

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input checked="" type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input checked="" type="checkbox"/>                                                                                                                                                                                                       |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                         |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>AMALGAMATED TRANSIT UNION LOCAL 1548 401(K) TRUST</u>                                                                                                                                            | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>06/01/2001</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                  | <b>1c</b> Effective date of plan<br><u>06/01/2001</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                      | <u>001</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>06/01/2001</u>                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>AMALGAMATED TRANSIT UNION LOCAL 1548</u><br><br><u>P.O. BOX 1230</u><br><u>PLYMOUTH, MA 02362</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>23-7277676</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>508-732-0382</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>485990</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>23-7277676</u> | <b>2c</b> Sponsor's telephone number<br><u>508-732-0382</u> | <b>2d</b> Business code (see instructions)<br><u>485990</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>23-7277676</u>                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>508-732-0382</u>                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>485990</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.

|                                                                                                                                                                                                                                                   |                                                   |      |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------|---------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                                                                                                                                                                  | Filed with authorized/valid electronic signature. |      |                                                               |
|                                                                                                                                                                                                                                                   | <b>Signature of plan administrator</b>            | Date | Enter name of individual signing as plan administrator        |
| <b>SIGN HERE</b>                                                                                                                                                                                                                                  |                                                   |      |                                                               |
|                                                                                                                                                                                                                                                   | <b>Signature of employer/plan sponsor</b>         | Date | Enter name of individual signing as employer or plan sponsor  |
| <b>SIGN HERE</b>                                                                                                                                                                                                                                  |                                                   |      |                                                               |
|                                                                                                                                                                                                                                                   | <b>Signature of DFE</b>                           | Date | Enter name of individual signing as DFE                       |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)<br><u>PAUL C. RYAN</u><br><u>O'BRIEN, RILEY &amp; RYAN, P.C.</u><br><u>30 BRAINTREE HILL OFFICE PARK</u><br><u>BRAINTREE, MA 02184</u> |                                                   |      | Preparer's telephone number (optional)<br><u>781-410-2300</u> |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                                                                                                                                                                                                                        |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                                                                                                                                          |  | <b>3c</b> Administrator's telephone number<br><br><b>4b</b> EIN<br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 284 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>a</b> Active participants .....                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>6a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 289 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                   |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 289 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 289 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 256 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |     |

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |                                                                                                       |
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| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2013</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

|                                                                                                       |                                                             |     |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>AMALGAMATED TRANSIT UNION LOCAL 1548 401(K) TRUST                            | <b>B</b> Three-digit plan number (PN) ►                     | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>AMALGAMATED TRANSIT UNION LOCAL 1548 | <b>D</b> Employer Identification Number (EIN)<br>23-7277676 |     |

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

**1** Coverage Information:

**(a)** Name of insurance carrier

MASSACHUSETTS MUTUAL 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     |
| 04-1590850 | 65935         | MR61017                               | 289                                                                         | 01/01/2013              | 12/31/2013 |

**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.

|                                                                                           |                                                                                 |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>(a)</b> Total amount of commissions paid<br><div style="text-align: right;">1705</div> | <b>(b)</b> Total amount of fees paid<br><div style="text-align: right;">0</div> |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

**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

VALOR INSURANCE AGENCY  
 4400 BISCAYNE BLVD STE 11  
 MIAMI, FL 33137

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 1705                                          |                                 |             |                       |

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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****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 ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year ..... **7b** 0**c** Additions: (1) Contributions deposited during the year ..... **7c(1)** 30688(2) Dividends and credits ..... **7c(2)** 0(3) Interest credited during the year ..... **7c(3)** 3347(4) Transferred from separate account ..... **7c(4)** 330905(5) Other (specify below) ..... **7c(5)** 6953

▶ LN INT, LN PRIN, TRANS FORFS

(6) Total additions ..... **7c(6)** 371893**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 371893**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 5854(2) Administration charge made by carrier ..... **7e(2)** 11157(3) Transferred to separate account ..... **7e(3)**(4) Other (specify below) ..... **7e(4)** 12428

▶ LN DISTRIBUTION

(5) Total deductions ..... **7e(5)** 29439**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 342454

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2013</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                       |                                                             |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013            |                                                             |
| <b>A</b> Name of plan<br>AMALGAMATED TRANSIT UNION LOCAL 1548 401(K) TRUST                            | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>AMALGAMATED TRANSIT UNION LOCAL 1548 | <b>D</b> Employer Identification Number (EIN)<br>23-7277676 |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                                                               |

04-1590850

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

MASSACHUSETTS MUTUAL LIFE INSURANCE

04-1590850

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52 60 63 64 68 72      | CONTRACT ADMINISTRATOR                                                                            | 37120                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

