	4480000
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	434836961	495936657
(10) Value of interest in pooled separate accounts	1c(10)	20565129	21595393
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2253005	1750575
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	155728	114682
f Total assets (add all amounts in lines 1a through 1e)	1f	985424521	1099159495
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	829548	953025
i Acquisition indebtedness	1i		
j Other liabilities	1j	158444	336895
k Total liabilities (add all amounts in lines 1g through 1j)	1k	987992	1289920
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	984436529	1097869575

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	61261192	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		61261192
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2118261	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	2268352	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	161480	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4548093
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1897508	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1498983	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3396491
(3) Rents	2b(3)		734836
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	145409111	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	149124858	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-3715747
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	22463379	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		55599696
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1145555
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		17478865
d Total income. Add all income amounts in column (b) and enter total	2d		162912360

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	42650659	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		42650659
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	53321	
(4) IQPA audit fees	2i(4)	45750	
(5) Investment advisory and investment management fees	2i(5)	3299442	
(6) Bank or trust company trustee/custodial fees	2i(6)	84854	
(7) Actuarial fees	2i(7)	197156	
(8) Legal fees	2i(8)	386906	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2761226	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		6828655
j Total expenses. Add all expense amounts in column (b) and enter total	2j		49479314

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		113433046
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CALIBRE CPA GROUP, PLLC**

(2) EIN: **47-0900880**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 577365.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025					
A Name of plan LOCAL NO. 731, I.B. OF T., PENSION FUND				B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL NO. 731, I.B. OF T., PENSION FUND				D Employer Identification Number (EIN) 36-6513567	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 47-0322111					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3 0	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer ALLIED WASTE TRANSPORTATION, INC

b EIN 52-2044848

c Dollar amount contributed by employer 7468192

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

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

(1) Contribution rate (in dollars and cents) 442.20

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

a Name of contributing employer WASTE MANAGEMENT

b EIN 36-2660859

c Dollar amount contributed by employer 7438775

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

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

(1) Contribution rate (in dollars and cents) 442.20

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

a Name of contributing employer GROOT RECYCLING AND WASTE SERVICES

b EIN 36-2430346

c Dollar amount contributed by employer 5479864

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

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

(1) Contribution rate (in dollars and cents) 442.20

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

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

b EIN 36-3408042

c Dollar amount contributed by employer 3603075

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 03 Day 31 Year 2029

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

(1) Contribution rate (in dollars and cents) 442.20

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

a Name of contributing employer LAKE SHORE WASTE SERVICES, LLC

b EIN 36-4437735

c Dollar amount contributed by employer 10203963

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

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

(1) Contribution rate (in dollars and cents) 442.20

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

a Name of contributing employer FLOOD BROTHERS DISPOSAL

b EIN 36-2704635

c Dollar amount contributed by employer 5425594

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

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

(1) Contribution rate (in dollars and cents) 442.20

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a	Name of contributing employer HOMEWOOD TRANSFER TRAILER		
b	EIN 36-3519935	c	Dollar amount contributed by employer 3222249
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2028		
e	Contribution rate information (If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 442.20		
	(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):		
a	Name of contributing employer ARC DISPOSAL COMPANY		
b	EIN 36-2386793	c	Dollar amount contributed by employer 1459366
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2028		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 442.20		
	(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):		
a	Name of contributing employer SBC WASTE SOLUTIONS, INC		
b	EIN 82-3612207	c	Dollar amount contributed by employer 1564319
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2028		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 442.20		
	(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):		
a	Name of contributing employer LOCAL 731 I.B. OF T.		
b	EIN 36-1053335	c	Dollar amount contributed by employer 1350909
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2028		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) 442.20		
	(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents)		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):		
a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year		
e	Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents)		
	(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):		

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

1.01

b The corresponding number for the second preceding plan year.....

15b

1.04

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 47.6 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 20.1 %

High-Yield Debt: 4.7 % Real Assets: 7.7 % Cash or Cash Equivalents: 0.0 % Other: 19.9 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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



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

FINANCIAL STATEMENTS

SEPTEMBER 30, 2025





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

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

YEARS ENDED SEPTEMBER 30, 2025 AND 2024

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the accompanying financial statements of Local No. 731, I.B. of T., Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Local No. 731, I.B. of T., Pension Fund as of September 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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



Responsibilities of Management for the Financial Statements (continued)

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

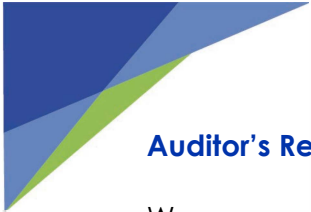
Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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



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

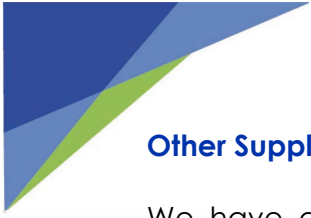
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

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

Other Supplemental Information

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



Other Supplemental Information (continued)

We have also previously audited, in accordance with auditing standards generally accepted in the United States of America, the financial statements of Local No. 731, I.B. of T., Pension Fund as of and for the years ended September 30, 2021 through 2023 (none of which is presented herein), and we expressed an unmodified opinion on those financial statements.

Calibre CPA Group, PLLC

Chicago, IL
March 17, 2026



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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Assets		
Assets		
Investments - at fair value		
Short-term investment fund	\$ 53,067,154	\$ 56,840,288
Corporate obligations	46,056,539	43,820,426
Corporate stocks	223,967,824	207,018,161
Limited partnerships	235,894,425	199,785,480
Land and building	4,480,000	4,480,000
Common collective trusts	495,936,657	434,836,961
Pooled separate accounts	<u>21,595,393</u>	<u>20,565,129</u>
Total investments - at fair value	<u>1,080,997,992</u>	<u>967,346,445</u>
Investments - at contract value		
Insurance company contract	<u>1,750,575</u>	<u>2,253,005</u>
Receivables		
Employer contributions	4,857,091	5,462,551
Due from related organizations	-	779
Accrued interest and dividends	<u>1,025,186</u>	<u>940,117</u>
Total receivables	<u>5,882,277</u>	<u>6,403,447</u>
Property and equipment - net	<u>114,682</u>	<u>155,728</u>
Prepaid expenses	<u>3,787,638</u>	<u>3,436,505</u>
Cash and cash equivalents		
Operating cash	<u>6,626,331</u>	<u>5,829,391</u>
Total assets	<u>1,099,159,495</u>	<u>985,424,521</u>

See accompanying notes to financial statements.



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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)

SEPTEMBER 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	\$ 953,025	\$ 829,548
Due to related organizations	183,738	-
Due to broker - net	<u>153,157</u>	<u>158,444</u>
Total liabilities	<u>1,289,920</u>	<u>987,992</u>
Net assets available for benefits	<u>\$ 1,097,869,575</u>	<u>\$ 984,436,529</u>



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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED SEPTEMBER 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 92,944,356	\$ 136,532,885
Interest, dividends and other investment income	7,971,976	8,056,936
Rental income	<u>734,836</u>	<u>690,235</u>
	101,651,168	145,280,056
Less: investment expenses	<u>(3,384,296)</u>	<u>(3,196,959)</u>
Investment income - net	98,266,872	142,083,097
Employer contributions - net	<u>61,261,192</u>	<u>55,764,077</u>
Total additions	<u>159,528,064</u>	<u>197,847,174</u>
Deductions		
Benefits	42,650,659	38,920,411
Administrative expenses	2,062,318	2,151,417
Building expenses	<u>1,382,041</u>	<u>1,272,065</u>
Total deductions	<u>46,095,018</u>	<u>42,343,893</u>
Net change	113,433,046	155,503,281
Net assets available for benefits		
Beginning of year	<u>984,436,529</u>	<u>828,933,248</u>
End of year	<u>\$ 1,097,869,575</u>	<u>\$ 984,436,529</u>

See accompanying notes to financial statements.



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

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2025 AND 2024

NOTE 1. DESCRIPTION OF THE PLAN

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

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

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

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

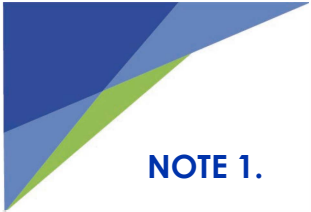
Vesting of benefits is attained by participants who have five years of vesting service. One year of vesting service is earned for each calendar year in which a participant has worked in covered employment for 1,000 hours or more. Under current provisions of the Plan, there are several break-in-service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

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

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

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

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



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

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

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

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

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

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

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

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

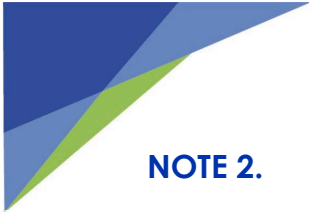
Effective October 1, 2012, the Special Early Retirement Pension and 25-and-Out-Pension provisions were eliminated from the Plan.

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

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

Cash Concentration - The Plan maintains its cash balances with financial institutions deemed to be creditworthy. Balances are insured by Federal Deposit Insurance Corporation (FDIC) up to \$250,000. As of September 30, 2025, the cash balances exceeded FDIC limits by \$6,445,000. The Plan has not experienced any losses in its cash balances and doesn't believe that it is subject to any credit risk.

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

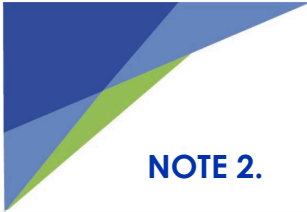
Purchases and sales of securities are reported on a trade-date basis. Interest income is reported on the accrual basis. Dividends are reported on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during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

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

Withdrawal Liability - The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of withdrawal liability on a contributing employer that withdraws from the Plan. As set forth in ERISA, a portion of the Plan's actuarially determined unfunded vested liability is allocated to a withdrawing employer in proportion to the employer's contributions in the years before withdrawal compared with total employer contributions during the same period. The Plan recognizes withdrawal liability income when an agreement is signed and amounts are deemed collectible. Therefore, an allowance for uncollectible accounts is not considered necessary. Amounts held in escrow are monies deposited from an employer related to a possible future withdrawal from the Plan. There were no amounts due for withdrawal liability at September 30, 2025 and 2024.

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

Depreciation is computed by the straight-line method over the estimated useful lives (five years) of the related assets. Accumulated depreciation amounted to \$635,936 and \$580,173 at September 30, 2025 and 2024, respectively. Depreciation expense for building equipment amounted to \$24,366 and \$23,983 for the years ended September 30, 2025 and 2024, respectively.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Depreciation expense for office equipment amounted to \$31,397 and \$24,637 for the years ended September 30, 2025 and 2024, respectively. Property and equipment as of September 30, 2025 and 2024 is as follows:

	2025	2024
Furniture and equipment	\$ 750,618	\$ 735,901
Accumulated depreciation	<u>(635,936)</u>	<u>(580,173)</u>
Property and equipment - net	<u>\$ 114,682</u>	<u>\$ 155,728</u>

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

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

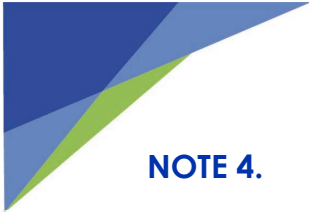
Administrative Expenses - Administrative expenses are paid by the Plan, as provided by the Plan document.

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

NOTE 3. PRIORITIES UPON TERMINATION

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

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



NOTE 4. TAX STATUS

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. As of September 30, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. At September 30, 2025, the Plan's administrator believes that the Plan is no longer subject to income tax examinations for years prior to September 30, 2022.

NOTE 5. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by Cheiron, Inc. as of September 30, 2024. Information in the report included the following:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Retired participants and beneficiaries	\$ 395,483,910
Active and inactive participants with vested rights	<u>436,707,922</u>
Total vested benefits	832,191,832
Nonvested benefits	39,049,046
Administrative expenses	<u>28,916,122</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 900,157,000</u>

NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended September 30, 2024 were as follows:

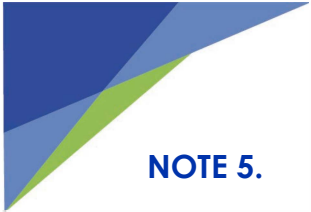
Actuarial present value of accumulated plan benefits at beginning of year		\$ 836,138,564
Increase (decrease) during the year attributable to		
Experience losses	\$ 2,202,906	
Interest	58,271,405	
Benefit accruals	14,519,486	
Benefits paid	(38,920,411)	
Assumption change	21,239,943	
Present value of expected admin expenses	<u>6,705,107</u>	
		<u>64,018,436</u>
Actuarial present value of accumulated plan benefits at end of year		<u>\$ 900,157,000</u>

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

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

Age	25 & Out Retirement Rates	Other Retirement Rates
43 - 50	5.00%	0.00%
51 - 53	7.50%	0.00%
54	6.00%	0.00%
55 - 60	6.00%	6.00%
61	1.25%	12.50%
62 - 64	20.00%	20.00%
65 - 67	32.50%	32.50%
68 - 69	25.00%	25.00%
70+	100.00%	100.00%

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



NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

- Current liability effective interest rate is 3.85%.

The actuarial assumptions above and on the preceding page are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. The computation of the actuarial present value of accumulated plan benefits was made at October 1, 2024. Had the valuation been performed as of September 30, 2024, there would be no material differences. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since information on the accumulated plan benefits at September 30, 2025 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of September 30, 2025 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended September 30, 2025. The complete financial status is presented as of September 30, 2024.

NOTE 6. FUNDING POLICY

The participating employers contribute such amounts as specified in their collective bargaining agreements. For Garage Attendants, the weekly contribution rate was \$66.00. Effective August 1, 2024 and August 4, 2025, the weekly contribution rate increased to \$70.00 and \$74.00, respectively. For Private Scavengers, the weekly contribution rate was \$422.20 which increased to \$442.20 effective October 1, 2024. For Textile Maintenance and Laundry Workers, the weekly contribution rates ranged from \$173.00 to \$264.00. Effective May 1, 2024 and May 1, 2025, the weekly contribution rate increased and range from \$173.00 to \$272.00 and \$173.00 to \$280.00, respectively.

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

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2025:

Fair Value Measurements at September 30, 2025 Using				
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
Short-term investment fund	\$ 53,067,154	\$ -	\$ 53,067,154	\$ -
Corporate obligations	46,056,539	-	46,056,539	-
Corporate stocks	223,967,824	223,967,824	-	-
Limited partnerships	235,894,425	-	-	235,894,425
Land and building	4,480,000	-	-	4,480,000
Total	563,465,942	\$ 223,967,824	\$ 99,123,693	\$ 240,374,425
Investments measured at net asset value *				
Common collective trusts	495,936,657			
Pooled separate accounts	21,595,393			
	<u>\$ 1,080,997,992</u>			

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

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

	Fair Value Measurements at September 30, 2024 Using			
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
Short-term investment fund	\$ 56,840,288	\$ -	\$ 56,840,288	\$ -
Corporate obligations	43,820,426	-	43,820,426	-
Corporate stocks	207,018,161	207,018,161	-	-
Limited partnerships	199,785,480	-	-	199,785,480
Land and building	<u>4,480,000</u>	<u>-</u>	<u>-</u>	<u>4,480,000</u>
Total	511,944,355	<u>\$ 207,018,161</u>	<u>\$ 100,660,714</u>	<u>\$ 204,265,480</u>
Investments measured at net asset value *				
Common collective trusts	434,836,961			
Pooled separate accounts	<u>20,565,129</u>			
	<u>\$ 967,346,445</u>			

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

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

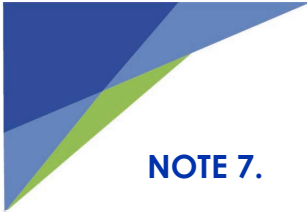
Level 1 Inputs

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

Level 2 Inputs

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

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



NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 3 Inputs

Limited partnerships are valued based on the Plan's ownership interest in the limited partnership as determined by the general partner's valuation of the underlying investments. In substantiating the reasonableness of the pricing data provided by the general partner, the Plan evaluates a variety of factors including review of the pricing method, recently executed transactions, economic conditions, and industry and market developments. Unfunded commitments were \$17,070,622 and \$8,977,294 as of September 30, 2025 and 2024, respectively.

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

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

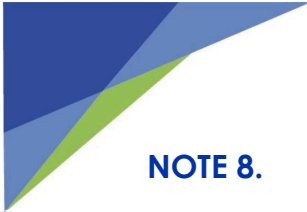
	Changes in Level 3 Category		
	Limited Partnerships	Land and Building	Total
<u>Year Ended September 30, 2025</u>			
Purchases	\$ 25,882,628	\$ -	\$ 25,882,628
Sales	(6,531,146)	-	(6,531,146)
Transfers in or out of Level 3 category	-	-	-

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

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

NOTE 8. INVESTMENTS AT CONTRACT VALUE - INSURANCE COMPANY CONTRACT

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



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

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

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include amendments to the Plan documents (including complete or partial plan termination or merger with another plan), changes to the Plan's prohibition on competing investment options, failure of the Trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA and premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the participants. In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include an uncured violation of the Plan's investment guidelines, a breach of material obligation under the contract, a material misrepresentation, and a material amendment to the agreement without the consent of the issuer.

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

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

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

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

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

The following tables summarize investments measured at fair value based on NAV per share as of September 30, 2025 and 2024:

2025	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts	\$ 495,936,657	None	Daily - Quarterly	1-60 days
Pooled separate accounts	<u>21,595,393</u>	None	Monthly	90 days
	<u>\$ 517,532,050</u>			

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

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

NOTE 10. RELATED ORGANIZATIONS AND PARTY IN INTEREST

Identification of Related Organizations

The Plan has six related tax-exempt organizations:

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

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



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

Shared Administrative Expenses

Shared administrative expenses incurred with related organizations are initially paid by Local 731 Excavators Welfare Fund. These expenses are reimbursed on a monthly basis on an allocation method approved by the Trustees of the respective plans. The Plan paid \$761,105 to Local 731 Excavators Welfare Fund (which included \$88,508 in building expenses) for the year ended September 30, 2025 and \$656,956 (which included \$87,560 in building expenses) for the year ended September 30, 2024. At September 30, 2025 and 2024, the Plan has a balance due to related funds of \$183,738 and due from related funds of \$779, respectively.

Office Leases - as Lessor

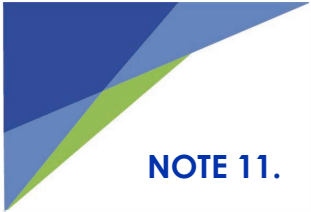
The Plan entered into a ten year lease agreement with its related benefit funds and local union in November 2002. Effective November 2012, the Plan amended the existing lease agreements to extend the term for an additional ten years through October 31, 2022. The related benefit funds' lease contains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

For the year ended September 30, 2025, monthly gross rents ranged from \$313 to \$20,334 and for the year ended September 30, 2024, monthly gross rents ranged from \$356 to \$18,746.

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

In addition, the Plan leases office space to unrelated parties. The operating leases with these unrelated parties extend through April 2030. The following is a schedule of future minimum base rental receipts required under the terms of the non-cancelable operating leases as of September 30, 2025:

Year ending September 30,	
2026	\$ 501,784
2027	553,703
2028	569,207
2029	585,147
2030 and after	<u>935,485</u>
Total	<u>\$ 3,145,326</u>



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

Rental income for the years ended September 30, 2025 and 2024 was \$734,836 and \$690,235, respectively. Rental income includes rent from related tenants and nonrelated tenants. Rental income transactions from related tenants are party in interest transactions under ERISA.

NOTE 12. MAJOR EMPLOYERS

The Plan had three employers that each accounted for more than 10% of the contributions during the years ended September 30, 2025 and 2024 and, in total, accounted for approximately 41% and 42% of employer contributions during the years ended September 30, 2025 and 2024, respectively. In the event these employers suspend contributions, the Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

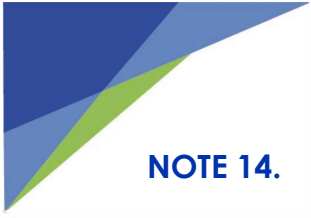
NOTE 13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2025</u>	<u>2024</u>
Total additions per audited financial statements	\$ 159,528,064	\$ 197,847,174
Investment management expenses	<u>3,384,296</u>	<u>3,196,959</u>
Total additions per the Form 5500	<u>\$ 162,912,360</u>	<u>\$ 201,044,133</u>
	<u>2025</u>	<u>2024</u>
Total deductions per audited financial statements	\$ 46,095,018	\$ 42,343,893
Investment management expenses	<u>3,384,296</u>	<u>3,196,959</u>
Total deductions per the Form 5500	<u>\$ 49,479,314</u>	<u>\$ 45,540,852</u>

NOTE 14. SIGNIFICANT UNCERTAINTIES

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



NOTE 14. SIGNIFICANT UNCERTAINTIES (CONTINUED)

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

NOTE 15. SUBSEQUENT EVENTS

Subsequent events have been evaluated through March 17, 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





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

FINANCIAL HIGHLIGHTS

YEARS ENDED SEPTEMBER 30, 2025 AND 2024

Below is a summary of the financial highlights of the Plan and its operations as of and for the years ended September 30, 2025 and 2024.

	2025	2024
Total assets	\$ 1,099,159,495	\$ 985,424,521
Total additions	\$ 159,528,064	\$ 197,847,174
Employer contributions - net	\$ 61,261,192	\$ 55,764,077
Benefits	\$ 42,650,659	\$ 38,920,411
Number of pensioners and beneficiaries at September 30,	3,465	3,304
Administrative expenses	\$ 2,062,318	\$ 2,151,417
Building expenses	\$ 1,382,041	\$ 1,272,065
Net change	\$ 113,433,046	\$ 155,503,281



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

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED SEPTEMBER 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Actuarial fees	\$ 197,156	\$ 434,619
Administrative expenses reimbursed to Local 731		
Excavators Welfare Fund	672,597	569,396
Audit and accounting fees	45,750	43,600
Computer maintenance	84,952	94,088
Depreciation - office equipment	31,397	24,637
Fiduciary liability and bonding insurance	98,082	106,597
Insurance contract expense charges	102,282	97,454
Legal fees	386,806	347,015
Payroll compliance audit fees	53,321	43,424
Plan termination insurance	302,253	283,150
Printing, postage and office expense	<u>87,722</u>	<u>107,437</u>
Total administrative expenses	<u>\$ 2,062,318</u>	<u>\$ 2,151,417</u>



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

SCHEDULES OF BUILDING EXPENSES

YEARS ENDED SEPTEMBER 30, 2025 AND 2024

	2025	2024
Appraisal	\$ -	\$ 2,600
Assessments	-	3,355
Cleaning and janitorial	96,712	78,708
Commissions	8,514	12,661
Conference center - related expenses	3,989	5,009
Custodian - salary, taxes and fringes	88,508	87,560
Depreciation - equipment	24,366	23,983
Fire alarm	1,251	5,377
Holiday expense	3,075	2,321
Insurance	6,640	5,019
Landscaping	28,743	30,557
Legal fees	100	21,132
Lighting supplies	12,390	3,204
Maintenance - building and equipment	670,665	593,402
Miscellaneous	13,812	18,129
Real estate taxes	240,491	204,309
Supplies	19,245	23,905
Utilities	163,540	150,834
Total building expenses	<u>\$ 1,382,041</u>	<u>\$ 1,272,065</u>

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

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

YEAR ENDED SEPTEMBER 30, 2025

	Private Scavengers	Garage Attendants	Textile Maintenance	Total
Additions				
Investment income				
Net appreciation in fair value of investments	\$ 79,864,957	\$ 11,933,844	\$ 1,145,555	\$ 92,944,356
Interest, dividends and other investment income	6,904,819	1,031,754	35,403	7,971,976
Rental income	734,836	-	-	734,836
	87,504,612	12,965,598	1,180,958	101,651,168
Less: investment expense	(2,842,928)	(424,805)	(116,563)	(3,384,296)
Investment income - net	84,661,684	12,540,793	1,064,395	98,266,872
Employer contributions - net	57,173,207	2,138,059	1,949,926	61,261,192
Total additions	141,834,891	14,678,852	3,014,321	159,528,064
Deductions				
Benefits	36,694,899	4,117,268	1,838,492	42,650,659
Administrative expenses	1,885,261	78,553	98,504	2,062,318
Building expenses	1,326,759	55,282	-	1,382,041
Total deductions	39,906,919	4,251,103	1,936,996	46,095,018
Net change	101,927,972	10,427,749	1,077,325	113,433,046
Net assets available for benefits				
Beginning of year	839,757,867	129,658,530	15,020,132	984,436,529
End of year	\$ 941,685,839	\$ 140,086,279	\$ 16,097,457	\$ 1,097,869,575

Allocations:

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

Employer contributions and benefits - allocation on basis of specific identification to each division.