VALOR INSURANCE AGENCY INC

59-2845677

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 53                     | SHAREHOLDER SERVICE PROVI                                                                         | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 17869                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

O'BRIEN RILEY & RYAN PC

30 BRAINTREE HILL OFFICE PARK  
BRAINTREE, MA 02184

04-3176941

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | AUDITOR                                                                                           | 11933                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

MASS MUTUAL RETIREMENT SERVICE LLC

26-1589907

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 37 38 49 59 50      | NONE                                                                                              | 11242                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

INVESTACORP INC

59-1790176

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 53                     | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 10953                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

| (a) Enter service provider name as it appears on line 2                                                                                                                                                     | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                                                                                                                                                         | 52 72                                   | 0                                         |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>RETIRESMART CONSERVATIVE FUN</p> <p>04-1590850</p>                                                                            |                                         |                                           |
| <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p> |                                         |                                           |
| <p>(a) Enter service provider name as it appears on line 2</p> <p>MASSACHUSETTS MUTUAL LIFE INSURANCE</p>                                                                                                   |                                         |                                           |
| <p>(b) Service Codes<br/>(see instructions)</p> <p style="text-align: center;">52 72</p>                                                                                                                    |                                         |                                           |
| <p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>                                                                                                                       |                                         |                                           |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>RETIRESMART GROWTH FUND</p> <p>04-1590850</p>                                                                                 |                                         |                                           |
| <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p> |                                         |                                           |
| <p>(a) Enter service provider name as it appears on line 2</p> <p>MASSACHUSETTS MUTUAL LIFE INSURANCE</p>                                                                                                   |                                         |                                           |
| <p>(b) Service Codes<br/>(see instructions)</p> <p style="text-align: center;">52 72</p>                                                                                                                    |                                         |                                           |
| <p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>                                                                                                                       |                                         |                                           |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>RETIRESMART MODERATE FUND</p> <p>04-1590850</p>                                                                               |                                         |                                           |
| <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p> |                                         |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 52 72                                                                                                                                                              | 0                                         |
| (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. |                                           |
| RETIRESMART MODERATE GROWTH<br><br>04-1590850                       | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| MFS UTILITIES FUND<br><br>04-3132873                                | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 72                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| PREMIER MONEY MARKET FUND BA<br><br>04-3212059                      | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                                                                                                                                                       | 72                                      | 0                                            |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>                                                                                                |                                         |                                              |
| <div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div> |                                         |                                              |
| SEL GR OPPRTNTS FD SANDS/DEL<br><br>04-3512589                                                                                                                                                            | BASIS POINTS * PLAN ASSETS              |                                              |
| <div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>                                                                                                            |                                         |                                              |
| <div style="text-align: center;">(b) Service Codes<br/>(see instructions)</div>                                                                                                                           |                                         |                                              |
| <div style="text-align: center;">(c) Enter amount of indirect<br/>compensation</div>                                                                                                                      |                                         |                                              |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                                                                                                                                                       | 60                                      | 0                                            |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>                                                                                                |                                         |                                              |
| <div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div> |                                         |                                              |
| INVESCO SMALL CAP EQUITY FUN<br><br>06-0841973                                                                                                                                                            | BASIS POINTS * PLAN ASSETS              |                                              |
| <div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>                                                                                                            |                                         |                                              |
| <div style="text-align: center;">(b) Service Codes<br/>(see instructions)</div>                                                                                                                           |                                         |                                              |
| <div style="text-align: center;">(c) Enter amount of indirect<br/>compensation</div>                                                                                                                      |                                         |                                              |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                                                                                                                                                       | 60                                      | 0                                            |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>                                                                                                |                                         |                                              |
| <div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div> |                                         |                                              |
| BLACKROCK EQUITY DIVIDEND FU<br><br>13-3806694                                                                                                                                                            | BASIS POINTS * PLAN ASSETS              |                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                                                                                                                                                         | 60                                      | 0                                         |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>JP MORGAN MID CAP VALUE FUND</p> <p>13-3963293</p>                                                                            |                                         |                                           |
| <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p> |                                         |                                           |
| <p>(a) Enter service provider name as it appears on line 2</p> <p>MASSACHUSETTS MUTUAL LIFE INSURANCE</p>                                                                                                   |                                         |                                           |
| <p>(b) Service Codes<br/>(see instructions)</p> <p>60</p>                                                                                                                                                   |                                         |                                           |
| <p>(c) Enter amount of indirect compensation</p> <p>0</p>                                                                                                                                                   |                                         |                                           |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>AMERICAN FUNDS FNDMNTL INVST</p> <p>22-1557722</p>                                                                            |                                         |                                           |
| <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p> |                                         |                                           |
| <p>(a) Enter service provider name as it appears on line 2</p> <p>MASSACHUSETTS MUTUAL LIFE INSURANCE</p>                                                                                                   |                                         |                                           |
| <p>(b) Service Codes<br/>(see instructions)</p> <p>72</p>                                                                                                                                                   |                                         |                                           |
| <p>(c) Enter amount of indirect compensation</p> <p>0</p>                                                                                                                                                   |                                         |                                           |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>SELECT PIMCO TOTAL RETURN FU</p> <p>27-2377446</p>                                                                            |                                         |                                           |
| <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p> |                                         |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| OPPENHEIMER GLOBAL OPPORTUN<br><br>93-1036175                       | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| AMERICAN FUNDS BALANCED FUND<br><br>94-6050854                      | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| PIMCO COMMODITY REAL RTN STR<br><br>95-2632339                      | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| VALOR INSURANCE AGENCY INC                              | 53                                      | 17869                                     |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE IN<br><br>04-1590850                      | COMMISSIONS AND FEES                                                                                                                                               |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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<br>(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 |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                               |                                                                                                                                                                                                                              | <b>2013</b>                                    |
|                                                                                                                                                                               |                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                                     |                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>            |                                                                    |  |
| <b>A</b> Name of plan<br><u>AMALGAMATED TRANSIT UNION LOCAL 1548 401(K) TRUST</u>                                   | <b>B</b> Three-digit plan number (PN) <u>001</u>                   |  |
|                                                                                                                     |                                                                    |  |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>AMALGAMATED TRANSIT UNION LOCAL 1548</u> | <b>D</b> Employer Identification Number (EIN)<br><u>23-7277676</u> |  |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                            |                               |                                                                                                              |
|----------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIXED FUND</u>           |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u> |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>23-2852249-002</u>                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                             |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a):                          |                               |                                                                                                              |
| <b>c</b> EIN-PN                                                            | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                             |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a):                          |                               |                                                                                                              |
| <b>c</b> EIN-PN                                                            | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                             |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a):                          |                               |                                                                                                              |
| <b>c</b> EIN-PN                                                            | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                             |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a):                          |                               |                                                                                                              |
| <b>c</b> EIN-PN                                                            | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                             |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a):                          |                               |                                                                                                              |
| <b>c</b> EIN-PN                                                            | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                             |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a):                          |                               |                                                                                                              |
| <b>c</b> EIN-PN                                                            | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |