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

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



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

SCHEDULE OF EMPLOYER CONTRIBUTIONS - PRIVATE SCAVENGERS

YEAR ENDED SEPTEMBER 30, 2025

	Amount
Lake Shore Waste Services LLC	\$ 10,203,963
Allied Waste Transportation Inc.	7,468,192
Waste Mgmt Metro 01985 Lomb	7,438,775
Groot Recycling & Waste Services	5,479,864
Flood Brothers Disposal	5,425,594
Mbl Recycling, Inc.	3,603,075
Homewood Transfer Trailer	3,222,249
Sbc Waste Solutions, Inc.	1,564,319
Arc Disposal Company	1,459,366
Local 731 I.B. of T.	1,350,909
Advanced Disposal Services	1,311,394
T.C. Transport Inc	1,305,422
Independent Recycling Ser Inc	1,149,035
D & P Construction Co Inc Recy	937,802
Tri State Disposal Inc	786,085
Z Force Transportation	639,025
Elgin Sweeping Service	527,356
F & M Transfer, Inc	430,176
Economy Disposal Service Inc	392,338
Chicago Disposal Inc	365,022
Central Sweeping Of Illinois	343,746
Parkside Transfer, Inc.	336,598
Wmi Services Metro/Pol 02354	240,039
E. King Construction, Inc.	222,626
Waste Connection DbA Groot Elgin	175,798
Endurance Environmental Solutions	171,896
Wm Recycle America, LLC	160,689
Other employers contributing less than \$150,000 each	<u>935,734</u>
Total employer cash contributions	57,647,087
Add - employer contribution receivable - end of year	4,393,656
Deduct - employer contributions receivable - beginning of year	<u>(4,867,536)</u>
Total employer contributions - net	<u>\$ 57,173,207</u>



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

SCHEDULE OF EMPLOYER CONTRIBUTIONS - GARAGE ATTENDANTS

YEAR ENDED SEPTEMBER 30, 2025

	Amount
Patrick Cadillac Saab	\$ 84,390
Golf Mill Ford Inc	76,650
Jack Phelan Dodge	71,820
Toyota of Naperville	66,928
Hawk Ford of St. Charles	65,310
Mcgrath Honda Hyundai	61,182
Joe Rizza Ford of Orland Park	54,134
Ettleson Hyundai Llc	52,282
Golf Mill Chevrolet Warehouse	50,470
Lexus of Naperville	48,574
Mid City Nissan DbA Berman Nis	44,538
Westmont Porsche	44,170
Mid City Subaru	41,870
Honda On Grand	41,490
Apple Chevrolet Inc	40,810
Sunrise Chevrolet	40,120
Fields Volvo	39,602
Joe Rizza Buick GMC Cadillac Inc.	37,530
Marino Chrysler Jeep Dodge	37,530
Toyota of Lincoln Park	35,810
Napleton of Downtown	35,560
Packey Webb Ford, Inc.	35,110
TG Wheeling LLC DbA Tasca Chevrolet	34,570
Hyundai of Lincolnwood	33,200
Larry Roesch Chrysler Jeep Dod	32,940
Currie Motors Chevrolet	32,730
Mike Anderson Chevrolet	31,960
Mc Carthy Ford	31,890
Westfield Ford, Inc.	31,470
T G Arlington Heights Two Llc	30,000
Subtotal	1,364,640



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

SCHEDULE OF EMPLOYER CONTRIBUTIONS - GARAGE ATTENDANTS (CONTINUED)

YEAR ENDED SEPTEMBER 30, 2025

	<u>Amount</u>
Balance forwarded	\$ 1,364,640
Wilkins Hyundai Mazda	29,392
Ettleson Cadillac Buick GMC, Inc.	29,140
Al Piemonte Ford Inc	28,910
Currie Motors Frankfort, Inc.	28,864
Porsche Orland Park	28,685
Golf Mill Chevrolet	26,460
Fields Chrysler Jeep Dodge	26,075
Lexus of Highland Park	25,130
Jerry Haggerty Chevrolet Inc	24,620
Haggerty Buick Gmc	23,687
Napleton Ford of Oak Lawn	23,590
Joe Rizza Acura	22,610
Napleton'S Honda of Morton Gro	22,520
Oakbrook Toyota of Westmont	22,314
Ed Napleton Elmhurst Imports	21,980
Western Avenue Nissan	20,950
Other employers contributing less than \$20,000 each	<u>387,346</u>
Total employer cash contributions	2,156,913
Add - employer contribution receivable - end of year	298,550
Deduct - employer contributions receivable - beginning of year	<u>(317,404)</u>
Total employer contributions - net	<u>\$ 2,138,059</u>



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

SCHEDULE OF EMPLOYER CONTRIBUTIONS - TEXTILE MAINTENANCE AND LAUNDRY CRAFT

YEAR ENDED SEPTEMBER 30, 2025

	<u>Amount</u>
Aramark Uniform So Holland	\$ 474,352
Alsco-Chicago	451,888
Aramark Uniform Arlington Hts	393,960
Aramark Uniform Chgo Central	366,008
The Roscoe Company	204,666
Skokie Valley Laundry	91,289
Aramark Uniform-Chicago	78,240
Teamsters Local 731 L.M.C.C.	<u>2,249</u>
Total employer cash contributions	2,062,652
Add - employer contribution receivable - end of year	164,885
Deduct - employer contributions receivable - beginning of year	<u>(277,611)</u>
Total employer contributions - net	<u><u>\$ 1,949,926</u></u>

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

FIVE YEAR SUMMARY OF OPERATIONS

	2025	2024	2023	2022	2021
Additions					
Investment income - net	\$ 98,266,872	\$ 142,083,097	\$ 70,752,066	\$ (77,070,640)	\$ 151,038,216
Employer contributions, withdrawal liability assessments and interest, and other income - net	61,261,192	55,764,077	52,088,084	46,404,950	44,636,827
Total additions	<u>159,528,064</u>	<u>197,847,174</u>	<u>122,840,150</u>	<u>(30,665,690)</u>	<u>195,675,043</u>
Deductions					
Benefits	42,650,659	38,920,411	35,164,724	31,203,251	27,988,783
Administrative expenses	2,062,318	2,151,417	1,604,816	1,288,610	1,256,067
Building expenses	1,382,041	1,272,065	1,075,287	773,520	782,969
Total deductions	<u>46,095,018</u>	<u>42,343,893</u>	<u>37,844,827</u>	<u>33,265,381</u>	<u>30,027,819</u>
Net change	113,433,046	155,503,281	84,995,323	(63,931,071)	165,647,224
Net assets available for benefits					
Beginning of year	<u>984,436,529</u>	<u>828,933,248</u>	<u>743,937,925</u>	<u>807,868,996</u>	<u>642,221,772</u>
End of year	<u>\$ 1,097,869,575</u>	<u>\$ 984,436,529</u>	<u>\$ 828,933,248</u>	<u>\$ 743,937,925</u>	<u>\$ 807,868,996</u>
Number of pensioners	<u>3,465</u>	<u>3,304</u>	<u>3,201</u>	<u>3,096</u>	<u>2,945</u>



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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2025

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							(e) Current Value
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	
	Short-term investment fund						
	GOLDMAN FINANCIAL SQUARE GOVT-A FD#465	Short-term investment	N/A	N/A	N/A	\$ 53,067,154	\$ 53,067,154
	Total short-term investment fund - line 1(c)1					53,067,154	53,067,154
	Corporate obligations						
	WESTERN DIGITAL CORP	Corporate obligation	02/15/26	4.750%	372,000	391,743	371,799
	SPRINGLEAF FINANCE CORP	Corporate obligation	03/15/26	7.125%	29,000	216,559	218,621
	ALBERTSONS COS/SAFEWAY	Corporate obligation	03/15/26	3.250%	220,000	29,464	29,259
	PRIME SEC SVCS BRW/FINANCE	Corporate obligation	04/15/26	5.750%	95,000	94,406	95,390
	ICAHN ENTERPRISES	Corporate obligation	05/15/26	6.250%	119,000	115,934	118,854
	NAVIENT CORP	Corporate obligation	06/15/26	6.750%	765,000	774,627	773,652
	UNDER ARMOUR INC	Corporate obligation	06/15/26	3.250%	1,130,000	1,160,853	1,116,836
	SIRIUS XM RADIO INC	Corporate obligation	09/01/26	3.125%	455,000	430,637	448,721
	TEVA PHARMACEUTICALS NE	Corporate obligation	10/01/26	3.150%	275,000	245,997	270,421
	SLM CORP	Corporate obligation	11/02/26	3.125%	710,000	686,931	695,552
	ALBERTSONS COS/SAFEWAY	Corporate obligation	01/15/27	4.625%	235,000	234,119	233,517
	ONEMAIN FINANCE CORP	Corporate obligation	01/15/27	3.500%	900,000	224,400	222,123
	INTERNATIONAL GAME TECH	Corporate obligation	01/15/27	6.250%	220,000	825,714	882,765
	SBA COMMUNICATIONS CORP	Corporate obligation	02/15/27	3.875%	1,240,000	420,665	422,834
	GGAM FINANCE LTD GGAM FINANCE LTD	Corporate obligation	02/15/27	8.000%	413,000	1,265,772	1,221,338
	HILTON WORLDWIDE FIN LLC	Corporate obligation	04/01/27	4.875%	1,180,000	1,212,042	1,179,186
	WYNDHAM WORLDWIDE CORP	Corporate obligation	04/01/27	6.000%	520,000	503,161	527,452
	SUNOCO LP/FINANCE CORP	Corporate obligation	04/15/27	6.000%	1,200,000	1,244,539	1,199,580
	UNITED RENTALS NORTH AM	Corporate obligation	05/15/27	5.500%	1,156,000	412,756	437,132
	ICAHN ENTERPRISES	Corporate obligation	05/15/27	5.250%	445,000	1,174,006	1,156,058
	CENTURY COMMUNITIES INC	Corporate obligation	06/01/27	6.750%	765,000	768,889	764,870
	CLEVELAND CLIFFS INC	Corporate obligation	06/01/27	5.875%	1,110,000	1,108,324	1,109,978
	BOYD GAMING CORP	Corporate obligation	10/01/27	4.750%	1,170,000	1,109,827	1,163,284
	BRINK'S COMPANY	Corporate obligation	10/15/27	4.625%	90,000	87,075	89,108
	RHP HOTEL PPTY/RHP FINANCE	Corporate obligation	10/15/27	4.750%	1,190,000	1,172,660	1,184,788
	TENET HEALTHCARE CORP	Corporate obligation	11/01/27	5.125%	580,000	570,150	578,631
	TELEFLEX INC	Corporate obligation	11/15/27	4.625%	1,250,000	1,186,098	1,238,525
	BUCKEYE PARTNERS LTD	Corporate obligation	12/01/27	4.125%	1,293,000	1,245,955	1,278,376
	CENTENE CORP	Corporate obligation	12/15/27	4.250%	1,295,000	1,224,805	1,271,975
	SERVICE CORP INTL	Corporate obligation	12/15/27	4.625%	1,165,000	1,110,499	1,159,280
	L BRANDS INC	Corporate obligation	02/01/28	5.250%	1,165,000	182,903	182,943
	CCO HLDGS LLC/CAP CORP	Corporate obligation	02/01/28	5.000%	185,000	1,166,513	1,171,617
	SILGAN HOLDINGS INC	Corporate obligation	02/01/28	4.125%	1,210,000	1,095,140	1,180,960
	LAMAR MEDIA CORP	Corporate obligation	02/15/28	3.750%	1,131,000	1,034,754	1,100,090
	VICI PROPERTIES	Corporate obligation	02/15/28	4.750%	475,000	459,365	478,985
	TEVA PHARMACEUTICALS NE	Corporate obligation	03/01/28	6.750%	390,000	399,525	404,703
	CLEARWAY ENERGY	Corporate obligation	03/15/28	4.750%	90,000	87,750	88,864
	TEGNA INC	Corporate obligation	03/15/28	4.625%	1,188,000	1,075,369	1,170,216
	XPO INC	Corporate obligation	06/01/28	6.250%	45,000	45,338	45,854
	CARPENTER TECHNOLOGY	Corporate obligation	07/15/28	6.375%	1,030,000	1,029,671	1,032,215
	TRANSIGM INC	Corporate obligation	08/15/28	6.750%	115,000	116,725	117,195
	ONEMAIN FINANCE CORP	Corporate obligation	09/15/28	3.875%	285,000	697,827	707,678
	FLUOR CORP	Corporate obligation	09/15/28	4.250%	715,000	266,156	273,914
	PARK INTERMED HOLDINGS OTHER REITS B CLASS	Corporate obligation	10/01/28	5.875%	90,000	88,425	89,832
	H.B. FULLER CO	Corporate obligation	10/15/28	4.250%	1,235,000	1,166,150	1,200,902
	TALLGRASS NRG PRTRN/FIN	Corporate obligation	02/15/29	7.375%	45,000	45,212	46,342
	TRANSIGM INC	Corporate obligation	03/01/29	6.375%	360,000	360,000	368,042
	ALBERTSONS COS/SAFEWAY	Corporate obligation	03/15/29	3.500%	100,000	94,625	94,770
	WESCO DISTRIBUTION INC WESCO DISTRIBUTION INC	Corporate obligation	03/15/29	6.375%	40,000	41,275	41,182
	PHINIA INC PHINIA INC	Corporate obligation	04/15/29	6.750%	210,000	216,382	216,602
	AMERICAN AIRLINES	Corporate obligation	04/20/29	5.750%	580,000	573,434	582,210
	GXO LOGISTICS INC	Corporate obligation	05/06/29	6.250%	870,000	881,194	913,787
	TEVA PHARMACEUTICALS NE	Corporate obligation	05/09/29	5.125%	545,000	545,075	547,850
	TENET HEALTHCARE CORP	Corporate obligation	06/01/29	4.250%	670,000	621,703	654,181
	PENSKE AUTOMOTIVE GROUP INC	Corporate obligation	06/15/29	3.750%	690,000	1,252,694	1,264,220
	BALL CORP	Corporate obligation	06/15/29	6.000%	1,235,000	175,845	174,986
	BRINK'S COMPANY BRINKS CO	Corporate obligation	06/15/29	6.500%	170,000	101,375	102,750
	HERC HOLDINGS, INC	Corporate obligation	06/15/29	6.625%	100,000	662,156	659,668
	NMI HOLDINGS INC	Corporate obligation	08/15/29	6.000%	1,135,000	1,130,066	1,173,068
	ATI INC ATI INC	Corporate obligation	10/01/29	4.875%	1,185,000	1,149,450	1,164,914
	GENTING NY LLC	Corporate obligation	10/01/29	7.250%	405,000	406,850	418,341
	SABRA HEALTH CAP CORP	Corporate obligation	10/15/29	3.900%	330,000	320,241	319,783
	COMMERCIAL METALS CO	Corporate obligation	01/15/30	4.125%	1,235,000	1,179,425	1,184,921
	SLM CORP	Corporate obligation	01/31/30	6.500%	475,000	487,010	495,135
	ENCOMPASS HEALTH CORPORATION	Corporate obligation	02/01/30	4.750%	1,170,000	1,133,119	1,155,843
	CAESARS ENTMT INC NEW	Corporate obligation	02/15/30	7.000%	370,000	372,125	380,453
	CROWN AMERS LLC	Corporate obligation	04/01/30	5.250%	1,180,000	1,188,297	1,195,777
	DARLING INGREDIENTS INC	Corporate obligation	06/15/30	6.000%	60,000	59,250	60,563
	GLP CAPITAL LP / FIN II	Corporate obligation	01/15/31	4.000%	740,000	712,028	708,313
	HA SUSTAINABLE INF CAP	Corporate obligation	01/15/31	6.150%	230,000	237,459	236,150
	PARAMOUNT GLOBAL	Corporate obligation	01/15/31	4.950%	1,205,000	1,191,562	1,190,815
	Total corporate obligations - line 1c(3)(B)					45,298,070	46,056,539





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

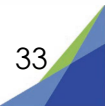
SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

SEPTEMBER 30, 2025

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							(e) Current Value
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	
	Corporate stocks						
	3M COMPANY COMMON STOCK	Corporate stock	N/A	N/A	1,568	\$ 184,706	\$ 243,322
	ABACUS GLOBAL MANAGEMENT INC	Corporate stock	N/A	N/A	34,332	254,715	196,722
	ABBVIE INC COMMON STOCK	Corporate stock	N/A	N/A	2,728	367,152	631,641
	ACCO BRANDS CORP COMMON STOCK	Corporate stock	N/A	N/A	32,230	210,825	128,598
	ACUITY INC COMMON STOCK	Corporate stock	N/A	N/A	838	128,980	288,599
	ADR IMPERIAL BRANDS COMMON STOCK	Corporate stock	N/A	N/A	3,101	70,709	131,839
	ADR MONDI LLC COMMON STOCK	Corporate stock	N/A	N/A	6,943	372,750	191,425
	ADT INC DEL COMMON STOCK	Corporate stock	N/A	N/A	38,711	297,624	337,173
	AEBI SCHMIDT HLDG COMMON STOCK	Corporate stock	N/A	N/A	16,382	244,301	204,284
	AERCAP HOLDINGS NV COMMON STOCK	Corporate stock	N/A	N/A	6,381	614,269	772,101
	AGCO CORPORATION COMMON STOCK	Corporate stock	N/A	N/A	2,169	192,539	232,235
	AGNC INVT CORP COMMON STOCK	Corporate stock	N/A	N/A	36,121	382,846	353,625
	AIA GROUP LTD COMMON STOCK	Corporate stock	N/A	N/A	10,180	321,006	390,698
	ALERUS FINANCIAL COMMON STOCK	Corporate stock	N/A	N/A	7,100	163,646	157,194
	ALLIANCE DATA SYSTEMS CORP	Corporate stock	N/A	N/A	4,797	226,631	267,529
	ALLIANZ SE COMMON STOCK	Corporate stock	N/A	N/A	17,202	345,471	722,398
	ALLISON TRANSMISSION HOLDING	Corporate stock	N/A	N/A	2,747	151,574	233,165
	ALLY FINANCIAL INC COMMON STOCK	Corporate stock	N/A	N/A	20,503	858,019	803,718
	ALPHABET INC CL A COMMON STOCK	Corporate stock	N/A	N/A	5,940	1,042,252	1,444,014
	ALTRIA GROUP INC COMMON STOCK	Corporate stock	N/A	N/A	8,481	512,029	560,255
	AMCOR PLC COMMON STOCK	Corporate stock	N/A	N/A	16,410	146,248	134,234
	AMDOCS LTD COMMON STOCK	Corporate stock	N/A	N/A	18,809	1,621,957	1,543,278
	AMERANT BANCORP COMMON STOCK	Corporate stock	N/A	N/A	7,775	199,087	149,824
	AMERICAN PUBLIC EDUCATION COMMON	Corporate stock	N/A	N/A	8,245	70,065	325,430
	AMERIPRISE FINANCIAL INC COMMON	Corporate stock	N/A	N/A	1,436	296,471	705,435
	AMPHENOL CORP COMMON STOCK	Corporate stock	N/A	N/A	13,844	877,796	1,713,195
	AMPLIFY ENERGY CORP COMMON STOCK	Corporate stock	N/A	N/A	30,880	167,617	162,120
	ANNALY CAPITAL MANAGEMENT COMMON	Corporate stock	N/A	N/A	18,448	325,286	372,834
	ANTERO RESOURCES CORP COMMON	Corporate stock	N/A	N/A	8,225	237,651	276,031
	APPFOLIO INC - A COMMON STOCK	Corporate stock	N/A	N/A	2,423	612,594	667,924
	APPLIED INDUSTRIAL TECH INC	Corporate stock	N/A	N/A	2,562	555,129	668,810
	ARGENX SE COMMON STOCK	Corporate stock	N/A	N/A	2,227	463,501	1,642,546
	ARISTA NETWORKS INC COMMON STOCK	Corporate stock	N/A	N/A	9,925	1,384,767	1,446,172
	ARTISAN PARTNERS ASSETS COMMON	Corporate stock	N/A	N/A	6,947	298,050	301,500
	ASSOC BRITISH FOODS PLC-UNSP ADR	Corporate stock	N/A	N/A	16,518	479,045	456,095
	ASSURANT INC COMMON STOCK	Corporate stock	N/A	N/A	1,340	225,481	290,244
	AUTODESK INC COMMON STOCK	Corporate stock	N/A	N/A	4,370	1,116,959	1,388,218
	AUTOLIV INC COMMON STOCK	Corporate stock	N/A	N/A	2,132	153,301	263,302
	AUTONATION INC COMMON STOCK	Corporate stock	N/A	N/A	3,392	664,024	742,068
	AVIDITY BIOSCIENCES INC COMMON	Corporate stock	N/A	N/A	17,223	702,052	750,406
	AVIENT CORPORATION COMMON STOCK	Corporate stock	N/A	N/A	15,675	778,138	516,491
	AXALTA COATING SYSTEMS LTD	Corporate stock	N/A	N/A	9,287	346,577	265,794
	BAKER HUGHES A GE CO COMMON	Corporate stock	N/A	N/A	6,202	187,260	302,161
	BALDWIN INSURANCE GROUP CLASS A	Corporate stock	N/A	N/A	11,254	486,259	317,475
	BANCO SANTANDER SA-SPON ADR	Corporate stock	N/A	N/A	79,563	336,709	833,820
	BAR HARBOR BANKSHARES COMMON	Corporate stock	N/A	N/A	3,300	80,072	100,518
	BARRETT BUSINESS SVCS INC COMMON	Corporate stock	N/A	N/A	5,500	97,067	243,760
	BATH & BODY WORKS COMMON STOCK	Corporate stock	N/A	N/A	10,310	363,536	265,586
	BEAZER HOMES USA INC COMMON	Corporate stock	N/A	N/A	4,175	102,721	102,496
	BELDEN INC. COMMON STOCK	Corporate stock	N/A	N/A	2,547	176,629	306,328
	BENCHMARK ELECTRONICS INC COMMON	Corporate stock	N/A	N/A	5,105	135,564	196,798
	BIOGEN INC COMMON STOCK	Corporate stock	N/A	N/A	4,141	532,632	580,071
	BIOHAVEN LTD COMMON STOCK	Corporate stock	N/A	N/A	7,617	225,946	114,331
	BIOROBOITCS CORP COMMON STOCK	Corporate stock	N/A	N/A	2,963	222,614	105,749
	BJS WHOLESALE CLUB HOLDINGS	Corporate stock	N/A	N/A	2,980	200,608	277,885
	BOISE CASCADE CO DEL COMMON	Corporate stock	N/A	N/A	2,924	292,216	226,084
	BOOKING HOLDINGS INC COMMON	Corporate stock	N/A	N/A	120	623,800	647,912
	BOOT BARN HOLDINGS, INC. COMMON	Corporate stock	N/A	N/A	3,094	309,209	512,738
	BORGWARNER INC	Corporate stock	N/A	N/A	5,634	188,252	247,671
	BOUYGUES COMMON STOCK	Corporate stock	N/A	N/A	62,239	419,931	560,462
	BOYD GAMING CORP COMMON STOCK	Corporate stock	N/A	N/A	7,962	654,115	688,315
	BP AMOCO PLC	Corporate stock	N/A	N/A	21,801	754,033	751,262
	BRIDGEWATER BANCSHARES INC	Corporate stock	N/A	N/A	7,010	90,977	123,376
	BRIGHT HORIZONS FAMILY SOLUTIONS	Corporate stock	N/A	N/A	4,589	561,626	498,228
	BRIGHTHOUSE FINANCIAL INC COMMON	Corporate stock	N/A	N/A	5,376	258,859	285,358
	BRINKER INTL INC COMMON STOCK	Corporate stock	N/A	N/A	4,479	565,201	567,400
	BRINK'S COMPANY COMMON STOCK	Corporate stock	N/A	N/A	3,348	255,211	391,247
	BRISTOL MYERS SQUIBB CO COMMON	Corporate stock	N/A	N/A	12,833	602,077	578,768
	BRITISH AMERICAN TOB-SP ADR	Corporate stock	N/A	N/A	12,914	490,095	685,475
	BRUNSWICK CORP COMMON SOTCK	Corporate stock	N/A	N/A	3,698	219,683	233,862
	BUILD-A-BEAR WORKSHOP INC COMMON	Corporate stock	N/A	N/A	3,970	161,205	258,884
	BUILDERS FIRSTSOURCE INC COMMON	Corporate stock	N/A	N/A	8,671	1,235,762	1,051,359
	BWX TECHNOLOGIES INCORPORATED	Corporate stock	N/A	N/A	8,047	502,551	1,483,625
	C.H. ROBINSON WORLDWIDE INC	Corporate stock	N/A	N/A	3,172	305,720	419,973
	CABOT CORP	Corporate stock	N/A	N/A	2,350	240,061	178,718
	CACI INTERNATIONAL INC COMMON	Corporate stock	N/A	N/A	622	276,692	310,241
	CACTUS INC COMMON STOCK	Corporate stock	N/A	N/A	3,939	153,180	155,472



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

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

SEPTEMBER 30, 2025

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	CADENCE DESIGN SYSTEMS INC	Corporate stock	N/A	N/A	3,824	\$ 642,520	\$ 1,343,218
	CAESARS ENTMT INC NEW COMMON	Corporate stock	N/A	N/A	9,096	431,923	245,819
	CAL-MAINE FOODS INC COMMON STOCK	Corporate stock	N/A	N/A	5,128	549,298	482,545
	CAMDEN PROPERTY TRUST SHARES	Corporate stock	N/A	N/A	4,077	443,825	435,342
	CAPGEMINI S E COMMON STOCK	Corporate stock	N/A	N/A	14,483	446,612	420,499
	CAPITOL FEDERAL FINCL INC COMMON	Corporate stock	N/A	N/A	26,575	159,933	168,751
	CARDINAL HEALTH INC COMMON STOCK	Corporate stock	N/A	N/A	3,420	404,580	536,803
	CARUSLE COS INC COMMON STOCK	Corporate stock	N/A	N/A	596	119,624	196,060
	CARNIVAL CORP COMMON STOCK	Corporate stock	N/A	N/A	26,059	618,062	753,366
	CASEY'S GENERAL STORES INC	Corporate stock	N/A	N/A	2,005	587,003	1,133,467
	CASS INFORMATION SYSTEMS INC	Corporate stock	N/A	N/A	3,460	122,872	136,082
	CENCORA INC COMMON STOCK	Corporate stock	N/A	N/A	1,887	320,127	589,744
	CERAGON NETWORKS LTD COMMON	Corporate stock	N/A	N/A	77,990	164,375	181,717
	CF INDUSTRIES HOLDINGS INC	Corporate stock	N/A	N/A	1,710	137,777	153,387
	CHEWY INC COMMON STOCK	Corporate stock	N/A	N/A	22,310	666,121	902,440
	CISCO SYSTEMS INC COMMON STOCK	Corporate stock	N/A	N/A	20,385	1,170,131	1,394,742
	CITIGROUP INC COMMON STOCK	Corporate stock	N/A	N/A	7,765	374,791	788,148
	CIVITAS RES INC COMMON STOCK	Corporate stock	N/A	N/A	8,240	364,707	267,800
	CK HUTCHISON HOLDIN-UNSP ADR	Corporate stock	N/A	N/A	65,614	635,379	432,199
	CLEANS PARK INC COMMON STOCK	Corporate stock	N/A	N/A	11,940	111,690	173,130
	COGNIZANT TECH SOLUTIONS CORP	Corporate stock	N/A	N/A	19,429	1,515,198	1,303,103
	COHU INC	Corporate stock	N/A	N/A	10,680	242,059	217,124
	COMFORT SYSTEMS USA INC COMMON	Corporate stock	N/A	N/A	850	460,553	701,403
	COMMERCIAL METALS CO	Corporate stock	N/A	N/A	6,633	295,769	379,938
	COMMVAULT SYSTEMS INC COMMON	Corporate stock	N/A	N/A	7,159	1,288,108	1,351,476
	CONFLUENT INC COMMON STOCK	Corporate stock	N/A	N/A	14,067	356,835	278,527
	CORE & MAIN INC COMMON STOCK	Corporate stock	N/A	N/A	4,955	204,735	266,728
	CORE NAT RES INC COMMON STOCK	Corporate stock	N/A	N/A	2,666	258,091	222,558
	COVENANT TRANSPORT INC-CL A	Corporate stock	N/A	N/A	8,900	213,004	192,774
	CRA INTERNATIONAL INC COMMON	Corporate stock	N/A	N/A	990	91,033	206,445
	CRINETICS PHARMACEUTIC COMMON	Corporate stock	N/A	N/A	6,263	227,203	260,854
	CROWN HOLDINGS INC COMMON STOCK	Corporate stock	N/A	N/A	3,543	342,753	342,218
	CSX CORP COMMON STOCK	Corporate stock	N/A	N/A	7,126	243,232	253,044
	CULLEN/FROST BANKERS INC COMMON	Corporate stock	N/A	N/A	3,443	471,383	436,469
	CUMMINS ENGINE CO COMMON STOCK	Corporate stock	N/A	N/A	694	101,801	293,125
	CURTISS-WRIGHT CORP COMMON	Corporate stock	N/A	N/A	5,160	1,487,073	2,801,570
	CUSHMAN & WAKEFIELD PLC COMMON	Corporate stock	N/A	N/A	31,637	319,348	503,661
	CVS HEALTH CORPORATION COMMON	Corporate stock	N/A	N/A	8,432	568,075	635,688
	DAVITA INC COMMON STOCK	Corporate stock	N/A	N/A	4,190	465,052	556,725
	DEUTSCHE POST AG-SPON ADR COMMON	Corporate stock	N/A	N/A	14,144	601,701	630,540
	DHT MARITIME INC COMMON STOCK	Corporate stock	N/A	N/A	16,407	203,770	196,064
	DILLARDS INC CLASS A STOCK	Corporate stock	N/A	N/A	1,413	695,378	868,260
	DIME CMNTY BANCSHARES COMMON	Corporate stock	N/A	N/A	8,075	189,137	240,877
	DOCUSIGN INC COMMON STOCK	Corporate stock	N/A	N/A	8,202	576,199	591,282
	DOLBY LABORATORIES INC COMMON	Corporate stock	N/A	N/A	9,259	515,064	670,074
	DOLLAR TREE INC COMMON STOCK	Corporate stock	N/A	N/A	2,934	213,354	276,882
	DONEGAL GROUP INC - CL A COMMON	Corporate stock	N/A	N/A	6,885	109,053	133,500
	DORMAN PRODUCTS INC COMMON STOCK	Corporate stock	N/A	N/A	4,785	572,936	745,886
	DOVER CORP COMMON STOCK	Corporate stock	N/A	N/A	1,211	97,524	202,031
	DROPBOX INC COMMON STOCK	Corporate stock	N/A	N/A	45,305	1,405,408	1,368,664
	DTE ENERGY COMPANY COMMON STOCK	Corporate stock	N/A	N/A	2,516	353,034	355,838
	DUCOMMUN INC COMMON STOCK	Corporate stock	N/A	N/A	2,740	131,371	263,396
	EAST WEST BANCORP INC COMMON	Corporate stock	N/A	N/A	5,709	624,102	607,723
	EASTMAN CHEMICAL CO COMMON STOCK	Corporate stock	N/A	N/A	2,281	167,402	143,817
	EBAY INC COMMON STOCK	Corporate stock	N/A	N/A	7,167	467,110	651,839
	ELASTIC NV COMMON STOCK	Corporate stock	N/A	N/A	4,792	476,186	404,876
	ELECTRONIC ARTS INC COMMON STOCK	Corporate stock	N/A	N/A	4,069	630,552	820,717
	EMCOR GROUP INC COMMON STOCK	Corporate stock	N/A	N/A	2,211	299,690	1,436,133
	EMERSON ELECTRIC CO COMMON STOCK	Corporate stock	N/A	N/A	1,839	108,586	241,240
	ENCOMPASS HEALTH CORPORATION	Corporate stock	N/A	N/A	2,440	125,092	309,929
	ENEL SPA UNSPON ADR	Corporate stock	N/A	N/A	86,636	511,254	821,136
	ENTEGRIS INC COMMON STOCK	Corporate stock	N/A	N/A	9,722	389,369	898,896
	ENVISTA HLDGS CORP COMMON STOCK	Corporate stock	N/A	N/A	12,588	263,227	256,418
	EPAM SYSTEMS INC COMMON STOCK	Corporate stock	N/A	N/A	2,690	676,466	405,625
	EQT CORPORATION COMMON STOCK	Corporate stock	N/A	N/A	16,254	714,583	884,705
	EQUITABLE HOLDINGS COMMON STOCK	Corporate stock	N/A	N/A	8,424	443,679	427,771
	EQUITY BANCSHARES INC COMMON	Corporate stock	N/A	N/A	4,875	173,654	198,413
	ESSENT GROUP LTD COMMON STOCK	Corporate stock	N/A	N/A	5,468	301,097	347,546
	ETSY INC COMMON STOCK	Corporate stock	N/A	N/A	9,462	577,418	628,182
	EVEREST GROUP LTD COMMON STOCK	Corporate stock	N/A	N/A	1,072	366,014	375,447
	EVERGY INC COMMON STOCK	Corporate stock	N/A	N/A	9,639	565,470	732,757
	EXPEDIA INC COMMON STOCK	Corporate stock	N/A	N/A	4,536	655,515	969,570
	F5 INC COMMON STOCK	Corporate stock	N/A	N/A	5,566	1,348,532	1,798,876
	FABRINET COMMON STOCK	Corporate stock	N/A	N/A	4,143	983,462	1,510,621
	FEDERAL AGRIC MTG CORP-CL C	Corporate stock	N/A	N/A	1,105	86,312	185,618

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

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

SEPTEMBER 30, 2025

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	FEDERAL RLTY INVT TR NEW COMMON	Corporate stock	N/A	N/A	4,291	\$ 479,937	\$ 434,721
	FIDELITY NATIONAL FINANCIAL	Corporate stock	N/A	N/A	13,073	527,803	790,786
	FIRST AMERICAN FINANCIAL CORP	Corporate stock	N/A	N/A	5,217	301,716	335,140
	FIRST BANCORP INC COMMON STOCK	Corporate stock	N/A	N/A	2,550	59,110	66,963
	FIRST BANK COMMON STOCK	Corporate stock	N/A	N/A	5,150	74,609	83,894
	FIRST FINANCIAL CORP COMMON	Corporate stock	N/A	N/A	2,055	74,115	115,984
	FIRST HORIZON NATIONAL CORP	Corporate stock	N/A	N/A	18,037	270,044	407,817
	FIRST INDUSTRIAL REALTY TR	Corporate stock	N/A	N/A	8,820	403,015	453,965
	FIRST INTERNET BANCORP COMMON	Corporate stock	N/A	N/A	5,438	154,831	121,974
	FIRST INTERSTATE BANCSYSTEM, INC	Corporate stock	N/A	N/A	10,350	332,835	329,855
	FIRSTENERGY CORP COMMON STOCK	Corporate stock	N/A	N/A	8,531	352,824	390,890
	FLAGSTAR FINL INC COMMON STOCK	Corporate stock	N/A	N/A	36,539	397,319	422,025
	FLEX LTD COMMON STOCK	Corporate stock	N/A	N/A	7,468	172,233	432,920
	FLUSHING FINANCIAL CORP COMMON	Corporate stock	N/A	N/A	15,365	240,300	212,191
	FRANKLIN RESOURCES INC	Corporate stock	N/A	N/A	29,721	735,092	687,447
	FRONTDOOR INC COMMON STOCK	Corporate stock	N/A	N/A	10,701	613,582	720,070
	FUJIFILM HOLDINGS UNSP ADR	Corporate stock	N/A	N/A	54,480	465,206	678,930
	FUJITSU LTD COMMON STOCK	Corporate stock	N/A	N/A	26,642	382,290	628,511
	GAMING AND LEISURE PROPERTIES	Corporate stock	N/A	N/A	9,483	399,615	442,003
	GARMIN LTD COMMON STOCK	Corporate stock	N/A	N/A	2,883	515,612	709,852
	GATES INDUSTRIAL COMMON STOCK	Corporate stock	N/A	N/A	10,509	205,549	260,833
	GE HEALTHCARE TECHNOLOGIES INC	Corporate stock	N/A	N/A	7,656	542,255	574,966
	GENCO COMMON STOCK	Corporate stock	N/A	N/A	13,155	246,055	234,159
	GENERAL MOTORS CO COMMON STOCK	Corporate stock	N/A	N/A	11,982	676,616	730,543
	GENUINE PARTS CO COMMON STOCK	Corporate stock	N/A	N/A	1,805	233,400	250,173
	GILAT SATELITE NETWORKS LTD	Corporate stock	N/A	N/A	25,585	157,117	333,117
	GILEAD SCIENCES INC COMMON STOCK	Corporate stock	N/A	N/A	4,857	362,111	539,127
	GITLAB INC COMMON STOCK	Corporate stock	N/A	N/A	16,087	823,851	725,202
	GLACIER BANCORP INC COMMON STOCK	Corporate stock	N/A	N/A	7,866	276,886	382,838
	GLOBAL SHIP LEASE INC-CL A	Corporate stock	N/A	N/A	8,915	145,618	273,691
	GLOBUS MED INC -A COMMON STOCK	Corporate stock	N/A	N/A	6,610	432,530	378,555
	GODADDY INC CLASS A COMMON STOCK	Corporate stock	N/A	N/A	3,203	248,830	438,266
	GOLDMAN SACHS GROUP INC COMMON	Corporate stock	N/A	N/A	1,041	390,684	829,000
	GOODYEAR TIRE & RUBBER CO COMMON	Corporate stock	N/A	N/A	31,096	338,476	232,598
	GROUP 1 AUTOMOTIVE INC COMMON	Corporate stock	N/A	N/A	1,485	684,464	649,702
	GSK PLC COMMON STOCK	Corporate stock	N/A	N/A	16,570	635,891	715,161
	GUARDIAN PHRMCY COMMON STOCK	Corporate stock	N/A	N/A	5,215	84,072	136,789
	HALLIBURTON CO COMMON STOCK	Corporate stock	N/A	N/A	13,786	493,886	339,136
	HASBRO INC COMMON STOCK	Corporate stock	N/A	N/A	8,608	665,503	652,917
	HCA HEALTHCARE INC COMMON STOCK	Corporate stock	N/A	N/A	1,463	413,171	623,531
	HEALTHCARE SVCS GROUP INC	Corporate stock	N/A	N/A	17,395	222,576	292,758
	HELIX ENERGY SOLUTIONS CORP	Corporate stock	N/A	N/A	20,620	112,388	135,267
	HIGHWOOD PROPERTIES INC COMMON	Corporate stock	N/A	N/A	10,598	405,642	337,228
	HITACHI LTD COMMON STOCK	Corporate stock	N/A	N/A	14,711	164,547	391,474
	HOMETRUST BANCSHARES INC COMMON	Corporate stock	N/A	N/A	3,805	83,459	155,777
	HONDA MOTOR CO LTD COMMON STOCK	Corporate stock	N/A	N/A	11,985	374,285	369,138
	HORIZON BANCORP INDIANA COMMON	Corporate stock	N/A	N/A	8,415	121,730	134,724
	HOULIHAN LOKEY INC COMMON STOCK	Corporate stock	N/A	N/A	3,829	564,742	786,170
	HUBBELL INC COMMON STOCK	Corporate stock	N/A	N/A	1,924	633,125	827,916
	HYATT HOTELS CORP CL A COMMON	Corporate stock	N/A	N/A	3,935	262,223	558,495
	ICHOR HOLDINGS LTD COMMON STOCK	Corporate stock	N/A	N/A	3,740	110,702	65,525
	IDEAYA BIOSCIENCES INC COMMON	Corporate stock	N/A	N/A	26,471	934,043	720,276
	IDT CORP CL B COM COMMON STOCK	Corporate stock	N/A	N/A	1,925	25,128	100,697
	IMAX CORP COMMON STOCK	Corporate stock	N/A	N/A	7,675	123,182	251,356
	IMMUNOCORE HLDGS COMMON STOCK	Corporate stock	N/A	N/A	11,491	660,010	417,468
	INDEPENDENT BANK CORP-MASS	Corporate stock	N/A	N/A	4,545	230,659	314,378
	INDEPENDENT BANK CORP-MICHIGAN	Corporate stock	N/A	N/A	7,465	125,925	231,228
	INGEVITY CORP COMMON STOCK	Corporate stock	N/A	N/A	5,662	262,213	312,486
	INGREDION INC COMMON STOCK	Corporate stock	N/A	N/A	1,090	106,401	133,100
	INOGEN INC COMMON STOCK	Corporate stock	N/A	N/A	13,995	92,101	114,339
	INSMED INCORPORATED COMMON STOCK	Corporate stock	N/A	N/A	9,337	598,296	1,344,621
	INSPIRED ENTMT INC COMMON STOCK	Corporate stock	N/A	N/A	24,415	251,570	229,013
	INTERDIGITAL INC COMMON STOCK	Corporate stock	N/A	N/A	4,179	1,290,356	1,442,716
	INTERNATIONAL SEAWAYS, INC.	Corporate stock	N/A	N/A	2,910	96,257	134,093
	INTUIT COMMON STOCK	Corporate stock	N/A	N/A	2,162	1,057,911	1,476,451
	ITT INC COMMON STOCK	Corporate stock	N/A	N/A	2,233	154,911	399,171
	ITURAN LOCATION AND CONTROL	Corporate stock	N/A	N/A	4,820	179,695	172,170
	JABIL INC COMMON STOCK	Corporate stock	N/A	N/A	7,644	1,154,040	1,660,047
	JACKSON FINACIAL INC COMMON	Corporate stock	N/A	N/A	8,911	741,022	902,061
	JACOBS SOLUTIONS INC COMMON	Corporate stock	N/A	N/A	3,802	376,326	569,768
	JAZZ PHARMACEUTICALS PLC COMMON	Corporate stock	N/A	N/A	7,088	864,813	934,198
	JEFFERIES FINANCIAL GROUP COMMON	Corporate stock	N/A	N/A	6,532	360,721	427,323
	JFROG LTD COMMON STOCK	Corporate stock	N/A	N/A	23,855	536,219	1,129,057
	JOHNSON & JOHNSON COMMON STOCK	Corporate stock	N/A	N/A	3,140	489,392	582,219
	JOHNSON OUTDOORS, INC COMMON	Corporate stock	N/A	N/A	3,440	127,629	138,942
	KDDI CORPORATION UNSPONSORED ADR	Corporate stock	N/A	N/A	34,289	560,266	548,041
	KELLY SERVICES INC CL A	Corporate stock	N/A	N/A	15,880	269,453	208,346

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

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

SEPTEMBER 30, 2025

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	KERING SA COMMON STOCK	Corporate stock	N/A	N/A	11,362	\$ 455,372	\$ 377,218
	KILROY REALTY CORP COMMON STOCK	Corporate stock	N/A	N/A	9,858	355,434	416,501
	KIMBALL ELECTRONICS INC COMMON	Corporate stock	N/A	N/A	7,890	156,801	235,595
	KIRBY CORP COMMON STOCK	Corporate stock	N/A	N/A	3,263	211,900	272,297
	KLA CORPORATION COMMON STOCK	Corporate stock	N/A	N/A	1,610	776,658	1,736,546
	KLAVIYO INC COMMON STOCK	Corporate stock	N/A	N/A	17,487	542,337	484,215
	KNIGHT SWIFT TRANSN HL INC	Corporate stock	N/A	N/A	12,763	638,070	504,266
	KOMATSU LTD SPONS ADR	Corporate stock	N/A	N/A	3,120	96,938	109,010
	KONINKLIJKE PHILIPS ADR COMMON	Corporate stock	N/A	N/A	20,706	373,161	564,446
	KOPPERS HOLDINGS INC COMMON	Corporate stock	N/A	N/A	5,395	198,342	151,060
	KORN/FERRY INTERNATIONAL COMMON	Corporate stock	N/A	N/A	4,310	248,916	301,614
	LABCORP HLDGS INC COMMON STOCK	Corporate stock	N/A	N/A	2,053	407,211	589,334
	LAM RESEARCH CORP COMMON STOCK	Corporate stock	N/A	N/A	13,664	1,387,578	1,829,610
	LATITUDE SEMICONDUCTOR CORP	Corporate stock	N/A	N/A	11,236	699,354	823,824
	LA-Z-BOY INC COMMON STOCK	Corporate stock	N/A	N/A	4,020	148,883	137,966
	LEAR CORPORATION COMMON STOCK	Corporate stock	N/A	N/A	2,501	281,848	251,626
	LENNOX INTERNATIONAL INC COMMON	Corporate stock	N/A	N/A	1,259	697,849	666,464
	LIBERTY MEDIA CORP COMMON STOCK	Corporate stock	N/A	N/A	3,056	192,223	319,199
	LIFE TIME GROUP COMMON STOCK	Corporate stock	N/A	N/A	24,574	726,879	678,242
	LINCOLN ELECTRIC HLDG COMMON	Corporate stock	N/A	N/A	3,415	682,542	805,359
	LINCOLN NATL CORP IND COM	Corporate stock	N/A	N/A	7,403	202,784	298,563
	LIONSGAT STUDIOS CORP	Corporate stock	N/A	N/A	22,230	223,707	153,387
	LIVANOVA PLC COMMON STOCK	Corporate stock	N/A	N/A	5,938	332,139	311,032
	LLOYDS BANKING GROUP PLC COMMON	Corporate stock	N/A	N/A	182,560	566,878	828,822
	LOUISIANA-PACIFIC CORP COMMON	Corporate stock	N/A	N/A	1,629	142,213	144,720
	LYONDELLBASELL INDUSTRIES CL A	Corporate stock	N/A	N/A	2,389	183,971	117,157
	MA-COM TECHNOLOGY SOLUTIONS	Corporate stock	N/A	N/A	4,180	565,801	520,368
	MADRIGAL PHARMACEUTICALS INC	Corporate stock	N/A	N/A	1,813	440,960	831,551
	MANITOWOC COMPANY INC COMMON	Corporate stock	N/A	N/A	5,505	66,651	55,105
	MARRIOTT VACATIONS WORLD COMMON	Corporate stock	N/A	N/A	4,138	478,474	275,425
	MASCO CORP COMMON STOCK	Corporate stock	N/A	N/A	3,413	148,762	240,241
	MATSON INC COMMON STOCK	Corporate stock	N/A	N/A	2,003	299,973	197,476
	MCKESSON CORP COMMON STOCK	Corporate stock	N/A	N/A	761	220,954	587,903
	META PLATFORMS INC COMMON STOCK	Corporate stock	N/A	N/A	2,029	1,057,516	1,490,057
	METALLUS INC COMMON STOCK	Corporate stock	N/A	N/A	9,755	164,407	161,250
	METLIFE INC COMMON STOCK	Corporate stock	N/A	N/A	8,784	515,541	723,538
	MICROSOFT CORP COMMON STOCK	Corporate stock	N/A	N/A	2,754	1,120,548	1,426,434
	MIDDLEBY CORP COMMON STOCK	Corporate stock	N/A	N/A	1,881	246,496	250,041
	MISTRAS GROUP INC COMMON STOCK	Corporate stock	N/A	N/A	10,335	73,007	101,696
	MITEK SYSTEMS INC COMMON STOCK	Corporate stock	N/A	N/A	19,575	205,704	191,248
	MITSUBISHI ELECTRIC UNSP ADR	Corporate stock	N/A	N/A	7,559	196,125	389,304
	MKS INC COMMON STOCK	Corporate stock	N/A	N/A	3,354	304,920	415,125
	MODINE MANUFACTURING CO COMMON	Corporate stock	N/A	N/A	3,710	420,662	527,414
	MOHAWK INDUSTRIES INC COMMON	Corporate stock	N/A	N/A	2,330	275,660	300,384
	MOLINA HEALTHCARE INC COMMON	Corporate stock	N/A	N/A	3,565	903,421	682,198
	MONDAY.COM LTD COMMON STOCK	Corporate stock	N/A	N/A	1,918	540,114	371,497
	MONGODB INC COMMON STOCK	Corporate stock	N/A	N/A	2,220	610,535	689,044
	MOSAIC CO COMMON STOCK	Corporate stock	N/A	N/A	14,674	399,504	508,894
	MUELLER INDUSTRIES INC COMMON	Corporate stock	N/A	N/A	9,443	570,580	954,782
	MURPHY OIL CORPORATION COMMON	Corporate stock	N/A	N/A	20,828	624,139	591,723
	MURPHY USA INC COMMON STOCK	Corporate stock	N/A	N/A	1,480	752,724	574,625
	MYERS INDUSTRIES INC COMMON	Corporate stock	N/A	N/A	7,470	124,964	126,542
	NATIONAL FUEL GAS CO	Corporate stock	N/A	N/A	3,479	186,987	321,355
	NATIONAL HEALTHCARE CORP COMMON	Corporate stock	N/A	N/A	775	52,545	94,170
	NATIONAL VISION HLDGS COMMON	Corporate stock	N/A	N/A	15,892	348,048	463,887
	NATURAL GROCERS BY VITAMIN C	Corporate stock	N/A	N/A	4,035	89,882	161,400
	NATURE'S SUNSHINE PRODUCTS COMMON	Corporate stock	N/A	N/A	5,635	73,341	87,455
	NESTLE SA ADR COMMON STOCK	Corporate stock	N/A	N/A	7,853	703,644	721,196
	NETAPP, INC COMMON STOCK	Corporate stock	N/A	N/A	12,321	1,152,008	1,459,546
	NETRACKER INC CL A COMMON STOCK	Corporate stock	N/A	N/A	22,622	1,317,917	1,673,802
	NEUROCRINE BIOSCIENCES COMMON	Corporate stock	N/A	N/A	6,957	755,412	976,624
	NEW YORK TIMES CO CLASS A STOCK	Corporate stock	N/A	N/A	10,706	529,507	614,524
	NEWELL BRANDS INC COMMON STOCK	Corporate stock	N/A	N/A	39,663	317,234	207,834
	NEXSTAR MEDIA GROUP INC COMMON	Corporate stock	N/A	N/A	1,655	283,809	327,260
	NORDSON CORP COMMON STOCK	Corporate stock	N/A	N/A	2,994	211,880	679,488
	NORTHEAST BK LEWISTON COMMON	Corporate stock	N/A	N/A	2,630	58,599	263,421
	NORWEGIAN CRUISE LINE HLDGLTD	Corporate stock	N/A	N/A	13,966	262,738	343,983
	NOV INC COMMON STOCK	Corporate stock	N/A	N/A	22,849	344,853	302,749
	NRG ENERGY INC COMMON STOCK	Corporate stock	N/A	N/A	2,191	151,891	354,832
	NUCOR CORP COMMON STOCK	Corporate stock	N/A	N/A	1,021	114,242	138,274
	NVE CORPORATION COMMON STOCK	Corporate stock	N/A	N/A	1,275	80,003	83,219
	NWPX INFRASTRUCTURE INC COMMON	Corporate stock	N/A	N/A	5,435	130,798	287,675
	OASIS PETROLEUM INC COMMON STOCK	Corporate stock	N/A	N/A	2,569	263,237	255,282
	OCCIDENTAL PETROLEUM CORP COMMON	Corporate stock	N/A	N/A	6,838	285,035	323,096
	OCEANFIRST FINANCIAL CORP COMMON	Corporate stock	N/A	N/A	10,375	194,543	182,289
	OIL-DRI CORP OF AMERICA COMMON	Corporate stock	N/A	N/A	1,995	34,493	121,775
	OLYMPIC STEEL INC COMMON STOCK	Corporate stock	N/A	N/A	6,840	239,667	208,278
	ON HOLDING AG 1 COMMON STOCK	Corporate stock	N/A	N/A	10,037	410,926	425,067

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

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

SEPTEMBER 30, 2025

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	ONESPAN INC COMMON STOCK	Corporate stock	N/A	N/A	10,150	\$ 152,996	\$ 161,284
	OSHKOSH CORPORATION COMMON STOCK	Corporate stock	N/A	N/A	4,723	502,881	612,573
	OVINTIV INC COMMON STOCK	Corporate stock	N/A	N/A	7,501	358,766	302,890
	OWENS CORNING INC COMMON STOCK	Corporate stock	N/A	N/A	3,376	504,417	477,569
	PACKAGING CORP OF AMERICA COMMON	Corporate stock	N/A	N/A	766	100,533	166,934
	PARKER HANNIFAN CORP COMMON	Corporate stock	N/A	N/A	341	35,658	258,529
	PATRICK INDUSTRIES INC COMMON	Corporate stock	N/A	N/A	3,991	341,099	412,789
	PAYCHEX INC COMMON STOCK	Corporate stock	N/A	N/A	10,698	1,307,782	1,356,078
	PAYONEER GLOBAL INC COMMON STOCK	Corporate stock	N/A	N/A	23,480	247,833	142,054
	PEGASYS INC COMMON STOCK	Corporate stock	N/A	N/A	11,764	573,340	676,430
	PENGUIN SOLUTIONS INC COMMON	Corporate stock	N/A	N/A	8,155	148,613	214,313
	PENTAIR PLC COMMON STOCK	Corporate stock	N/A	N/A	2,696	136,766	298,609
	PEOPLES BANCORP INC COMMON STOCK	Corporate stock	N/A	N/A	5,472	147,109	164,105
	PERFORMANCE FOOD GROUP COMMON	Corporate stock	N/A	N/A	3,810	146,588	396,392
	PERMIAN RES CORP COMMON STOCK	Corporate stock	N/A	N/A	16,148	168,830	206,694
	PERNOD-RICHARD COMMON STOCK	Corporate stock	N/A	N/A	23,824	520,715	467,713
	PERRIGO COMPANY PLC COMMON STOCK	Corporate stock	N/A	N/A	8,984	423,957	200,074
	PFIZER INC COMMON STOCK	Corporate stock	N/A	N/A	22,381	588,919	570,268
	PHILIP MORRIS INTL INC COMMON	Corporate stock	N/A	N/A	3,485	318,006	565,267
	PINNACLE WEST CAPITAL CORP	Corporate stock	N/A	N/A	3,202	241,494	287,091
	PIPER SANDLER CO	Corporate stock	N/A	N/A	1,156	355,938	401,120
	PLANET FITNESS INC. CL A COMMON	Corporate stock	N/A	N/A	4,797	490,944	497,929
	POST HOLDINGS INC COMMON STOCK	Corporate stock	N/A	N/A	2,329	242,697	250,321
	POSTAL REALTY TRUST INC COMMON	Corporate stock	N/A	N/A	14,925	227,111	234,173
	POWER INTEGRATIONS INC COMMON	Corporate stock	N/A	N/A	6,547	222,054	263,255
	PPL CORPORATION COMMON STOCK	Corporate stock	N/A	N/A	10,015	305,290	372,157
	PRIMS FINAN CORP COMMON STOCK	Corporate stock	N/A	N/A	14,105	188,809	148,244
	PRINCE GEORGE COMMON STOCK	Corporate stock	N/A	N/A	1,543	146,243	144,255
	PROCORE TECHNOLOGIES COMMON	Corporate stock	N/A	N/A	9,669	744,241	705,063
	PROSPERITY BANCSHARES INC COMMON	Corporate stock	N/A	N/A	5,418	356,299	359,484
	PRUDENTIAL FINANCIAL INC COMMON	Corporate stock	N/A	N/A	6,627	723,930	687,485
	QORVO INC COMMON STOCK	Corporate stock	N/A	N/A	4,518	358,014	411,499
	RALPH LAUREN CORP COMMON STOCK	Corporate stock	N/A	N/A	2,189	400,276	686,383
	RANGER ENERGY SVCS INC. COMMON	Corporate stock	N/A	N/A	11,244	133,691	157,866
	REGENERON PHARMACEUTIC COMMON	Corporate stock	N/A	N/A	965	538,122	542,591
	REGIONS FINANCIAL CORP COMMON	Corporate stock	N/A	N/A	33,156	605,279	874,324
	RELJANCE INC COMMON STOCK	Corporate stock	N/A	N/A	1,400	252,659	393,162
	ROCHE HOLDINGS LTD SPONSORED ADR	Corporate stock	N/A	N/A	11,992	451,252	489,645
	ROYAL CARIBBEAN GROUP COMMON	Corporate stock	N/A	N/A	2,346	249,325	759,119
	ROYALTY PHARMA PLC COMMON STOCK	Corporate stock	N/A	N/A	21,062	697,473	743,067
	RUBRIK INC-A COMMON STOCK	Corporate stock	N/A	N/A	5,342	363,417	439,380
	RYDER SYSTEMS INC COMMON STOCK	Corporate stock	N/A	N/A	3,207	321,519	604,968
	SALLY BEAUTY CO INC COMMON STOCK	Corporate stock	N/A	N/A	40,849	395,526	665,022
	SANOBI AVENTIS-ADR	Corporate stock	N/A	N/A	9,587	454,481	452,506
	SCORPIO TANKERS INC COMMON STOCK	Corporate stock	N/A	N/A	6,375	259,758	357,319
	SEAGATE TECHNOLOGY HLD COMMON	Corporate stock	N/A	N/A	6,669	675,594	1,574,284
	SEALED AIR CORP COMMON STOCK	Corporate stock	N/A	N/A	9,669	311,948	341,799
	SECOM CO COMMON STOCK	Corporate stock	N/A	N/A	35,214	299,806	323,370
	SENSATA TECHNOLOGIES HLDG PLC	Corporate stock	N/A	N/A	11,787	426,444	360,093
	SHELL PLC (ADR) COMMON STOCK	Corporate stock	N/A	N/A	11,244	581,849	804,283
	SHOE CARNIVAL INC COMMON STOCK	Corporate stock	N/A	N/A	4,170	87,557	86,694
	SIERRA BANCORP COMMON STOCK	Corporate stock	N/A	N/A	6,350	136,577	183,579
	SKYWEST INC COMMON STOCK	Corporate stock	N/A	N/A	3,038	203,335	305,684
	SLB LIMITED COMMON STOCK	Corporate stock	N/A	N/A	8,912	366,500	306,305
	SLM CORP COMMON STOCK	Corporate stock	N/A	N/A	28,065	760,084	776,839
	SM ENERGY CO COMMON STOCK	Corporate stock	N/A	N/A	10,046	344,749	250,849
	SMART FINANCIAL INC COMMON STOCK	Corporate stock	N/A	N/A	6,610	148,516	236,175
	SNAM RETE GAS-UNSPONSOR ADR	Corporate stock	N/A	N/A	59,805	647,277	719,275
	SNAP-ON INC COMMON STOCK	Corporate stock	N/A	N/A	651	138,068	225,591
	SOLVENTUM CORP COMMON STOCK	Corporate stock	N/A	N/A	8,492	620,600	619,916
	SONOCO PRODUCTS COM	Corporate stock	N/A	N/A	3,311	177,035	142,671
	SONY CORP SPONSORED ADR COMMON	Corporate stock	N/A	N/A	29,292	470,491	843,317
	SOUTHSTATE BK CORP	Corporate stock	N/A	N/A	3,765	277,849	372,246
	SOUTHWEST GAS HOLDINGS INC COM	Corporate stock	N/A	N/A	4,406	327,733	345,166
	SPOK HOLDINGS INC COMMON STOCK	Corporate stock	N/A	N/A	12,850	129,452	221,663
	SPROUTS FMRS MKT INC COMMON	Corporate stock	N/A	N/A	2,093	199,732	227,718
	SS&C TECHNOLOGIES HLDGS INC	Corporate stock	N/A	N/A	16,082	1,369,097	1,427,438
	SSE PLC COMMON STOCK	Corporate stock	N/A	N/A	28,760	550,490	674,278
	STANDARD MOTOR PRODUCTS INC	Corporate stock	N/A	N/A	6,820	258,808	278,392
	STATE STREET CORP COMMON STOCK	Corporate stock	N/A	N/A	6,811	500,162	790,144
	STEEL DYNAMICS INC COMMON STOCK	Corporate stock	N/A	N/A	1,091	63,679	152,118
	STEVEN MADDEN LTD COMMON STOCK	Corporate stock	N/A	N/A	9,092	277,980	304,400
	STIFEL FINANCIAL CORP COMMON	Corporate stock	N/A	N/A	9,175	628,071	1,041,087
	STRIDE INC COMMON STOCK	Corporate stock	N/A	N/A	8,613	1,103,302	1,282,820
	SUMMIT THERAPEUTICS COMMON STOCK	Corporate stock	N/A	N/A	11,999	421,392	247,899
	SUN COUNTY AIRLINES COMMON	Corporate stock	N/A	N/A	18,380	252,963	217,068
	SYNAPTICS INC COMMON STOCK	Corporate stock	N/A	N/A	4,929	421,489	336,848
	SYNCHRONY FINANCIAL COMMON STOCK	Corporate stock	N/A	N/A	12,163	425,547	864,181

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

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

SEPTEMBER 30, 2025

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	SYNNEX CORP COMMON STOCK	Corporate stock	N/A	N/A	1,884	\$ 210,550	\$ 308,505
	TALEN ENERGY CORP COMMON STOCK	Corporate stock	N/A	N/A	651	220,563	276,922
	TALOS ENERGY INC COMMON STOCK	Corporate stock	N/A	N/A	14,840	125,512	142,316
	TAPESTRY INC COMMON STOCK	Corporate stock	N/A	N/A	5,914	397,866	669,583
	TAYLOR MORRISON HOME CORP COMMON	Corporate stock	N/A	N/A	5,567	377,548	367,478
	TE CONNECTIVITY PLC COMMON STOCK	Corporate stock	N/A	N/A	7,476	1,142,730	1,641,206
	TELEFLEX INC COMMON STOCK	Corporate stock	N/A	N/A	4,735	552,387	579,375
	TENET HEALTHCARE CORP COMMON	Corporate stock	N/A	N/A	5,034	457,642	1,022,103
	TEREX CORP COMMON STOCK	Corporate stock	N/A	N/A	6,492	335,648	333,040
	TETRA TECH INC COMMON STOCK	Corporate stock	N/A	N/A	31,675	119,651	182,131
	TEXTRON INC COMMON STOCK	Corporate stock	N/A	N/A	6,045	474,050	510,742
	THE HARTFORD INSURANCE GROUP INC	Corporate stock	N/A	N/A	5,858	419,265	781,399
	TIMKEN CO COMMON STOCK	Corporate stock	N/A	N/A	7,194	565,421	540,845
	T-MOBILE US INC	Corporate stock	N/A	N/A	1,428	213,516	341,835
	TOAST INC CLASS A COMMON STOCK	Corporate stock	N/A	N/A	15,908	550,982	580,801
	TOPBUILD CORP COMMON STOCK	Corporate stock	N/A	N/A	3,211	806,091	1,255,051
	TOTAL ENERGIES	Corporate stock	N/A	N/A	4,824	270,990	287,945
	TOYOTA INDUSTRIES COMMON STOCK	Corporate stock	N/A	N/A	4,787	287,703	539,361
	TURNING PT BRANDS INC COMMON	Corporate stock	N/A	N/A	575	12,932	56,845
	TUTOR PERINI CORP COMMON STOCK	Corporate stock	N/A	N/A	2,300	29,466	150,857
	TYLER TECHNOLOGIES INC COMMON	Corporate stock	N/A	N/A	1,699	616,522	888,849
	UBER TECHNOLOGIES INC COMMON	Corporate stock	N/A	N/A	7,434	651,401	728,309
	UGI CORP NEW COMMON STOCK	Corporate stock	N/A	N/A	20,434	622,062	679,635
	UNITED FIRE GROUP INC COMMON	Corporate stock	N/A	N/A	4,660	113,477	141,757
	UNITED OVERSEAS BANK LTD SP ADR	Corporate stock	N/A	N/A	11,489	399,205	616,339
	UNITED PARCEL SERVICE COMMON	Corporate stock	N/A	N/A	2,811	324,171	234,803
	UNITED RENTALS INC COMMON STOCK	Corporate stock	N/A	N/A	304	70,964	290,217
	UNITED THERAPEUTICS CORP COMMON	Corporate stock	N/A	N/A	2,259	590,578	946,995
	UNITIL CORP COMMON STOCK	Corporate stock	N/A	N/A	5,325	269,639	254,855
	UNUM GROUP COMMON STOCK	Corporate stock	N/A	N/A	15,240	720,908	1,185,367
	UPM KYMMENE OYJ COMMON STOCK	Corporate stock	N/A	N/A	10,069	286,488	275,307
	UPWORK INC COMMON STOCK	Corporate stock	N/A	N/A	14,875	252,769	276,229
	URBAN OUTFITTERS INC COMMON	Corporate stock	N/A	N/A	10,451	604,606	746,515
	VAALCO ENERGY INC COMMON STOCK	Corporate stock	N/A	N/A	39,790	170,098	159,956
	VALLEY NATIONAL BANCORP COMMON	Corporate stock	N/A	N/A	120,648	1,149,607	1,278,869
	VALMONT INDUSTRIES COMMON STOCK	Corporate stock	N/A	N/A	1,272	427,380	493,193
	VAXCYTE INC COMMON STOCK	Corporate stock	N/A	N/A	4,854	354,375	174,841
	VERITEX HLDGS INC COMMON STOCK	Corporate stock	N/A	N/A	13,346	272,068	447,491
	VERIZON COMMUNICATIONS COMMON	Corporate stock	N/A	N/A	7,782	345,335	342,019
	VERSABANK NEW COMMON STOCK	Corporate stock	N/A	N/A	10,765	126,965	131,441
	VIATRIS INC COMMON STOCK	Corporate stock	N/A	N/A	50,707	455,309	501,999
	VICTORIA'S SECRET & CO COMMON	Corporate stock	N/A	N/A	12,166	284,418	330,185
	VIKING THERAPEUTICS INC COMMON	Corporate stock	N/A	N/A	3,624	231,885	95,239
	VINCI SA UNSPONS ADR	Corporate stock	N/A	N/A	17,164	512,982	594,698
	VIRTUS INVESTMNT PARTNERS COMMON	Corporate stock	N/A	N/A	1,534	312,333	291,506
	VISHAY PRECISION GROUP INC	Corporate stock	N/A	N/A	7,985	233,615	255,919
	VISTEON CORP COMMON STOCK	Corporate stock	N/A	N/A	2,778	266,287	332,971
	VONTIER CORP COMMON STOCK	Corporate stock	N/A	N/A	6,113	192,438	256,563
	VOYA FINANCIAL INC COMMON STOCK	Corporate stock	N/A	N/A	10,493	797,596	784,876
	WALT DISNEY CO COMMON STOCK	Corporate stock	N/A	N/A	5,759	673,075	659,406
	WATERSTONE FINANCIAL INC COMMON	Corporate stock	N/A	N/A	7,360	131,320	114,816
	WAYSIDE TECHNOLOGY GROUP INC	Corporate stock	N/A	N/A	1,280	57,584	172,595
	WESCO INTERNATIONAL INC COMMON	Corporate stock	N/A	N/A	2,090	317,327	442,035
	WESTERN ALLIANCE BANCORP COMMON	Corporate stock	N/A	N/A	4,429	283,229	384,083
	WHITESTONE REIT COMMON STOCK	Corporate stock	N/A	N/A	20,175	225,853	247,749
	WINGSTOP INC COMMON STOCK	Corporate stock	N/A	N/A	2,567	449,521	646,063
	WINTRUST FINANCIAL CORP COMMON	Corporate stock	N/A	N/A	5,886	550,139	779,542
	WISDOMTREE INVESTMENTS INC	Corporate stock	N/A	N/A	17,585	160,429	244,432
	WP CAREY INC COMMON STOCK	Corporate stock	N/A	N/A	6,949	399,744	469,544
	WPP PLC	Corporate stock	N/A	N/A	9,714	586,917	243,336
	WYNN RESORTS LTD COMMON STOCK	Corporate stock	N/A	N/A	5,565	687,140	713,823
	XCEL ENERGY INC COMMON STOCK	Corporate stock	N/A	N/A	4,968	323,008	400,669
	XENON PHARMACEUTICALS INC.	Corporate stock	N/A	N/A	7,512	315,962	301,607
	ZIONS BANCORP COMMON STOCK	Corporate stock	N/A	N/A	12,840	527,391	726,487
	ZOOM VIDEO COMMUNICATIONS INC	Corporate stock	N/A	N/A	16,409	1,372,295	1,353,741
	Total corporate stocks - line 1c(4)(B)					182,339,403	223,967,824
Limited partnerships							
	AMERICAN CORE REALTY FUND	Limited partnership	N/A	N/A	N/A	66,539,552	71,335,999
	CK OPPORTUNITIES OFFSHORE FUND, LP	Limited partnership	N/A	N/A	N/A	7,599,104	9,097,494
	CORBIN ERISA OPPORTUNITY FUND, LP	Limited partnership	N/A	N/A	N/A	11,787,279	22,542,486
	GROSVENOR INSTITUTIONAL PARTNERS, LP	Limited partnership	N/A	N/A	N/A	40,500,000	88,111,120
	INVESCO VENTURE ALPHA FUND II, LP	Limited partnership	N/A	N/A	N/A	5,837,820	8,305,365
	JP MORGAN IIF ERISA LP	Limited partnership	N/A	N/A	N/A	7,000,000	9,186,315
	LABOR IMPACT FEEDER FUND, LP	Limited partnership	N/A	N/A	N/A	636,096	4,867,044
	MCMORGAN INFRASTRUCTURE FUND II ERISA LP	Limited partnership	N/A	N/A	N/A	4,194,782	4,194,782
	OHA STRATEGIC CREDIT FUND	Limited partnership	N/A	N/A	N/A	700,000	739,864
	PRIVATE ADVISORS SMALL COMPANY PRIVATE EQUITY FUND VIII, L	Limited partnership	N/A	N/A	N/A	5,840,382	8,229,219
	VINTAGE VIII OFFSHORE SCSP	Limited partnership	N/A	N/A	N/A	2,869,171	6,345,514
	WHITE OAK PINNACLE FUND, LP	Limited partnership	N/A	N/A	N/A	3,739,162	2,939,223
	Total limited partnerships - line 1c(5)					157,243,348	235,894,425

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

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

SEPTEMBER 30, 2025

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

EIN 36-6513567
PLAN NO. 001

		(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value				
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(e) Current Value
	Land and building					
	LAND AND BUILDING IN BURR RIDGE, ILLINOIS	Land and building	N/A	N/A	N/A	\$ 4,480,000
	Total land and building - line 1c(6)					4,480,000
	Pooled separate account					
	ULLICO SEPERATE ACCOUNT J	Pooled separate account	N/A	N/A	1,098,853	18,578,599
	Total pooled separate account - line 1c(10)					18,578,599
	Common collective trusts					
	ASB ALLEGIANCE CHEVY CHASE TRUST	Common collective trusts	N/A	N/A	N/A	16,637,625
	INVESCO INTERNATIONAL GROWTH TRUST CLASS I	Common collective trusts	N/A	N/A	N/A	16,512,791
	L&G MSCI ACWI ex US Index	Common collective trusts	N/A	N/A	N/A	14,249,483
	L&G S&P 500 Index	Common collective trusts	N/A	N/A	N/A	66,983,056
	LOOMIS SAYLES LARGE CAP GROWTH TRUST	Common collective trusts	N/A	N/A	N/A	48,369,426
	NIS CORE FIXED INCOME FUND	Common collective trusts	N/A	N/A	N/A	103,141,423
	NIS INTERMEDIATE FIXED INCOME FUND	Common collective trusts	N/A	N/A	N/A	43,457,790
	RAINIER INTL SMALL CAP EQ CIT FD CL A	Common collective trusts	N/A	N/A	N/A	10,000,000
	Total common collective trusts - line 1c(9)					319,351,594
	Total assets (held at end of year) - at fair value					\$ 780,358,168
						\$ 1,080,997,992
	Investments at contract value				Cost	Current Value
	Insurance company contract					
	UNITED OF OMAHA				\$ 1,750,575	\$ 1,750,575
	Total insurance company contracts - line 1c(14)				\$ 1,750,575	\$ 1,750,575

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

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED SEPTEMBER 30, 2025

SCHEDULE H, PART IV, LINE 4(i)

EIN 36-6513567
PLAN NO. 001

Description of Asset	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset at Transaction Date	Net Gain or (Loss)
Goldman Financial Square Govt-A Fd# 465	\$ 91,394,688	\$ -	\$ 91,394,688	\$ 91,394,688	\$ -
Goldman Financial Square Govt-A Fd# 465	-	95,167,822	95,167,822	95,167,822	-

Schedule MB, line 6 – Summary of Plan Provisions

Our valuation of the Local No. 731, I.B. of T., Pension Fund (“Plan”) is based on the plan provisions as of October 1, 2024 as summarized below. This summary has been prepared for valuation purposes only. It outlines the major plan provisions used to perform the actuarial valuation.

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

Private Scavengers & Garage Attendants

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

1. Participation

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

2. Plan Year

October 1 through September 30

3. Week of Service

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

4. Year of Vesting Service

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

5. Pension Credits

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

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

6. Break in Service

Plan year with less than 500 hours of service

7. Normal Retirement Age

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

8. Normal Retirement Pension

Eligibility

Age 65 with 5 years of vesting service;

Monthly Amount

Scavenger Employees

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

Garage Attendant Employees

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

9. Early Retirement Pension (Reduced)

Eligibility

Age 55 with 10 Pension Credits

Monthly Amount

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

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

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

10. Early Retirement Pension (Unreduced)

Eligibility

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

Monthly Amount

Same as Normal Retirement Pension

11. Optional Forms of Pension

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

12. Disability Pension

Eligibility

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

Monthly Amount

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

13. Vested Benefit

Eligibility

5 years of vesting service

Monthly Amount

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

14. Death Benefit

a. Pre-Retirement Survivor Annuity

Eligibility

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

Monthly Amount

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

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

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

b. Pre-Retirement 60-Month Death Benefit

Eligibility

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

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

Monthly Amount

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

15. Changes in Plan Provisions

None.

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

Textile Maintenance & Laundry Craft

1. Participation

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

2. Plan Year and Pension Credit Year

January 1 through December 31

4. Week of Service

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

5. Year of Vesting Service

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

6. Break in Service

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

7. Normal Retirement Age

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

8. Optional Forms of Pension

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

9. Pop-Up Feature

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

10. Pension Credits

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

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

11. Normal Retirement Pension

Eligibility

Age 65 with 5 years of vesting service

Monthly Amount

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

12. Early Retirement Pension

Eligibility

Age 58 with 15 Pension Credits

Monthly Amount

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

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

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

13. Disability Pension

Eligibility

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

Monthly Amount

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

14. Vested Benefit

Eligibility

Five years of vesting service.

Monthly Amount

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

15. Pre-Retirement Death Benefit

Eligibility

Death of participant with at least 15 Pension Credits:

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

Monthly Amount

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

16. Changes in Plan Provisions

None.

13. Disability Pension

Eligibility

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

Monthly Amount

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

14. Vested Benefit

Eligibility

Five years of vesting service.

Monthly Amount

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

15. Pre-Retirement Death Benefit

Eligibility

Death of participant with at least 15 Pension Credits:

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

Monthly Amount

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

16. Changes in Plan Provisions

None.

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2024 Form 5500 Schedule MB

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

Employer Contributions

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

Private Scavengers		Garage Attendants		Textile Maintenance	
<u>Date</u>	<u>Contribution Rate</u>	<u>Date</u>	<u>Contribution Rate</u>	<u>Date</u>	<u>Contribution Rate</u>
10/1/1996	\$51.00	8/1/1996	\$15.00		
10/1/1997	\$53.00	8/1/1997	\$16.00		
10/1/1998	\$61.00	8/1/1998	\$17.00		
10/1/2000	\$67.00	8/1/2000	\$18.00		
10/1/2003	\$75.00	8/1/2003	\$19.00		
10/1/2004	\$79.00	8/1/2004	\$19.00		
10/1/2005	\$93.00	8/1/2005	\$20.00		
10/1/2006	\$115.00	8/1/2006	\$23.00		
10/1/2007	\$135.00	8/1/2007	\$27.00		
10/1/2008	\$145.00	8/1/2008	\$32.00		
10/1/2009	\$167.00	8/1/2009	\$37.00	5/1/2009	\$85.00
10/1/2010	\$189.00	8/1/2010	\$37.00	5/1/2010	\$94.00
10/1/2011	\$222.20	8/1/2011	\$37.00	5/1/2011	\$103.00
10/1/2012	\$252.20	8/1/2012	\$39.00	5/1/2012	\$128.00
10/1/2013	\$278.20	8/1/2013	\$42.00	5/1/2013	\$143.00
10/1/2014	\$300.20	8/1/2014	\$42.00	5/1/2014	\$158.00
10/1/2015	\$318.20	8/1/2015	\$48.00	5/1/2015	\$173.00
10/1/2016	\$318.20	8/1/2016	\$51.00	5/1/2016	\$188.00
10/1/2017	\$324.20	8/1/2017	\$54.00	5/1/2017	\$203.00
10/1/2018	\$324.20	8/1/2018	\$54.00	5/1/2018	\$218.00
10/1/2019	\$332.20	8/1/2019	\$56.00	5/1/2019	\$218.00
10/1/2020	\$340.20	8/1/2020	\$56.00	5/1/2020	\$233.00
10/1/2021	\$348.20	8/1/2021	\$58.00	5/1/2021	\$233.00
10/1/2022	\$382.20	8/1/2022	\$62.00	5/1/2022	\$233.00
10/1/2023	\$422.20	8/1/2023	\$66.00	5/1/2023	\$233.00
10/1/2024	\$442.20	8/1/2024	\$70.00	5/1/2024	\$233.00



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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2025

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							(e) Current Value
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	
	Short-term investment fund						
	GOLDMAN FINANCIAL SQUARE GOVT-A FD#465	Short-term investment	N/A	N/A	N/A	\$ 53,067,154	\$ 53,067,154
	Total short-term investment fund - line 1(c)1					53,067,154	53,067,154
	Corporate obligations						
	WESTERN DIGITAL CORP	Corporate obligation	02/15/26	4.750%	372,000	391,743	371,799
	SPRINGLEAF FINANCE CORP	Corporate obligation	03/15/26	7.125%	29,000	216,559	218,621
	ALBERTSONS COS/SAFEWAY	Corporate obligation	03/15/26	3.250%	220,000	29,464	29,259
	PRIME SEC SVCS BRW/FINANCE	Corporate obligation	04/15/26	5.750%	95,000	94,406	95,390
	ICAHN ENTERPRISES	Corporate obligation	05/15/26	6.250%	119,000	115,934	118,854
	NAVIENT CORP	Corporate obligation	06/15/26	6.750%	765,000	774,627	773,652
	UNDER ARMOUR INC	Corporate obligation	06/15/26	3.250%	1,130,000	1,160,853	1,116,836
	SIRIUS XM RADIO INC	Corporate obligation	09/01/26	3.125%	455,000	430,637	448,721
	TEVA PHARMACEUTICALS NE	Corporate obligation	10/01/26	3.150%	275,000	245,997	270,421
	SLM CORP	Corporate obligation	11/02/26	3.125%	710,000	686,931	695,552
	ALBERTSONS COS/SAFEWAY	Corporate obligation	01/15/27	4.625%	235,000	234,119	233,517
	ONEMAIN FINANCE CORP	Corporate obligation	01/15/27	3.500%	900,000	224,400	222,123
	INTERNATIONAL GAME TECH	Corporate obligation	01/15/27	6.250%	220,000	825,714	882,765
	SBA COMMUNICATIONS CORP	Corporate obligation	02/15/27	3.875%	1,240,000	420,665	422,834
	GGAM FINANCE LTD GGAM FINANCE LTD	Corporate obligation	02/15/27	8.000%	413,000	1,265,772	1,221,338
	HILTON WORLDWIDE FIN LLC	Corporate obligation	04/01/27	4.875%	1,180,000	1,212,042	1,179,186
	WYNDHAM WORLDWIDE CORP	Corporate obligation	04/01/27	6.000%	520,000	503,161	527,452
	SUNOCO LP/FINANCE CORP	Corporate obligation	04/15/27	6.000%	1,200,000	1,244,539	1,199,580
	UNITED RENTALS NORTH AM	Corporate obligation	05/15/27	5.500%	1,156,000	412,756	437,132
	ICAHN ENTERPRISES	Corporate obligation	05/15/27	5.250%	445,000	1,174,006	1,156,058
	CENTURY COMMUNITIES INC	Corporate obligation	06/01/27	6.750%	765,000	768,889	764,870
	CLEVELAND CLIFFS INC	Corporate obligation	06/01/27	5.875%	1,110,000	1,108,324	1,109,978
	BOYD GAMING CORP	Corporate obligation	10/01/27	4.750%	1,170,000	1,109,827	1,163,284
	BRINK'S COMPANY	Corporate obligation	10/15/27	4.625%	90,000	87,075	89,108
	RHP HOTEL PPTY/RHP FINANCE	Corporate obligation	10/15/27	4.750%	1,190,000	1,172,660	1,184,788
	TENET HEALTHCARE CORP	Corporate obligation	11/01/27	5.125%	580,000	570,150	578,631
	TELEFLEX INC	Corporate obligation	11/15/27	4.625%	1,250,000	1,186,098	1,238,525
	BUCKEYE PARTNERS LTD	Corporate obligation	12/01/27	4.125%	1,293,000	1,245,955	1,278,376
	CENTENE CORP	Corporate obligation	12/15/27	4.250%	1,295,000	1,224,805	1,271,975
	SERVICE CORP INTL	Corporate obligation	12/15/27	4.625%	1,165,000	1,110,499	1,159,280
	L BRANDS INC	Corporate obligation	02/01/28	5.250%	1,165,000	182,903	182,943
	CCO HLDGS LLC/CAP CORP	Corporate obligation	02/01/28	5.000%	185,000	1,166,513	1,171,617
	SILGAN HOLDINGS INC	Corporate obligation	02/01/28	4.125%	1,210,000	1,095,140	1,180,960
	LAMAR MEDIA CORP	Corporate obligation	02/15/28	3.750%	1,131,000	1,034,754	1,100,090
	VICI PROPERTIES	Corporate obligation	02/15/28	4.750%	475,000	459,365	478,985
	TEVA PHARMACEUTICALS NE	Corporate obligation	03/01/28	6.750%	390,000	399,525	404,703
	CLEARWAY ENERGY	Corporate obligation	03/15/28	4.750%	90,000	87,750	88,864
	TEGNA INC	Corporate obligation	03/15/28	4.625%	1,188,000	1,075,369	1,170,216
	XPO INC	Corporate obligation	06/01/28	6.250%	45,000	45,338	45,854
	CARPENTER TECHNOLOGY	Corporate obligation	07/15/28	6.375%	1,030,000	1,029,671	1,032,215
	TRANSIGM INC	Corporate obligation	08/15/28	6.750%	115,000	116,725	117,195
	ONEMAIN FINANCE CORP	Corporate obligation	09/15/28	3.875%	285,000	697,827	707,678
	FLUOR CORP	Corporate obligation	09/15/28	4.250%	715,000	266,156	273,914
	PARK INTERMED HOLDINGS OTHER REITS B CLASS	Corporate obligation	10/01/28	5.875%	90,000	88,425	89,832
	H.B. FULLER CO	Corporate obligation	10/15/28	4.250%	1,235,000	1,166,150	1,200,902
	TALLGRASS NRG PRTRN/FIN	Corporate obligation	02/15/29	7.375%	45,000	45,212	46,342
	TRANSIGM INC	Corporate obligation	03/01/29	6.375%	360,000	360,000	368,042
	ALBERTSONS COS/SAFEWAY	Corporate obligation	03/15/29	3.500%	100,000	94,625	94,770
	WESCO DISTRIBUTION INC WESCO DISTRIBUTION INC	Corporate obligation	03/15/29	6.375%	40,000	41,275	41,182
	PHINIA INC PHINIA INC	Corporate obligation	04/15/29	6.750%	210,000	216,382	216,602
	AMERICAN AIRLINES	Corporate obligation	04/20/29	5.750%	580,000	573,434	582,210
	GXO LOGISTICS INC	Corporate obligation	05/06/29	6.250%	870,000	881,194	913,787
	TEVA PHARMACEUTICALS NE	Corporate obligation	05/09/29	5.125%	545,000	545,075	547,850
	TENET HEALTHCARE CORP	Corporate obligation	06/01/29	4.250%	670,000	621,703	654,181
	PENSKE AUTOMOTIVE GROUP INC	Corporate obligation	06/15/29	3.750%	690,000	1,252,694	1,264,220
	BALL CORP	Corporate obligation	06/15/29	6.000%	1,235,000	175,845	174,986
	BRINK'S COMPANY BRINKS CO	Corporate obligation	06/15/29	6.500%	170,000	101,375	102,750
	HERC HOLDINGS, INC	Corporate obligation	06/15/29	6.625%	100,000	662,156	659,668
	NMI HOLDINGS INC	Corporate obligation	08/15/29	6.000%	1,135,000	1,130,066	1,173,068
	ATI INC ATI INC	Corporate obligation	10/01/29	4.875%	1,185,000	1,149,450	1,164,914
	GENTING NY LLC	Corporate obligation	10/01/29	7.250%	405,000	406,850	418,341
	SABRA HEALTH CAP CORP	Corporate obligation	10/15/29	3.900%	330,000	320,241	319,783
	COMMERCIAL METALS CO	Corporate obligation	01/15/30	4.125%	1,235,000	1,179,425	1,184,921
	SLM CORP	Corporate obligation	01/31/30	6.500%	475,000	487,010	495,135
	ENCOMPASS HEALTH CORPORATION	Corporate obligation	02/01/30	4.750%	1,170,000	1,133,119	1,155,843
	CAESARS ENTMT INC NEW	Corporate obligation	02/15/30	7.000%	370,000	372,125	380,453
	CROWN AMERS LLC	Corporate obligation	04/01/30	5.250%	1,180,000	1,188,297	1,195,777
	DARLING INGREDIENTS INC	Corporate obligation	06/15/30	6.000%	60,000	59,250	60,563
	GLP CAPITAL LP / FIN II	Corporate obligation	01/15/31	4.000%	740,000	712,028	708,313
	HA SUSTAINABLE INF CAP	Corporate obligation	01/15/31	6.150%	230,000	237,459	236,150
	PARAMOUNT GLOBAL	Corporate obligation	01/15/31	4.950%	1,205,000	1,191,562	1,190,815
	Total corporate obligations - line 1c(3)(B)					45,298,070	46,056,539





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

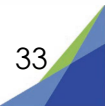
SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

SEPTEMBER 30, 2025

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							(e) Current Value
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	
	Corporate stocks						
	3M COMPANY COMMON STOCK	Corporate stock	N/A	N/A	1,568	\$ 184,706	\$ 243,322
	ABACUS GLOBAL MANAGEMENT INC	Corporate stock	N/A	N/A	34,332	254,715	196,722
	ABBVIE INC COMMON STOCK	Corporate stock	N/A	N/A	2,728	367,152	631,641
	ACCO BRANDS CORP COMMON STOCK	Corporate stock	N/A	N/A	32,230	210,825	128,598
	ACUITY INC COMMON STOCK	Corporate stock	N/A	N/A	838	128,980	288,599
	ADR IMPERIAL BRANDS COMMON STOCK	Corporate stock	N/A	N/A	3,101	70,709	131,839
	ADR MONDI LLC COMMON STOCK	Corporate stock	N/A	N/A	6,943	372,750	191,425
	ADT INC DEL COMMON STOCK	Corporate stock	N/A	N/A	38,711	297,624	337,173
	AEBI SCHMIDT HLDG COMMON STOCK	Corporate stock	N/A	N/A	16,382	244,301	204,284
	AERCAP HOLDINGS NV COMMON STOCK	Corporate stock	N/A	N/A	6,381	614,269	772,101
	AGCO CORPORATION COMMON STOCK	Corporate stock	N/A	N/A	2,169	192,539	232,235
	AGNC INVT CORP COMMON STOCK	Corporate stock	N/A	N/A	36,121	382,846	353,625
	AIA GROUP LTD COMMON STOCK	Corporate stock	N/A	N/A	10,180	321,006	390,698
	ALERUS FINANCIAL COMMON STOCK	Corporate stock	N/A	N/A	7,100	163,646	157,194
	ALLIANCE DATA SYSTEMS CORP	Corporate stock	N/A	N/A	4,797	226,631	267,529
	ALLIANZ SE COMMON STOCK	Corporate stock	N/A	N/A	17,202	345,471	722,398
	ALLISON TRANSMISSION HOLDING	Corporate stock	N/A	N/A	2,747	151,574	233,165
	ALLY FINANCIAL INC COMMON STOCK	Corporate stock	N/A	N/A	20,503	858,019	803,718
	ALPHABET INC CL A COMMON STOCK	Corporate stock	N/A	N/A	5,940	1,042,252	1,444,014
	ALTRIA GROUP INC COMMON STOCK	Corporate stock	N/A	N/A	8,481	512,029	560,255
	AMCOR PLC COMMON STOCK	Corporate stock	N/A	N/A	16,410	146,248	134,234
	AMDOCS LTD COMMON STOCK	Corporate stock	N/A	N/A	18,809	1,621,957	1,543,278
	AMERANT BANCORP COMMON STOCK	Corporate stock	N/A	N/A	7,775	199,087	149,824
	AMERICAN PUBLIC EDUCATION COMMON	Corporate stock	N/A	N/A	8,245	70,065	325,430
	AMERIPRISE FINANCIAL INC COMMON	Corporate stock	N/A	N/A	1,436	296,471	705,435
	AMPHENOL CORP COMMON STOCK	Corporate stock	N/A	N/A	13,844	877,796	1,713,195
	AMPLIFY ENERGY CORP COMMON STOCK	Corporate stock	N/A	N/A	30,880	167,617	162,120
	ANNALY CAPITAL MANAGEMENT COMMON	Corporate stock	N/A	N/A	18,448	325,286	372,834
	ANTERO RESOURCES CORP COMMON	Corporate stock	N/A	N/A	8,225	237,651	276,031
	APPFOLIO INC - A COMMON STOCK	Corporate stock	N/A	N/A	2,423	612,594	667,924
	APPLIED INDUSTRIAL TECH INC	Corporate stock	N/A	N/A	2,562	555,129	668,810
	ARGENX SE COMMON STOCK	Corporate stock	N/A	N/A	2,227	463,501	1,642,546
	ARISTA NETWORKS INC COMMON STOCK	Corporate stock	N/A	N/A	9,925	1,384,767	1,446,172
	ARTISAN PARTNERS ASSETS COMMON	Corporate stock	N/A	N/A	6,947	298,050	301,500
	ASSOC BRITISH FOODS PLC-UNSP ADR	Corporate stock	N/A	N/A	16,518	479,045	456,095
	ASSURANT INC COMMON STOCK	Corporate stock	N/A	N/A	1,340	225,481	290,244
	AUTODESK INC COMMON STOCK	Corporate stock	N/A	N/A	4,370	1,116,959	1,388,218
	AUTOLIV INC COMMON STOCK	Corporate stock	N/A	N/A	2,132	153,301	263,302
	AUTONATION INC COMMON STOCK	Corporate stock	N/A	N/A	3,392	664,024	742,068
	AVIDITY BIOSCIENCES INC COMMON	Corporate stock	N/A	N/A	17,223	702,052	750,406
	AVIENT CORPORATION COMMON STOCK	Corporate stock	N/A	N/A	15,675	778,138	516,491
	AXALTA COATING SYSTEMS LTD	Corporate stock	N/A	N/A	9,287	346,577	265,794
	BAKER HUGHES A GE CO COMMON	Corporate stock	N/A	N/A	6,202	187,260	302,161
	BALDWIN INSURANCE GROUP CLASS A	Corporate stock	N/A	N/A	11,254	486,259	317,475
	BANCO SANTANDER SA-SPON ADR	Corporate stock	N/A	N/A	79,563	336,709	833,820
	BAR HARBOR BANKSHARES COMMON	Corporate stock	N/A	N/A	3,300	80,072	100,518
	BARRETT BUSINESS SVCS INC COMMON	Corporate stock	N/A	N/A	5,500	97,067	243,760
	BATH & BODY WORKS COMMON STOCK	Corporate stock	N/A	N/A	10,310	363,536	265,586
	BEAZER HOMES USA INC COMMON	Corporate stock	N/A	N/A	4,175	102,721	102,496
	BELDEN INC. COMMON STOCK	Corporate stock	N/A	N/A	2,547	176,629	306,328
	BENCHMARK ELECTRONICS INC COMMON	Corporate stock	N/A	N/A	5,105	135,564	196,798
	BIOGEN INC COMMON STOCK	Corporate stock	N/A	N/A	4,141	532,632	580,071
	BIOHAVEN LTD COMMON STOCK	Corporate stock	N/A	N/A	7,617	225,946	114,331
	BIOROBOITCS CORP COMMON STOCK	Corporate stock	N/A	N/A	2,963	222,614	105,749
	BJS WHOLESALE CLUB HOLDINGS	Corporate stock	N/A	N/A	2,980	200,608	277,885
	BOISE CASCADE CO DEL COMMON	Corporate stock	N/A	N/A	2,924	292,216	226,084
	BOOKING HOLDINGS INC COMMON	Corporate stock	N/A	N/A	120	623,800	647,912
	BOOT BARN HOLDINGS, INC. COMMON	Corporate stock	N/A	N/A	3,094	309,209	512,738
	BORGWARNER INC	Corporate stock	N/A	N/A	5,634	188,252	247,671
	BOUYGUES COMMON STOCK	Corporate stock	N/A	N/A	62,239	419,931	560,462
	BOYD GAMING CORP COMMON STOCK	Corporate stock	N/A	N/A	7,962	654,115	688,315
	BP AMOCO PLC	Corporate stock	N/A	N/A	21,801	754,033	751,262
	BRIDGEWATER BANCSHARES INC	Corporate stock	N/A	N/A	7,010	90,977	123,376
	BRIGHT HORIZONS FAMILY SOLUTIONS	Corporate stock	N/A	N/A	4,589	561,626	498,228
	BRIGHTHOUSE FINANCIAL INC COMMON	Corporate stock	N/A	N/A	5,376	258,859	285,358
	BRINKER INTL INC COMMON STOCK	Corporate stock	N/A	N/A	4,479	565,201	567,400
	BRINK'S COMPANY COMMON STOCK	Corporate stock	N/A	N/A	3,348	255,211	391,247
	BRISTOL MYERS SQUIBB CO COMMON	Corporate stock	N/A	N/A	12,833	602,077	578,768
	BRITISH AMERICAN TOB-SP ADR	Corporate stock	N/A	N/A	12,914	490,095	685,475
	BRUNSWICK CORP COMMON SOTCK	Corporate stock	N/A	N/A	3,698	219,683	233,862
	BUILD-A-BEAR WORKSHOP INC COMMON	Corporate stock	N/A	N/A	3,970	161,205	258,884
	BUILDERS FIRSTSOURCE INC COMMON	Corporate stock	N/A	N/A	8,671	1,235,762	1,051,359
	BWX TECHNOLOGIES INCORPORATED	Corporate stock	N/A	N/A	8,047	502,551	1,483,625
	C.H. ROBINSON WORLDWIDE INC	Corporate stock	N/A	N/A	3,172	305,720	419,973
	CABOT CORP	Corporate stock	N/A	N/A	2,350	240,061	178,718
	CACI INTERNATIONAL INC COMMON	Corporate stock	N/A	N/A	622	276,692	310,241
	CACTUS INC COMMON STOCK	Corporate stock	N/A	N/A	3,939	153,180	155,472



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

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

SEPTEMBER 30, 2025

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	CADENCE DESIGN SYSTEMS INC	Corporate stock	N/A	N/A	3,824	\$ 642,520	\$ 1,343,218
	CAESARS ENTMT INC NEW COMMON	Corporate stock	N/A	N/A	9,096	431,923	245,819
	CAL-MAINE FOODS INC COMMON STOCK	Corporate stock	N/A	N/A	5,128	549,298	482,545
	CAMDEN PROPERTY TRUST SHARES	Corporate stock	N/A	N/A	4,077	443,825	435,342
	CAPGEMINI S E COMMON STOCK	Corporate stock	N/A	N/A	14,483	446,612	420,499
	CAPITOL FEDERAL FINCL INC COMMON	Corporate stock	N/A	N/A	26,575	159,933	168,751
	CARDINAL HEALTH INC COMMON STOCK	Corporate stock	N/A	N/A	3,420	404,580	536,803
	CARUSLE COS INC COMMON STOCK	Corporate stock	N/A	N/A	596	119,624	196,060
	CARNIVAL CORP COMMON STOCK	Corporate stock	N/A	N/A	26,059	618,062	753,366
	CASEY'S GENERAL STORES INC	Corporate stock	N/A	N/A	2,005	587,003	1,133,467
	CASS INFORMATION SYSTEMS INC	Corporate stock	N/A	N/A	3,460	122,872	136,082
	CENCORA INC COMMON STOCK	Corporate stock	N/A	N/A	1,887	320,127	589,744
	CERAGON NETWORKS LTD COMMON	Corporate stock	N/A	N/A	77,990	164,375	181,717
	CF INDUSTRIES HOLDINGS INC	Corporate stock	N/A	N/A	1,710	137,777	153,387
	CHEWY INC COMMON STOCK	Corporate stock	N/A	N/A	22,310	666,121	902,440
	CISCO SYSTEMS INC COMMON STOCK	Corporate stock	N/A	N/A	20,385	1,170,131	1,394,742
	CITIGROUP INC COMMON STOCK	Corporate stock	N/A	N/A	7,765	374,791	788,148
	CIVITAS RES INC COMMON STOCK	Corporate stock	N/A	N/A	8,240	364,707	267,800
	CK HUTCHISON HOLDIN-UNSP ADR	Corporate stock	N/A	N/A	65,614	635,379	432,199
	CLEANS PARK INC COMMON STOCK	Corporate stock	N/A	N/A	11,940	111,690	173,130
	COGNIZANT TECH SOLUTIONS CORP	Corporate stock	N/A	N/A	19,429	1,515,198	1,303,103
	COHU INC	Corporate stock	N/A	N/A	10,680	242,059	217,124
	COMFORT SYSTEMS USA INC COMMON	Corporate stock	N/A	N/A	850	460,553	701,403
	COMMERCIAL METALS CO	Corporate stock	N/A	N/A	6,633	295,769	379,938
	COMMVAULT SYSTEMS INC COMMON	Corporate stock	N/A	N/A	7,159	1,288,108	1,351,476
	CONFLUENT INC COMMON STOCK	Corporate stock	N/A	N/A	14,067	356,835	278,527
	CORE & MAIN INC COMMON STOCK	Corporate stock	N/A	N/A	4,955	204,735	266,728
	CORE NAT RES INC COMMON STOCK	Corporate stock	N/A	N/A	2,666	258,091	222,558
	COVENANT TRANSPORT INC-CL A	Corporate stock	N/A	N/A	8,900	213,004	192,774
	CRA INTERNATIONAL INC COMMON	Corporate stock	N/A	N/A	990	91,033	206,445
	CRINETICS PHARMACEUTIC COMMON	Corporate stock	N/A	N/A	6,263	227,203	260,854
	CROWN HOLDINGS INC COMMON STOCK	Corporate stock	N/A	N/A	3,543	342,753	342,218
	CSX CORP COMMON STOCK	Corporate stock	N/A	N/A	7,126	243,232	253,044
	CULLEN/FROST BANKERS INC COMMON	Corporate stock	N/A	N/A	3,443	471,383	436,469
	CUMMINS ENGINE CO COMMON STOCK	Corporate stock	N/A	N/A	694	101,801	293,125
	CURTIS-WRIGHT CORP COMMON	Corporate stock	N/A	N/A	5,160	1,487,073	2,801,570
	CUSHMAN & WAKEFIELD PLC COMMON	Corporate stock	N/A	N/A	31,637	319,348	503,661
	CVS HEALTH CORPORATION COMMON	Corporate stock	N/A	N/A	8,432	568,075	635,688
	DAVITA INC COMMON STOCK	Corporate stock	N/A	N/A	4,190	465,052	556,725
	DEUTSCHE POST AG-SPON ADR COMMON	Corporate stock	N/A	N/A	14,144	601,701	630,540
	DHT MARITIME INC COMMON STOCK	Corporate stock	N/A	N/A	16,407	203,770	196,064
	DILLARDS INC CLASS A STOCK	Corporate stock	N/A	N/A	1,413	695,378	868,260
	DIME CMNTY BANCSHARES COMMON	Corporate stock	N/A	N/A	8,075	189,137	240,877
	DOCUSIGN INC COMMON STOCK	Corporate stock	N/A	N/A	8,202	576,199	591,282
	DOLBY LABORATORIES INC COMMON	Corporate stock	N/A	N/A	9,259	515,064	670,074
	DOLLAR TREE INC COMMON STOCK	Corporate stock	N/A	N/A	2,934	213,354	276,882
	DONEGAL GROUP INC - CL A COMMON	Corporate stock	N/A	N/A	6,885	109,053	133,500
	DORMAN PRODUCTS INC COMMON STOCK	Corporate stock	N/A	N/A	4,785	572,936	745,886
	DOVER CORP COMMON STOCK	Corporate stock	N/A	N/A	1,211	97,524	202,031
	DROPBOX INC COMMON STOCK	Corporate stock	N/A	N/A	45,305	1,405,408	1,368,664
	DTE ENERGY COMPANY COMMON STOCK	Corporate stock	N/A	N/A	2,516	353,034	355,838
	DUCOMMUN INC COMMON STOCK	Corporate stock	N/A	N/A	2,740	131,371	263,396
	EAST WEST BANCORP INC COMMON	Corporate stock	N/A	N/A	5,709	624,102	607,723
	EASTMAN CHEMICAL CO COMMON STOCK	Corporate stock	N/A	N/A	2,281	167,402	143,817
	EBAY INC COMMON STOCK	Corporate stock	N/A	N/A	7,167	467,110	651,839
	ELASTIC NV COMMON STOCK	Corporate stock	N/A	N/A	4,792	476,186	404,876
	ELECTRONIC ARTS INC COMMON STOCK	Corporate stock	N/A	N/A	4,069	630,552	820,717
	EMCOR GROUP INC COMMON STOCK	Corporate stock	N/A	N/A	2,211	299,690	1,436,133
	EMERSON ELECTRIC CO COMMON STOCK	Corporate stock	N/A	N/A	1,839	108,586	241,240
	ENCOMPASS HEALTH CORPORATION	Corporate stock	N/A	N/A	2,440	125,092	309,929
	ENEL SPA UNSPON ADR	Corporate stock	N/A	N/A	86,636	511,254	821,136
	ENTEGRIS INC COMMON STOCK	Corporate stock	N/A	N/A	9,722	389,369	898,896
	ENVISTA HLDGS CORP COMMON STOCK	Corporate stock	N/A	N/A	12,588	263,227	256,418
	EPAM SYSTEMS INC COMMON STOCK	Corporate stock	N/A	N/A	2,690	676,466	405,625
	EQT CORPORATION COMMON STOCK	Corporate stock	N/A	N/A	16,254	714,583	884,705
	EQUITABLE HOLDINGS COMMON STOCK	Corporate stock	N/A	N/A	8,424	443,679	427,771
	EQUITY BANCSHARES INC COMMON	Corporate stock	N/A	N/A	4,875	173,654	198,413
	ESSENT GROUP LTD COMMON STOCK	Corporate stock	N/A	N/A	5,468	301,097	347,546
	ETSY INC COMMON STOCK	Corporate stock	N/A	N/A	9,462	577,418	628,182
	EVEREST GROUP LTD COMMON STOCK	Corporate stock	N/A	N/A	1,072	366,014	375,447
	EVERGY INC COMMON STOCK	Corporate stock	N/A	N/A	9,639	565,470	732,757
	EXPEDIA INC COMMON STOCK	Corporate stock	N/A	N/A	4,536	655,515	969,570
	F5 INC COMMON STOCK	Corporate stock	N/A	N/A	5,566	1,348,532	1,798,876
	FABRINET COMMON STOCK	Corporate stock	N/A	N/A	4,143	983,462	1,510,621
	FEDERAL AGRIC MTG CORP-CL C	Corporate stock	N/A	N/A	1,105	86,312	185,618

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

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

SEPTEMBER 30, 2025

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	FEDERAL RLTY INVT TR NEW COMMON	Corporate stock	N/A	N/A	4,291	\$ 479,937	\$ 434,721
	FIDELITY NATIONAL FINANCIAL	Corporate stock	N/A	N/A	13,073	527,803	790,786
	FIRST AMERICAN FINANCIAL CORP	Corporate stock	N/A	N/A	5,217	301,716	335,140
	FIRST BANCORP INC COMMON STOCK	Corporate stock	N/A	N/A	2,550	59,110	66,963
	FIRST BANK COMMON STOCK	Corporate stock	N/A	N/A	5,150	74,609	83,894
	FIRST FINANCIAL CORP COMMON	Corporate stock	N/A	N/A	2,055	74,115	115,984
	FIRST HORIZON NATIONAL CORP	Corporate stock	N/A	N/A	18,037	270,044	407,817
	FIRST INDUSTRIAL REALTY TR	Corporate stock	N/A	N/A	8,820	403,015	453,965
	FIRST INTERNET BANCORP COMMON	Corporate stock	N/A	N/A	5,438	154,831	121,974
	FIRST INTERSTATE BANCSYSTEM, INC	Corporate stock	N/A	N/A	10,350	332,835	329,855
	FIRSTENERGY CORP COMMON STOCK	Corporate stock	N/A	N/A	8,531	352,824	390,890
	FLAGSTAR FINL INC COMMON STOCK	Corporate stock	N/A	N/A	36,539	397,319	422,025
	FLEX LTD COMMON STOCK	Corporate stock	N/A	N/A	7,468	172,233	432,920
	FLUSHING FINANCIAL CORP COMMON	Corporate stock	N/A	N/A	15,365	240,300	212,191
	FRANKLIN RESOURCES INC	Corporate stock	N/A	N/A	29,721	735,092	687,447
	FRONTDOOR INC COMMON STOCK	Corporate stock	N/A	N/A	10,701	613,582	720,070
	FUJIFILM HOLDINGS UNSP ADR	Corporate stock	N/A	N/A	54,480	465,206	678,930
	FUJITSU LTD COMMON STOCK	Corporate stock	N/A	N/A	26,642	382,290	628,511
	GAMING AND LEISURE PROPERTIES	Corporate stock	N/A	N/A	9,483	399,615	442,003
	GARMIN LTD COMMON STOCK	Corporate stock	N/A	N/A	2,883	515,612	709,852
	GATES INDUSTRIAL COMMON STOCK	Corporate stock	N/A	N/A	10,509	205,549	260,833
	GE HEALTHCARE TECHNOLOGIES INC	Corporate stock	N/A	N/A	7,656	542,255	574,966
	GENCO COMMON STOCK	Corporate stock	N/A	N/A	13,155	246,055	234,159
	GENERAL MOTORS CO COMMON STOCK	Corporate stock	N/A	N/A	11,982	676,616	730,543
	GENUINE PARTS CO COMMON STOCK	Corporate stock	N/A	N/A	1,805	233,400	250,173
	GILAT SATELITE NETWORKS LTD	Corporate stock	N/A	N/A	25,585	157,117	333,117
	GILEAD SCIENCES INC COMMON STOCK	Corporate stock	N/A	N/A	4,857	362,111	539,127
	GILTECH INC COMMON STOCK	Corporate stock	N/A	N/A	16,087	823,851	725,202
	GLACIER BANCORP INC COMMON STOCK	Corporate stock	N/A	N/A	7,866	276,886	382,838
	GLOBAL SHIP LEASE INC-CL A	Corporate stock	N/A	N/A	8,915	145,618	273,691
	GLOBUS MED INC -A COMMON STOCK	Corporate stock	N/A	N/A	6,610	432,530	378,555
	GODADDY INC CLASS A COMMON STOCK	Corporate stock	N/A	N/A	3,203	248,830	438,266
	GOLDMAN SACHS GROUP INC COMMON	Corporate stock	N/A	N/A	1,041	390,684	829,000
	GOODYEAR TIRE & RUBBER CO COMMON	Corporate stock	N/A	N/A	31,096	338,476	232,598
	GROUP 1 AUTOMOTIVE INC COMMON	Corporate stock	N/A	N/A	1,485	684,464	649,702
	GSK PLC COMMON STOCK	Corporate stock	N/A	N/A	16,570	635,891	715,161
	GUARDIAN PHRMCY COMMON STOCK	Corporate stock	N/A	N/A	5,215	84,072	136,789
	HALLIBURTON CO COMMON STOCK	Corporate stock	N/A	N/A	13,786	493,886	339,136
	HASBRO INC COMMON STOCK	Corporate stock	N/A	N/A	8,608	665,503	652,917
	HCA HEALTHCARE INC COMMON STOCK	Corporate stock	N/A	N/A	1,463	413,171	623,531
	HEALTHCARE SVCS GROUP INC	Corporate stock	N/A	N/A	17,395	222,576	292,758
	HELIUM ENERGY SOLUTIONS CORP	Corporate stock	N/A	N/A	20,620	112,388	135,267
	HIGHWOOD PROPERTIES INC COMMON	Corporate stock	N/A	N/A	10,598	405,642	337,228
	HITACHI LTD COMMON STOCK	Corporate stock	N/A	N/A	14,711	164,547	391,474
	HOMETRUST BANCSHARES INC COMMON	Corporate stock	N/A	N/A	3,805	83,459	155,777
	HONDA MOTOR CO LTD COMMON STOCK	Corporate stock	N/A	N/A	11,985	374,285	369,138
	HORIZON BANCORP INDIANA COMMON	Corporate stock	N/A	N/A	8,415	121,730	134,724
	HOULIHAN LOKEY INC COMMON STOCK	Corporate stock	N/A	N/A	3,829	564,742	786,170
	HUBBELL INC COMMON STOCK	Corporate stock	N/A	N/A	1,924	633,125	827,916
	HYATT HOTELS CORP CL A COMMON	Corporate stock	N/A	N/A	3,935	262,223	558,495
	ICHOR HOLDINGS LTD COMMON STOCK	Corporate stock	N/A	N/A	3,740	110,702	65,525
	IDEAYA BIOSCIENCES INC COMMON	Corporate stock	N/A	N/A	26,471	934,043	720,276
	IDT CORP CL B COM COMMON STOCK	Corporate stock	N/A	N/A	1,925	25,128	100,697
	IMAX CORP COMMON STOCK	Corporate stock	N/A	N/A	7,675	123,182	251,356
	IMMUNOCORE HLDGS COMMON STOCK	Corporate stock	N/A	N/A	11,491	660,010	417,468
	INDEPENDENT BANK CORP-MASS	Corporate stock	N/A	N/A	4,545	230,659	314,378
	INDEPENDENT BANK CORP-MICHIGAN	Corporate stock	N/A	N/A	7,465	125,925	231,228
	INGEVITY CORP COMMON STOCK	Corporate stock	N/A	N/A	5,662	262,213	312,486
	INGREDION INC COMMON STOCK	Corporate stock	N/A	N/A	1,090	106,401	133,100
	INOGEN INC COMMON STOCK	Corporate stock	N/A	N/A	13,995	92,101	114,339
	INSMED INCORPORATED COMMON STOCK	Corporate stock	N/A	N/A	9,337	598,296	1,344,621
	INSPIRED ENTMT INC COMMON STOCK	Corporate stock	N/A	N/A	24,415	251,570	229,013
	INTERDIGITAL INC COMMON STOCK	Corporate stock	N/A	N/A	4,179	1,290,356	1,442,716
	INTERNATIONAL SEAWAYS, INC.	Corporate stock	N/A	N/A	2,910	96,257	134,093
	INTUIT COMMON STOCK	Corporate stock	N/A	N/A	2,162	1,057,911	1,476,451
	ITT INC COMMON STOCK	Corporate stock	N/A	N/A	2,233	154,911	399,171
	ITURAN LOCATION AND CONTROL	Corporate stock	N/A	N/A	4,820	179,695	172,170
	JABIL INC COMMON STOCK	Corporate stock	N/A	N/A	7,644	1,154,040	1,660,047
	JACKSON FINANCIAL INC COMMON	Corporate stock	N/A	N/A	8,911	741,022	902,061
	JACOBS SOLUTIONS INC COMMON	Corporate stock	N/A	N/A	3,802	376,326	569,768
	JAZZ PHARMACEUTICALS PLC COMMON	Corporate stock	N/A	N/A	7,088	864,813	934,198
	JEFFERIES FINANCIAL GROUP COMMON	Corporate stock	N/A	N/A	6,532	360,721	427,323
	JFROG LTD COMMON STOCK	Corporate stock	N/A	N/A	23,855	536,219	1,129,057
	JOHNSON & JOHNSON COMMON STOCK	Corporate stock	N/A	N/A	3,140	489,392	582,219
	JOHNSON OUTDOORS, INC COMMON	Corporate stock	N/A	N/A	3,440	127,629	138,942
	KDDI CORPORATION UNSPONSORED ADR	Corporate stock	N/A	N/A	34,289	560,266	548,041
	KELLY SERVICES INC CL A	Corporate stock	N/A	N/A	15,880	269,453	208,346



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

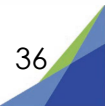
SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

SEPTEMBER 30, 2025

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	KERING SA COMMON STOCK	Corporate stock	N/A	N/A	11,362	\$ 455,372	\$ 377,218
	KILROY REALTY CORP COMMON STOCK	Corporate stock	N/A	N/A	9,858	355,434	416,501
	KIMBALL ELECTRONICS INC COMMON	Corporate stock	N/A	N/A	7,890	156,801	235,595
	KIRBY CORP COMMON STOCK	Corporate stock	N/A	N/A	3,263	211,900	272,297
	KLA CORPORATION COMMON STOCK	Corporate stock	N/A	N/A	1,610	776,658	1,736,546
	KLAVIYO INC COMMON STOCK	Corporate stock	N/A	N/A	17,487	542,337	484,215
	KNIGHT SWIFT TRANSN HL INC	Corporate stock	N/A	N/A	12,763	638,070	504,266
	KOMATSU LTD SPONS ADR	Corporate stock	N/A	N/A	3,120	96,938	109,010
	KONINKLIJKE PHILIPS ADR COMMON	Corporate stock	N/A	N/A	20,706	373,161	564,446
	KOPPERS HOLDINGS INC COMMON	Corporate stock	N/A	N/A	5,395	198,342	151,060
	KORN/FERRY INTERNATIONAL COMMON	Corporate stock	N/A	N/A	4,310	248,916	301,614
	LABCORP HLDGS INC COMMON STOCK	Corporate stock	N/A	N/A	2,053	407,211	589,334
	LAM RESEARCH CORP COMMON STOCK	Corporate stock	N/A	N/A	13,664	1,387,578	1,829,610
	LATTICE SEMICONDUCTOR CORP	Corporate stock	N/A	N/A	11,236	699,354	823,824
	LA-Z-BOY INC COMMON STOCK	Corporate stock	N/A	N/A	4,020	148,883	137,966
	LEAR CORPORATION COMMON STOCK	Corporate stock	N/A	N/A	2,501	281,848	251,626
	LENNOX INTERNATIONAL INC COMMON	Corporate stock	N/A	N/A	1,259	697,849	666,464
	LIBERTY MEDIA CORP COMMON STOCK	Corporate stock	N/A	N/A	3,056	192,223	319,199
	LIFE TIME GROUP COMMON STOCK	Corporate stock	N/A	N/A	24,574	726,879	678,242
	LINCOLN ELECTRIC HLDG COMMON	Corporate stock	N/A	N/A	3,415	682,542	805,359
	LINCOLN NATL CORP IND COM	Corporate stock	N/A	N/A	7,403	202,784	298,563
	LIONSGAT STUDIOS CORP	Corporate stock	N/A	N/A	22,230	223,707	153,387
	LIVANOVA PLC COMMON STOCK	Corporate stock	N/A	N/A	5,938	332,139	311,032
	LLOYDS BANKING GROUP PLC COMMON	Corporate stock	N/A	N/A	182,560	566,878	828,822
	LOUISIANA-PACIFIC CORP COMMON	Corporate stock	N/A	N/A	1,629	142,213	144,720
	LYONDELLBASELL INDUSTRIES CL A	Corporate stock	N/A	N/A	2,389	183,971	117,157
	MA-COM TECHNOLOGY SOLUTIONS	Corporate stock	N/A	N/A	4,180	565,801	520,368
	MADRIGAL PHARMACEUTICALS INC	Corporate stock	N/A	N/A	1,813	440,960	831,551
	MANITOWOC COMPANY INC COMMON	Corporate stock	N/A	N/A	5,505	66,651	55,105
	MARRIOTT VACATIONS WORLD COMMON	Corporate stock	N/A	N/A	4,138	478,474	275,425
	MASCO CORP COMMON STOCK	Corporate stock	N/A	N/A	3,413	148,762	240,241
	MATSON INC COMMON STOCK	Corporate stock	N/A	N/A	2,003	299,973	197,476
	MCKESSON CORP COMMON STOCK	Corporate stock	N/A	N/A	761	220,954	587,903
	META PLATFORMS INC COMMON STOCK	Corporate stock	N/A	N/A	2,029	1,057,516	1,490,057
	METALLUS INC COMMON STOCK	Corporate stock	N/A	N/A	9,755	164,407	161,250
	METLIFE INC COMMON STOCK	Corporate stock	N/A	N/A	8,784	515,541	723,538
	MICROSOFT CORP COMMON STOCK	Corporate stock	N/A	N/A	2,754	1,120,548	1,426,434
	MIDDLEBY CORP COMMON STOCK	Corporate stock	N/A	N/A	1,881	246,496	250,041
	MISTRAS GROUP INC COMMON STOCK	Corporate stock	N/A	N/A	10,335	73,007	101,696
	MITEK SYSTEMS INC COMMON STOCK	Corporate stock	N/A	N/A	19,575	205,704	191,248
	MITSUBISHI ELECTRIC UNSP ADR	Corporate stock	N/A	N/A	7,559	196,125	389,304
	MKS INC COMMON STOCK	Corporate stock	N/A	N/A	3,354	304,920	415,125
	MODINE MANUFACTURING CO COMMON	Corporate stock	N/A	N/A	3,710	420,662	527,414
	MOHAWK INDUSTRIES INC COMMON	Corporate stock	N/A	N/A	2,330	275,660	300,384
	MOLINA HEALTHCARE INC COMMON	Corporate stock	N/A	N/A	3,565	903,421	682,198
	MONDAY.COM LTD COMMON STOCK	Corporate stock	N/A	N/A	1,918	540,114	371,497
	MONGODB INC COMMON STOCK	Corporate stock	N/A	N/A	2,220	610,535	689,044
	MOSAIC CO COMMON STOCK	Corporate stock	N/A	N/A	14,674	399,504	508,894
	MUELLER INDUSTRIES INC COMMON	Corporate stock	N/A	N/A	9,443	570,580	954,782
	MURPHY OIL CORPORATION COMMON	Corporate stock	N/A	N/A	20,828	624,139	591,723
	MURPHY USA INC COMMON STOCK	Corporate stock	N/A	N/A	1,480	752,724	574,625
	MYERS INDUSTRIES INC COMMON	Corporate stock	N/A	N/A	7,470	124,964	126,542
	NATIONAL FUEL GAS CO	Corporate stock	N/A	N/A	3,479	186,987	321,355
	NATIONAL HEALTHCARE CORP COMMON	Corporate stock	N/A	N/A	775	52,545	94,170
	NATIONAL VISION HLDGS COMMON	Corporate stock	N/A	N/A	15,892	348,048	463,887
	NATURAL GROCERS BY VITAMIN C	Corporate stock	N/A	N/A	4,035	89,882	161,400
	NATURES SUNSHINE PRODUCTS COMMON	Corporate stock	N/A	N/A	5,635	73,341	87,455
	NESTLE SA ADR COMMON STOCK	Corporate stock	N/A	N/A	7,853	703,644	721,196
	NETAPP, INC COMMON STOCK	Corporate stock	N/A	N/A	12,321	1,152,008	1,459,546
	NETRACKER INC CL A COMMON STOCK	Corporate stock	N/A	N/A	22,622	1,317,917	1,673,802
	NEUROCRINE BIOSCIENCES COMMON	Corporate stock	N/A	N/A	6,957	755,412	976,624
	NEW YORK TIMES CO CLASS A STOCK	Corporate stock	N/A	N/A	10,706	529,507	614,524
	NEWELL BRANDS INC COMMON STOCK	Corporate stock	N/A	N/A	39,663	317,234	207,834
	NEXSTAR MEDIA GROUP INC COMMON	Corporate stock	N/A	N/A	1,655	283,809	327,260
	NORDSON CORP COMMON STOCK	Corporate stock	N/A	N/A	2,994	211,880	679,488
	NORTHEAST BK LEWISTON COMMON	Corporate stock	N/A	N/A	2,630	58,599	263,421
	NORWEGIAN CRUISE LINE HLDGLTD	Corporate stock	N/A	N/A	13,966	262,738	343,983
	NOV INC COMMON STOCK	Corporate stock	N/A	N/A	22,849	344,853	302,749
	NRG ENERGY INC COMMON STOCK	Corporate stock	N/A	N/A	2,191	151,891	354,832
	NUCOR CORP COMMON STOCK	Corporate stock	N/A	N/A	1,021	114,242	138,274
	NVE CORPORATION COMMON STOCK	Corporate stock	N/A	N/A	1,275	80,003	83,219
	NWPX INFRASTRUCTURE INC COMMON	Corporate stock	N/A	N/A	5,435	130,798	287,675
	OASIS PETROLEUM INC COMMON STOCK	Corporate stock	N/A	N/A	2,569	263,237	255,282
	OCCIDENTAL PETROLEUM CORP COMMON	Corporate stock	N/A	N/A	6,838	285,035	323,096
	OCEANFIRST FINANCIAL CORP COMMON	Corporate stock	N/A	N/A	10,375	194,543	182,289
	OIL-DRI CORP OF AMERICA COMMON	Corporate stock	N/A	N/A	1,995	34,493	121,775
	OLYMPIC STEEL INC COMMON STOCK	Corporate stock	N/A	N/A	6,840	239,667	208,278
	ON HOLDING AG 1 COMMON STOCK	Corporate stock	N/A	N/A	10,037	410,926	425,067



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

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

SEPTEMBER 30, 2025

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	ONESPAN INC COMMON STOCK	Corporate stock	N/A	N/A	10,150	\$ 152,996	\$ 161,284
	OSHKOSH CORPORATION COMMON STOCK	Corporate stock	N/A	N/A	4,723	502,881	612,573
	OVINTIV INC COMMON STOCK	Corporate stock	N/A	N/A	7,501	358,766	302,890
	OWENS CORNING INC COMMON STOCK	Corporate stock	N/A	N/A	3,376	504,417	477,569
	PACKAGING CORP OF AMERICA COMMON	Corporate stock	N/A	N/A	766	100,533	166,934
	PARKER HANNIFAN CORP COMMON	Corporate stock	N/A	N/A	341	35,658	258,529
	PATRICK INDUSTRIES INC COMMON	Corporate stock	N/A	N/A	3,991	341,099	412,789
	PAYCHEX INC COMMON STOCK	Corporate stock	N/A	N/A	10,698	1,307,782	1,356,078
	PAYONEER GLOBAL INC COMMON STOCK	Corporate stock	N/A	N/A	23,480	247,833	142,054
	PEGASYS INC COMMON STOCK	Corporate stock	N/A	N/A	11,764	573,340	676,430
	PENGUIN SOLUTIONS INC COMMON	Corporate stock	N/A	N/A	8,155	148,613	214,313
	PENTAIR PLC COMMON STOCK	Corporate stock	N/A	N/A	2,696	136,766	298,609
	PEOPLES BANCORP INC COMMON STOCK	Corporate stock	N/A	N/A	5,472	147,109	164,105
	PERFORMANCE FOOD GROUP COMMON	Corporate stock	N/A	N/A	3,810	146,588	396,392
	PERMIAN RES CORP COMMON STOCK	Corporate stock	N/A	N/A	16,148	168,830	206,694
	PERNOD-RICHARD COMMON STOCK	Corporate stock	N/A	N/A	23,824	520,715	467,713
	PERRIGO COMPANY PLC COMMON STOCK	Corporate stock	N/A	N/A	8,984	423,957	200,074
	PFIZER INC COMMON STOCK	Corporate stock	N/A	N/A	22,381	588,919	570,268
	PHILIP MORRIS INTL INC COMMON	Corporate stock	N/A	N/A	3,485	318,006	565,267
	PINNACLE WEST CAPITAL CORP	Corporate stock	N/A	N/A	3,202	241,494	287,091
	PIPER SANDLER CO	Corporate stock	N/A	N/A	1,156	355,938	401,120
	PLANET FITNESS INC. CL A COMMON	Corporate stock	N/A	N/A	4,797	490,944	497,929
	POST HOLDINGS INC COMMON STOCK	Corporate stock	N/A	N/A	2,329	242,697	250,321
	POSTAL REALTY TRUST INC COMMON	Corporate stock	N/A	N/A	14,925	227,111	234,173
	POWER INTEGRATIONS INC COMMON	Corporate stock	N/A	N/A	6,547	222,054	263,255
	PPL CORPORATION COMMON STOCK	Corporate stock	N/A	N/A	10,015	305,290	372,157
	PRIMS FINAN CORP COMMON STOCK	Corporate stock	N/A	N/A	14,105	188,809	148,244
	PRINCE GEORGE COMMON STOCK	Corporate stock	N/A	N/A	1,543	146,243	144,255
	PROCORE TECHNOLOGIES COMMON	Corporate stock	N/A	N/A	9,669	744,241	705,063
	PROSPERITY BANCSHARES INC COMMON	Corporate stock	N/A	N/A	5,418	356,299	359,484
	PRUDENTIAL FINANCIAL INC COMMON	Corporate stock	N/A	N/A	6,627	723,930	687,485
	QORVO INC COMMON STOCK	Corporate stock	N/A	N/A	4,518	358,014	411,499
	RALPH LAUREN CORP COMMON STOCK	Corporate stock	N/A	N/A	2,189	400,276	686,383
	RANGER ENERGY SVCS INC. COMMON	Corporate stock	N/A	N/A	11,244	133,691	157,866
	REGENERON PHARMACEUTIC COMMON	Corporate stock	N/A	N/A	965	538,122	542,591
	REGIONS FINANCIAL CORP COMMON	Corporate stock	N/A	N/A	33,156	605,279	874,324
	RELJANCE INC COMMON STOCK	Corporate stock	N/A	N/A	1,400	252,659	393,162
	ROCHE HOLDINGS LTD SPONSORED ADR	Corporate stock	N/A	N/A	11,992	451,252	489,645
	ROYAL CARIBBEAN GROUP COMMON	Corporate stock	N/A	N/A	2,346	249,325	759,119
	ROYALTY PHARMA PLC COMMON STOCK	Corporate stock	N/A	N/A	21,062	697,473	743,067
	RUBRIK INC-A COMMON STOCK	Corporate stock	N/A	N/A	5,342	363,417	439,380
	RYDER SYSTEMS INC COMMON STOCK	Corporate stock	N/A	N/A	3,207	321,519	604,968
	SALLY BEAUTY CO INC COMMON STOCK	Corporate stock	N/A	N/A	40,849	395,526	665,022
	SANOBI AVENTIS-ADR	Corporate stock	N/A	N/A	9,587	454,481	452,506
	SCORPIO TANKERS INC COMMON STOCK	Corporate stock	N/A	N/A	6,375	259,758	357,319
	SEAGATE TECHNOLOGY HLD COMMON	Corporate stock	N/A	N/A	6,669	675,594	1,574,284
	SEALED AIR CORP COMMON STOCK	Corporate stock	N/A	N/A	9,669	311,948	341,799
	SECOM CO COMMON STOCK	Corporate stock	N/A	N/A	35,214	299,806	323,370
	SENSATA TECHNOLOGIES HLDG PLC	Corporate stock	N/A	N/A	11,787	426,444	360,093
	SHELL PLC (ADR) COMMON STOCK	Corporate stock	N/A	N/A	11,244	581,849	804,283
	SHOE CARNIVAL INC COMMON STOCK	Corporate stock	N/A	N/A	4,170	87,557	86,694
	SIERRA BANCORP COMMON STOCK	Corporate stock	N/A	N/A	6,350	136,577	183,579
	SKYWEST INC COMMON STOCK	Corporate stock	N/A	N/A	3,038	203,335	305,684
	SLB LIMITED COMMON STOCK	Corporate stock	N/A	N/A	8,912	366,500	306,305
	SLM CORP COMMON STOCK	Corporate stock	N/A	N/A	28,065	760,084	776,839
	SM ENERGY CO COMMON STOCK	Corporate stock	N/A	N/A	10,046	344,749	250,849
	SMART FINANCIAL INC COMMON STOCK	Corporate stock	N/A	N/A	6,610	148,516	236,175
	SNAM RETE GAS-UNSPONSOR ADR	Corporate stock	N/A	N/A	59,805	647,277	719,275
	SNAP-ON INC COMMON STOCK	Corporate stock	N/A	N/A	651	138,068	225,591
	SOLVENTUM CORP COMMON STOCK	Corporate stock	N/A	N/A	8,492	620,600	619,916
	SONOCO PRODUCTS COM	Corporate stock	N/A	N/A	3,311	177,035	142,671
	SONY CORP SPONSORED ADR COMMON	Corporate stock	N/A	N/A	29,292	470,491	843,317
	SOUTHSTATE BK CORP	Corporate stock	N/A	N/A	3,765	277,849	372,246
	SOUTHWEST GAS HOLDINGS INC COM	Corporate stock	N/A	N/A	4,406	327,733	345,166
	SPOK HOLDINGS INC COMMON STOCK	Corporate stock	N/A	N/A	12,850	129,452	221,663
	SPROUTS FMRS MKT INC COMMON	Corporate stock	N/A	N/A	2,093	199,732	227,718
	SS&C TECHNOLOGIES HLDGS INC	Corporate stock	N/A	N/A	16,082	1,369,097	1,427,438
	SSE PLC COMMON STOCK	Corporate stock	N/A	N/A	28,760	550,490	674,278
	STANDARD MOTOR PRODUCTS INC	Corporate stock	N/A	N/A	6,820	258,808	278,392
	STATE STREET CORP COMMON STOCK	Corporate stock	N/A	N/A	6,811	500,162	790,144
	STEEL DYNAMICS INC COMMON STOCK	Corporate stock	N/A	N/A	1,091	63,679	152,118
	STEVEN MADDEN LTD COMMON STOCK	Corporate stock	N/A	N/A	9,092	277,980	304,400
	STIFEL FINANCIAL CORP COMMON	Corporate stock	N/A	N/A	9,175	628,071	1,041,087
	STRIDE INC COMMON STOCK	Corporate stock	N/A	N/A	8,613	1,103,302	1,282,820
	SUMMIT THERAPEUTICS COMMON STOCK	Corporate stock	N/A	N/A	11,999	421,392	247,899
	SUN COUNTY AIRLINES COMMON	Corporate stock	N/A	N/A	18,380	252,963	217,068
	SYNAPTICS INC COMMON STOCK	Corporate stock	N/A	N/A	4,929	421,489	336,848
	SYNCHRONY FINANCIAL COMMON STOCK	Corporate stock	N/A	N/A	12,163	425,547	864,181

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

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

SEPTEMBER 30, 2025

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

EIN 36-6513567
PLAN NO. 001

(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value							
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(d) Cost	(e) Current Value
	SYNNEX CORP COMMON STOCK	Corporate stock	N/A	N/A	1,884	\$ 210,550	\$ 308,505
	TALEN ENERGY CORP COMMON STOCK	Corporate stock	N/A	N/A	651	220,563	276,922
	TALOS ENERGY INC COMMON STOCK	Corporate stock	N/A	N/A	14,840	125,512	142,316
	TAPESTRY INC COMMON STOCK	Corporate stock	N/A	N/A	5,914	397,866	669,583
	TAYLOR MORRISON HOME CORP COMMON	Corporate stock	N/A	N/A	5,567	377,548	367,478
	TE CONNECTIVITY PLC COMMON STOCK	Corporate stock	N/A	N/A	7,476	1,142,730	1,641,206
	TELEFLEX INC COMMON STOCK	Corporate stock	N/A	N/A	4,735	552,387	579,375
	TENET HEALTHCARE CORP COMMON	Corporate stock	N/A	N/A	5,034	457,642	1,022,103
	TEREX CORP COMMON STOCK	Corporate stock	N/A	N/A	6,492	335,648	333,040
	TETRA TECH INC COMMON STOCK	Corporate stock	N/A	N/A	31,675	119,651	182,131
	TEXTRON INC COMMON STOCK	Corporate stock	N/A	N/A	6,045	474,050	510,742
	THE HARTFORD INSURANCE GROUP INC	Corporate stock	N/A	N/A	5,858	419,265	781,399
	TIMKEN CO COMMON STOCK	Corporate stock	N/A	N/A	7,194	565,421	540,845
	T-MOBILE US INC	Corporate stock	N/A	N/A	1,428	213,516	341,835
	TOAST INC CLASS A COMMON STOCK	Corporate stock	N/A	N/A	15,908	550,982	580,801
	TOPBUILD CORP COMMON STOCK	Corporate stock	N/A	N/A	3,211	806,091	1,255,051
	TOTAL ENERGIES	Corporate stock	N/A	N/A	4,824	270,990	287,945
	TOYOTA INDUSTRIES COMMON STOCK	Corporate stock	N/A	N/A	4,787	287,703	539,361
	TURNING PT BRANDS INC COMMON	Corporate stock	N/A	N/A	575	12,932	56,845
	TUTOR PERINI CORP COMMON STOCK	Corporate stock	N/A	N/A	2,300	29,466	150,857
	TYLER TECHNOLOGIES INC COMMON	Corporate stock	N/A	N/A	1,699	616,522	888,849
	UBER TECHNOLOGIES INC COMMON	Corporate stock	N/A	N/A	7,434	651,401	728,309
	UGI CORP NEW COMMON STOCK	Corporate stock	N/A	N/A	20,434	622,062	679,635
	UNITED FIRE GROUP INC COMMON	Corporate stock	N/A	N/A	4,660	113,477	141,757
	UNITED OVERSEAS BANK LTD SP ADR	Corporate stock	N/A	N/A	11,489	399,205	616,339
	UNITED PARCEL SERVICE COMMON	Corporate stock	N/A	N/A	2,811	324,171	234,803
	UNITED RENTALS INC COMMON STOCK	Corporate stock	N/A	N/A	304	70,964	290,217
	UNITED THERAPEUTICS CORP COMMON	Corporate stock	N/A	N/A	2,259	590,578	946,995
	UNITIL CORP COMMON STOCK	Corporate stock	N/A	N/A	5,325	269,639	254,855
	UNUM GROUP COMMON STOCK	Corporate stock	N/A	N/A	15,240	720,908	1,185,367
	UPM KYMMENE OYJ COMMON STOCK	Corporate stock	N/A	N/A	10,069	286,488	275,307
	UPWORK INC COMMON STOCK	Corporate stock	N/A	N/A	14,875	252,769	276,229
	URBAN OUTFITTERS INC COMMON	Corporate stock	N/A	N/A	10,451	604,606	746,515
	VAALCO ENERGY INC COMMON STOCK	Corporate stock	N/A	N/A	39,790	170,098	159,956
	VALLEY NATIONAL BANCORP COMMON	Corporate stock	N/A	N/A	120,648	1,149,607	1,278,869
	VALMONT INDUSTRIES COMMON STOCK	Corporate stock	N/A	N/A	1,272	427,380	493,193
	VAXCYTE INC COMMON STOCK	Corporate stock	N/A	N/A	4,854	354,375	174,841
	VERITEX HLDGS INC COMMON STOCK	Corporate stock	N/A	N/A	13,346	272,068	447,491
	VERIZON COMMUNICATIONS COMMON	Corporate stock	N/A	N/A	7,782	345,335	342,019
	VERSABANK NEW COMMON STOCK	Corporate stock	N/A	N/A	10,765	126,965	131,441
	VIATRIS INC COMMON STOCK	Corporate stock	N/A	N/A	50,707	455,309	501,999
	VICTORIA'S SECRET & CO COMMON	Corporate stock	N/A	N/A	12,166	284,418	330,185
	VIKING THERAPEUTICS INC COMMON	Corporate stock	N/A	N/A	3,624	231,885	95,239
	VINCI SA UNSPONS ADR	Corporate stock	N/A	N/A	17,164	512,982	594,698
	VIRTUS INVESTMNT PARTNERS COMMON	Corporate stock	N/A	N/A	1,534	312,333	291,506
	VISHAY PRECISION GROUP INC	Corporate stock	N/A	N/A	7,985	233,615	255,919
	VISTEON CORP COMMON STOCK	Corporate stock	N/A	N/A	2,778	266,287	332,971
	VONTIER CORP COMMON STOCK	Corporate stock	N/A	N/A	6,113	192,438	256,563
	VOYA FINANCIAL INC COMMON STOCK	Corporate stock	N/A	N/A	10,493	797,596	784,876
	WALT DISNEY CO COMMON STOCK	Corporate stock	N/A	N/A	5,759	673,075	659,406
	WATERSTONE FINANCIAL INC COMMON	Corporate stock	N/A	N/A	7,360	131,320	114,816
	WAYSIDE TECHNOLOGY GROUP INC	Corporate stock	N/A	N/A	1,280	57,584	172,595
	WESCO INTERNATIONAL INC COMMON	Corporate stock	N/A	N/A	2,090	317,327	442,035
	WESTERN ALLIANCE BANCORP COMMON	Corporate stock	N/A	N/A	4,429	283,229	384,083
	WHITESTONE REIT COMMON STOCK	Corporate stock	N/A	N/A	20,175	225,853	247,749
	WINGSTOP INC COMMON STOCK	Corporate stock	N/A	N/A	2,567	449,521	646,063
	WINTRUST FINANCIAL CORP COMMON	Corporate stock	N/A	N/A	5,886	550,139	779,542
	WISDOMTREE INVESTMENTS INC	Corporate stock	N/A	N/A	17,585	160,429	244,432
	WP CAREY INC COMMON STOCK	Corporate stock	N/A	N/A	6,949	399,744	469,544
	WPP PLC	Corporate stock	N/A	N/A	9,714	586,917	243,336
	WYNN RESORTS LTD COMMON STOCK	Corporate stock	N/A	N/A	5,565	687,140	713,823
	XCEL ENERGY INC COMMON STOCK	Corporate stock	N/A	N/A	4,968	323,008	400,669
	XENON PHARMACEUTICALS INC.	Corporate stock	N/A	N/A	7,512	315,962	301,607
	ZIONS BANCORP COMMON STOCK	Corporate stock	N/A	N/A	12,840	527,391	726,487
	ZOOM VIDEO COMMUNICATIONS INC	Corporate stock	N/A	N/A	16,409	1,372,295	1,353,741
	Total corporate stocks - line 1c(4)(B)					182,339,403	223,967,824
Limited partnerships							
	AMERICAN CORE REALTY FUND	Limited partnership	N/A	N/A	N/A	66,539,552	71,335,999
	CK OPPORTUNITIES OFFSHORE FUND, LP	Limited partnership	N/A	N/A	N/A	7,599,104	9,097,494
	CORBIN ERISA OPPORTUNITY FUND, LP	Limited partnership	N/A	N/A	N/A	11,787,279	22,542,486
	GROSVENOR INSTITUTIONAL PARTNERS, LP	Limited partnership	N/A	N/A	N/A	40,500,000	88,111,120
	INVESCO VENTURE ALPHA FUND II, LP	Limited partnership	N/A	N/A	N/A	5,837,820	8,305,365
	JP MORGAN IIF ERISA LP	Limited partnership	N/A	N/A	N/A	7,000,000	9,186,315
	LABOR IMPACT FEEDER FUND, LP	Limited partnership	N/A	N/A	N/A	636,096	4,867,044
	MCMORGAN INFRASTRUCTURE FUND II ERISA LP	Limited partnership	N/A	N/A	N/A	4,194,782	4,194,782
	OHA STRATEGIC CREDIT FUND	Limited partnership	N/A	N/A	N/A	700,000	739,864
	PRIVATE ADVISORS SMALL COMPANY PRIVATE EQUITY FUND VIII, L	Limited partnership	N/A	N/A	N/A	5,840,382	8,229,219
	VINTAGE VIII OFFSHORE SCSP	Limited partnership	N/A	N/A	N/A	2,869,171	6,345,514
	WHITE OAK PINNACLE FUND, LP	Limited partnership	N/A	N/A	N/A	3,739,162	2,939,223
	Total limited partnerships - line 1c(5)					157,243,348	235,894,425

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

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

SEPTEMBER 30, 2025

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

EIN 36-6513567
PLAN NO. 001

		(c) Description of investment including maturity date, rate of interest, and number of shares or par/maturity value				
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Number of Shares or Par/Maturity Value	(e) Current Value
	Land and building					
	LAND AND BUILDING IN BURR RIDGE, ILLINOIS	Land and building	N/A	N/A	N/A	\$ 4,480,000
	Total land and building - line 1c(6)					4,480,000
	Pooled separate account					
	ULLICO SEPERATE ACCOUNT J	Pooled separate account	N/A	N/A	1,098,853	18,578,599
	Total pooled separate account - line 1c(10)					18,578,599
	Common collective trusts					
	ASB ALLEGIANCE CHEVY CHASE TRUST	Common collective trusts	N/A	N/A	N/A	16,637,625
	INVESCO INTERNATIONAL GROWTH TRUST CLASS I	Common collective trusts	N/A	N/A	N/A	16,512,791
	L&G MSCI ACWI ex US Index	Common collective trusts	N/A	N/A	N/A	14,249,483
	L&G S&P 500 Index	Common collective trusts	N/A	N/A	N/A	66,983,056
	LOOMIS SAYLES LARGE CAP GROWTH TRUST	Common collective trusts	N/A	N/A	N/A	48,369,426
	NIS CORE FIXED INCOME FUND	Common collective trusts	N/A	N/A	N/A	103,141,423
	NIS INTERMEDIATE FIXED INCOME FUND	Common collective trusts	N/A	N/A	N/A	43,457,790
	RAINIER INTL SMALL CAP EQ CIT FD CL A	Common collective trusts	N/A	N/A	N/A	10,000,000
	Total common collective trusts - line 1c(9)					319,351,594
	Total assets (held at end of year) - at fair value					\$ 780,358,168
						\$ 1,080,997,992
	Investments at contract value				Cost	Current Value
	Insurance company contract					
	UNITED OF OMAHA				\$ 1,750,575	\$ 1,750,575
	Total insurance company contracts - line 1c(14)				\$ 1,750,575	\$ 1,750,575

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2024 Form 5500 Schedule MB

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

Distribution Of Active Members By Age And Service As Of October 1, 2024																				
Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben
Under 25	36	25.40	67	139	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25 to 29	38	42.35	130	274	30	740	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
30 to 34	27	55	172	298	99	948	29	1,441	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
35 to 39	21	53.92	145	322	129	1,022	62	1,581	28	2,229	4	N/A	0	N/A	0	N/A	0	N/A	0	N/A
40 to 44	23	48.77	94	355	127	1,041	82	1,616	75	2,496	43	2,769	3	N/A	0	N/A	0	N/A	0	N/A
45 to 49	13	N/A	64	346	94	985	71	1,737	74	2,645	89	3,161	49	3,485	2	N/A	0	N/A	0	N/A
50 to 54	9	N/A	59	334	64	1,147	54	1,833	79	2,459	90	3,193	68	3,695	31	3,851	2	N/A	0	N/A
55 to 59	7	N/A	43	342	42	1,069	37	1,779	68	2,660	87	3,010	82	3,484	55	4,061	27	3,840	2	N/A
60 to 64	3	N/A	22	278	31	1,092	24	1,590	45	2,226	38	3,083	45	3,284	37	3,620	47	4,021	18	N/A
65 to 69	2	N/A	8	N/A	5	N/A	12	N/A	6	N/A	9	N/A	8	N/A	15	N/A	8	N/A	20	4,020.48
70 & up	1	N/A	2	N/A	0	N/A	1	N/A	4	N/A	3	N/A	0	N/A	1	N/A	1	N/A	3	N/A
Total	180	43	806	299	622	1,015	373	1,670	380	2,479	363	3,044	255	3,464	141	3,804	85	3,875	43	4,196

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2024 Form 5500 Schedule MB

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

Table IV-4 SCHEDULE OF AMORTIZATIONS REQUIRED FOR MINIMUM REQUIRED CONTRIBUTION AS OF OCTOBER 1, 2024						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	10/1/2023 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CHARGES						
1. Combined Base - Textile	4/1/2017	\$ 13,756,003	8.60	\$ 2,263,098	1.10	\$ 2,064,440
2. Experience Loss	10/1/2017	299,680	15.00	198,008	8.00	31,173
3. Plan Amendment	10/1/2018	19,044,482	15.00	13,705,491	9.00	1,979,048
4. Assumption Change	10/1/2019	15,781,198	15.00	12,222,403	10.00	1,638,356
5. Plan Amendment	10/1/2019	16,186,552	15.00	12,536,346	10.00	1,680,439
6. Experience Loss	10/1/2020	2,204,120	15.00	1,820,361	11.00	228,714
7. Assumption Change	10/1/2021	19,869,584	15.00	17,361,564	12.00	2,060,832
8. Plan Amendment	10/1/2021	43,899,049	15.00	38,357,930	12.00	4,553,119
9. Experience Loss	10/1/2022	15,546,361	15.00	14,284,111	13.00	1,612,437
10. Plan Amendment	10/1/2022	37,685,457	15.00	34,625,676	13.00	3,908,658
11. Experience Loss	10/1/2023	14,988,807	15.00	14,401,461	14.00	1,554,608
12. Assumption Change	10/1/2024	21,239,943	15.00	21,239,943	15.00	2,202,963
TOTAL CHARGES		220,501,236		\$ 183,016,392		\$ 23,514,787
CREDITS						
1. Experience Gain	10/1/2018	\$ 914,417	15.00	\$ 658,066	9.00	\$ 95,023
2. Experience Gain	10/1/2019	3,565,643	15.00	2,761,562	10.00	370,174
3. Experience Gain	10/1/2021	17,453,135	15.00	15,250,128	12.00	1,810,203
4. Experience Gain	10/1/2024	10,708,338	15.00	10,708,338	15.00	1,110,647
TOTAL CREDITS		\$ 32,641,533		\$ 29,378,094		\$ 3,386,047
NET CHARGE		\$ 187,859,703		\$ 153,638,298		\$ 20,128,740

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

1. The RPA '94 Current Liability interest rate was changed from 3.07% to 3.85% to comply with appropriate guidance and remains within the required corridor as prescribed by the IRS.
2. The RPA '94 Current Liability mortality table changed from the 2023 static mortality table to the 2024 static mortality table to comply with appropriate guidance.
3. For financial disclosure under FASB ASC 960, the per capita annual expense to determine future administrative expense was changed from \$170.39 to \$218.66.
4. Demographic assumptions were updated to better reflect expected future experience based on the experience study performed for the period October 1, 2014 through September 30, 2023. These changes included:
 - o Revised rates of mortality, retirement, termination, disability, percent married, and spousal age difference

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2024 Form 5500 Schedule MB

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

Table IV-4 SCHEDULE OF AMORTIZATIONS REQUIRED FOR MINIMUM REQUIRED CONTRIBUTION AS OF OCTOBER 1, 2024						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	10/1/2023 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CHARGES						
1. Combined Base - Textile	4/1/2017	\$ 13,756,003	8.60	\$ 2,263,098	1.10	\$ 2,064,440
2. Experience Loss	10/1/2017	299,680	15.00	198,008	8.00	31,173
3. Plan Amendment	10/1/2018	19,044,482	15.00	13,705,491	9.00	1,979,048
4. Assumption Change	10/1/2019	15,781,198	15.00	12,222,403	10.00	1,638,356
5. Plan Amendment	10/1/2019	16,186,552	15.00	12,536,346	10.00	1,680,439
6. Experience Loss	10/1/2020	2,204,120	15.00	1,820,361	11.00	228,714
7. Assumption Change	10/1/2021	19,869,584	15.00	17,361,564	12.00	2,060,832
8. Plan Amendment	10/1/2021	43,899,049	15.00	38,357,930	12.00	4,553,119
9. Experience Loss	10/1/2022	15,546,361	15.00	14,284,111	13.00	1,612,437
10. Plan Amendment	10/1/2022	37,685,457	15.00	34,625,676	13.00	3,908,658
11. Experience Loss	10/1/2023	14,988,807	15.00	14,401,461	14.00	1,554,608
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TOTAL CHARGES		220,501,236		\$ 183,016,392		\$ 23,514,787
CREDITS						
1. Experience Gain	10/1/2018	\$ 914,417	15.00	\$ 658,066	9.00	\$ 95,023
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3. Experience Gain	10/1/2021	17,453,135	15.00	15,250,128	12.00	1,810,203
4. Experience Gain	10/1/2024	10,708,338	15.00	10,708,338	15.00	1,110,647
TOTAL CREDITS		\$ 32,641,533		\$ 29,378,094		\$ 3,386,047
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Schedule MB, line 11 – Justification for Change in Actuarial Assumptions

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2. The RPA '94 Current Liability mortality table changed from the 2023 static mortality table to the 2024 static mortality table to comply with appropriate guidance.
3. For financial disclosure under FASB ASC 960, the per capita annual expense to determine future administrative expense was changed from \$170.39 to \$218.66.
4. Demographic assumptions were updated to better reflect expected future experience based on the experience study performed for the period October 1, 2014 through September 30, 2023. These changes included:
 - o Revised rates of mortality, retirement, termination, disability, percent married, and spousal age difference

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2024 Form 5500 Schedule MB

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

Valuation Date: October 1, 2024

Interest Rates

Assumed Return on Plan Assets

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

6.90% per year after building expenses for Retired participants.

RPA '94 Current Liability

3.85% (in accordance with §412(l)(7)(C) of the Internal Revenue Code)

Administrative Expenses

The average of the last 2 years of actual administrative expenses, excluding investment and building expenses rounded to the next ten thousand dollars and assumed to be payable mid-year. The assumption for annual administrative expenses for October 1, 2024 is \$1,880,000 (\$1,815,768 payable beginning of year) per year.

For financial disclosure under FASB Topic ASC 960 the present value of future administrative expense is based on future cash flows of \$218.66 per participant, payable beginning of year, that increase 3% per year for inflation.

Mortality

Funding

- i. **Mortality Improvement:** Mortality has been projected with fully generational improvements using ½ of Scale MP-2021.

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

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

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

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

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

RPA '94 Current Liability

2024 Applicable Mortality Table

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2024 Form 5500 Schedule MB

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

Assumed Retirement Ages

a) Active Lives

According to the following schedule:

Private Scavengers & Garage Attendants participants

Age	25 & Out Retirement Rates*	Other Retirement Rates
43-50	.05	.00
51-53	.075	.00
54	.06	.00
55-60	.06	.06
61	.0125	.125
62-64	.20	.20
65-67	.325	.325
68-69	.25	.25
70+	1.00	1.00

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

Textile Maintenance & Laundry Craft participants

Age	Retirement Rates
58-62	.1
63-64	.15
65	.2
66-67	.5
68+	1

b) Inactive Vested Lives

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

c) Disabled Lives

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

Withdrawal Rates

Private Scavengers – Vary by participant's service as shown below:

Service	Withdrawal Rate
0	.25
1	.175
2	.125
3	.10
4-9	.08
10-18	.0375
19-22	.02
23-24	.025
25+	.02

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2024 Form 5500 Schedule MB

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

Age	Withdrawal Rate
25	.1162
30	.1121
35	.1055
40	.0940
45	.0754
50	.0483
55	.0173
60	.0016
65	.0000

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

Year	Select Withdrawal Rate
First	.25
Second	.20
Third	.125
Fourth	.125

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

All Ages

Years of Service	Termination Rate
0	0.40
1	0.30
2	0.20

Age ≤ 29

Years of Service	Termination Rate
3-5	0.25
6	0.24
7	0.23
8	0.22
9+	0.21

Age 30 – 39

Years of Service	Termination Rate
3	0.17
4	0.16
5+	0.15

Age 40 – 49

Years of Service	Termination Rate
3	0.12
4	0.11
5	0.10
6	0.09
7	0.08
8	0.07
9+	0.06

Age 50 – 64

Years of Service	Termination Rate
3+	0.02

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2024 Form 5500 Schedule MB

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

Future Pension Credits

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

Disability Rates

Specimen rates shown below:

Age	Rate
25	.000125
30	.000125
35	.00015
40	.000225
45	.00045
50	.00100
55	.002125
60	.004350

Future Weekly Contributions

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

<u>Plan Year</u>	<u>Private Scavengers</u>	<u>Garage Attendants</u>	<u>Textile & Laundry</u>
2018	\$324.20/week	\$54.00/week	\$218.00/week
2019	\$332.20/week	\$56.00/week	\$218.00/week
2020	\$340.20/week	\$56.00/week	\$233.00/week
2021	\$348.20/week	\$58.00/week	\$233.00/week
2022	\$382.20/week	\$62.00/week	\$233.00/week
2023	\$422.20/week	\$66.00/week	\$233.00/week
2024	\$442.20/week	\$70.00/week	\$233.00/week

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

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

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2024 Form 5500 Schedule MB

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

QDRO Benefits

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

Marriage Assumptions

70% assumed married with the male spouse 3 years older than his wife

Age of Participants with Unrecorded Birth Dates

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

Justification for Economic Assumptions

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

Changes in Assumptions since Last Valuation

- The RPA '94 Current Liability interest rate was changed from 3.07% to 3.85% to comply with appropriate guidance and remains within the required corridor as prescribed by the IRS.
- The RPA '94 Current Liability mortality table changed from the 2023 static mortality table to the 2024 static mortality table to comply with appropriate guidance.
- For financial disclosure under FASB ASC 960, the per capita annual expense to determine future administrative expense was changed from \$170.39 to \$218.66.
- Demographic assumptions were updated to better reflect expected future experience based on the experience study performed for the period October 1, 2014 through September 30, 2023. These changes included:
 - Revised rates of mortality, retirement, termination, disability, percent married, and spousal age difference

Modeling Disclosures

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

ProVal

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

Projection Model

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

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

Local No. 731, I.B. of T. Pension Fund
Pension Trust Fund
EIN: 36-6513567
September 30, 2025

Employer Contribution Rate

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

			Rate	CBA Exp.
Waste Management		36-2660859		
	Private Scavenger		442.20	9/30/2028
	Garage Attendant		74.00	9/30/2028
Groot Recycling and Waste Services		36-2430346		
	Private Scavenger		442.20	9/30/2028
	Garage Attendant		74.00	9/30/2028
Lake Shore Waste Services, LLC		36-4437735		
	Private Scavenger		442.20	9/30/2028
	Garage Attendant		74.00	9/30/2028
Homewood Transfer Trailer		36-3519935		
	Private Scavenger		442.20	9/30/2028
	Garage Attendant		74.00	9/30/2028

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 1
DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS	940,117.	1,025,186.
PREPAID EXPENSES	3,436,505.	3,787,638.
DUE FROM RELATED ORGANIZATIONS	779.	0.
TOTAL TO SCHEDULE H, LINE 1B(3)	4,377,401.	4,812,824.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 2
DESCRIPTION	BEGINNING	ENDING
DUE TO BROKER	158,444.	153,157.
DUE TO RELATED ORGANIZATIONS	0.	183,738.
TOTAL TO SCHEDULE H, LINE 1J	158,444.	336,895.

SCHEDULE H	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
SECURITIES LITIGATION		27,683.
MISCELLANEOUS INCOME		-291.
NET INVESTMENT GAIN ON PARTNERSHIPS		17,451,473.
TOTAL TO SCHEDULE H, LINE 2C		17,478,865.

SCHEDULE H

OTHER ADMINISTRATIVE EXPENSES

STATEMENT 4

DESCRIPTION

AMOUNT

COMPUTER MAINTENANCE	84,952.
DEPRECIATION- OFFICE EQUIPMENT	31,397.
FIDUCIARY LIABILITY & BONDING INSURANCE	98,082.
INSURANCE CONTRACT EXPENSE CHARGES	102,282.
PLAN TERMINATION INSURANCE	302,253.
BUILDING EXPENSES	1,381,941.
ADMINISTRATIVE EXPENSES REIMBURSED TO LOCAL 731 EXCAVATORS	
WELFARE FUND	672,597.
PRINTING, POSTAGE AND OFFICE EXPENSE	87,722.
TOTAL TO SCHEDULE H, LINE 2I(11)	2,761,226.

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2024 Form 5500 Schedule MB

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$ 3,950,408	\$ 4,191,560	\$ 41,081,452	\$ 49,223,420
2025	7,590,473	4,972,895	40,193,167	52,756,535
2026	11,272,620	5,748,368	39,316,256	56,337,244
2027	14,621,541	6,517,899	38,272,022	59,411,462
2028	17,839,277	7,269,960	37,162,047	62,271,284
2029	20,767,851	7,714,724	36,029,661	64,512,236
2030	23,500,513	8,385,807	35,014,532	66,900,852
2031	26,069,765	9,098,919	33,941,641	69,110,325
2032	28,358,027	9,710,078	32,772,788	70,840,893
2033	30,397,796	10,216,154	31,538,057	72,152,007
2034	32,191,270	10,740,845	30,328,076	73,260,191
2035	33,797,912	11,032,991	29,130,254	73,961,157
2036	35,134,654	11,167,068	27,900,991	74,202,713
2037	36,295,517	11,318,866	26,643,268	74,257,651
2038	37,267,652	11,441,590	25,360,164	74,069,406
2039	38,130,102	11,472,916	24,055,315	73,658,333
2040	38,769,498	11,582,879	22,733,316	73,085,693
2041	39,227,246	11,608,285	21,399,451	72,234,982
2042	39,524,295	11,578,557	20,059,386	71,162,238
2043	39,598,516	11,506,091	18,719,633	69,824,240
2044	39,513,789	11,374,872	17,387,663	68,276,324
2045	39,241,463	11,146,279	16,071,394	66,459,136
2046	38,840,087	10,860,892	14,779,384	64,480,363
2047	38,259,116	10,595,221	13,520,548	62,374,885
2048	37,531,015	10,255,993	12,303,347	60,090,355

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2024 Form 5500 Schedule MB

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	\$ 36,698,146	\$ 9,876,835	\$ 11,135,809	\$ 57,710,790
2050	35,721,032	9,435,912	10,025,104	55,182,048
2051	34,627,802	8,968,439	8,977,080	52,573,321
2052	33,427,840	8,490,099	7,996,404	49,914,343
2053	32,159,328	8,034,128	7,086,278	47,279,734
2054	30,820,793	7,535,558	6,248,266	44,604,617
2055	29,422,049	7,037,061	5,482,288	41,941,398
2056	27,998,965	6,534,145	4,787,014	39,320,124
2057	26,526,933	6,059,429	4,159,894	36,746,256
2058	25,046,538	5,577,648	3,597,665	34,221,851
2059	23,538,189	5,113,602	3,096,601	31,748,392
2060	22,038,506	4,663,789	2,652,433	29,354,728
2061	20,549,382	4,237,293	2,260,849	27,047,524
2062	19,082,702	3,835,593	1,917,551	24,835,846
2063	17,656,125	3,455,827	1,618,288	22,730,240
2064	16,276,294	3,100,722	1,358,985	20,736,001
2065	14,936,376	2,770,851	1,135,684	18,842,911
2066	13,645,317	2,465,651	944,838	17,055,806
2067	12,418,139	2,184,521	782,631	15,385,291
2068	11,257,003	1,926,904	645,582	13,829,489
2069	10,159,876	1,691,777	530,898	12,382,551
2070	9,131,888	1,478,212	435,783	11,045,883
2071	8,173,415	1,285,049	357,200	9,815,664
2072	7,284,905	1,111,083	292,515	8,688,503
2073	6,465,511	955,184	239,653	7,660,348

- Based on 2024 funding assumptions
- Amounts payable mid-year
- Per the 5500 instructions, the benefit payments do not include additional accruals, new entrants, or expected expenses.

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2024 Form 5500 Schedule MB

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

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

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2024 Form 5500 Schedule MB

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 61,261,192	\$ 0	\$ 61,261,192
2025	59,009,306	0	59,009,306
2026	59,009,306	0	59,009,306
2027	59,009,306	0	59,009,306
2028	59,009,306	0	59,009,306
2029	59,009,306	0	59,009,306
2030	59,009,306	0	59,009,306
2031	59,009,306	0	59,009,306
2032	59,009,306	0	59,009,306
2033	59,009,306	0	59,009,306

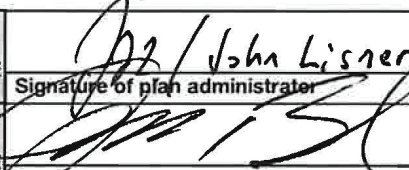
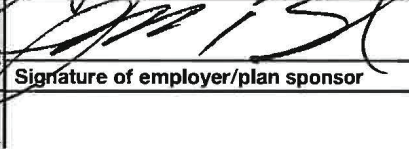
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning <u>10/01/2024</u> and ending <u>09/30/2025</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively bargained plan, check here	☒
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐

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

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

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

SIGN HERE		7/1/2026	<u>John Lisner</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		7/1/2026	<u>James Buik</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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Form 5500 (2024)
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3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

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

5 Total number of participants at the beginning of the plan year	5	8,304
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	3,248
a (2) Total number of active participants at the end of the plan year	6a(2)	3,286
b Retired or separated participants receiving benefits	6b	2,285
c Other retired or separated participants entitled to future benefits	6c	2,163
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	7,734
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	674
f Total. Add lines 6d and 6e	6f	8,408
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	139

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

1B

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED SEPTEMBER 30, 2025

SCHEDULE H, PART IV, LINE 4(i)

EIN 36-6513567
PLAN NO. 001

Description of Asset	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset at Transaction Date	Net Gain or (Loss)
Goldman Financial Square Govt-A Fd# 465	\$ 91,394,688	\$ -	\$ 91,394,688	\$ 91,394,688	\$ -
Goldman Financial Square Govt-A Fd# 465	-	95,167,822	95,167,822	95,167,822	-

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA) and section 6059 of the
Internal Revenue Code (the Code).▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024**This Form is Open to Public
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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

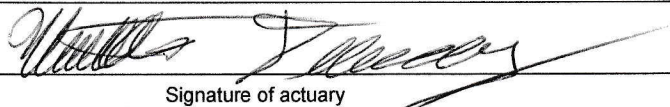
A Name of plan L731 Private Scavengers And Garage Attendants Pension Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF L731 Private Scavengers and Garage Attendants Pension	D Employer Identification Number (EIN) 36-6513567

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 10 Day 1 Year 2024**b** Assets

(1) Current value of assets	1b(1)	984,436,529
(2) Actuarial value of assets for funding standard account	1b(2)	949,825,814
c (1) Accrued liability for plan using immediate gain methods	1c(1)	871,240,878
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	871,240,878
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	1,359,533,171
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	30,247,005
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	48,333,419
(3) Expected plan disbursements for the plan year	1d(3)	49,357,434

Statement by Enrolled Actuary

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

SIGN HERE		<u>6/30/2026</u>
	Signature of actuary	Date
Matt Deveney, FSA, EA		26-07754
	Type or print name of actuary	Most recent enrollment number
Cheiron, Inc.		(877) 243-4766
	Firm name	Telephone number (including area code)
8300 Greensboro Drive		
Suite 800		
McLean	VA 22102	
	Address of the firm	

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

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Schedule MB (Form 5500) 2024
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	984,436,529
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2,843	540,203,542
(2) For terminated vested participants	2,213	194,787,325
(3) For active participants:		
(a) Non-vested benefits		71,692,426
(b) Vested benefits		552,849,878
(c) Total active	3,248	624,542,304
(4) Total	8,304	1,359,533,171
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/15/2024	4,439,027		04/15/2025	5,699,800	
12/13/2024	4,555,243		05/15/2025	4,633,865	
01/15/2025	6,347,863		06/13/2025	5,724,943	
02/14/2025	5,065,588		07/15/2025	4,065,691	
03/14/2025	4,409,856		08/15/2025	4,762,778	
Totals ▶			3(b)	61,261,192	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	109.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.85 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.20 % 6.90 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	16.8 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1,815,768
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-10,708,338	-1,110,647
4	21,239,943	2,202,963

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....	☐ Yes ☐ No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	16,810,540

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	183,016,392	23,514,787
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 2,903,424**e** Total charges. Add lines 9a through 9d.....**9e** 43,228,751**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 232,223,234**g** Employer contributions. Total from column (b) of line 3.....**9g** 61,261,192**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	29,378,094	3,386,047

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 18,784,231**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	182,721,154	
9j(2)	288,510,118	
9j(3)		0

k (1) Waived funding deficiency**9k(1)** 0**(2)** Other credits**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 315,654,704**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 272,425,953**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

[illegible]