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

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                              |                                                                        |            |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>     |                                                                        |            |
| <b>A</b> Name of plan<br><u>AMALGAMATED TRANSIT UNION LOCAL 1548 401(K) TRUST</u>                            | <b>B</b> Three-digit plan number (PN) ▶                                | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AMALGAMATED TRANSIT UNION LOCAL 1548</u> | <b>D</b> Employer Identification Number (EIN)<br><br><u>23-7277676</u> |            |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                              |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|------------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                               |                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                 | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                              |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                              |                        |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                  | 2481                         | 5525                   |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  | 4177                         | 10483                  |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                  |                              |                        |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                  |                              |                        |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                              |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                              |                        |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>               |                              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                              |                        |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>               |                              |                        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                              |                        |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>                  |                              |                        |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                              |                        |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>                  | 146327                       | 185664                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 190068                       |                        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                              |                        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>                 |                              |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                 | 2870957                      | 3444715                |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                              | 342454                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                              |                        |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 3214010               | 3988841         |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 18100 | 20781 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |       |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 18100 | 20781 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 3195910 | 3968060 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 208707     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 408745     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 24005      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 641457    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 5337       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 3347       |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 8684      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 249253     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 249253    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | -4400     |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (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) |            | 237040    |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 1132034   |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 293693 |        |
| (2) To insurance carriers for the provision of benefits.....                        | 2e(2) |        |        |
| (3) Other.....                                                                      | 2e(3) |        |        |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4) |        | 293693 |
| f Corrective distributions (see instructions).....                                  | 2f    |        |        |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |        |        |
| h Interest expense.....                                                             | 2h    |        |        |
| i Administrative expenses: (1) Professional fees.....                               | 2i(1) | 11934  |        |
| (2) Contract administrator fees.....                                                | 2i(2) | 54257  |        |
| (3) Investment advisory and management fees.....                                    | 2i(3) |        |        |
| (4) Other.....                                                                      | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 66191  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 359884 |

**Net Income and Reconciliation**

|                                                         |       |  |        |
|---------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 772150 |
| 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) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☐ Yes ☒ No

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

(1) Name: O'BRIEN, RILEY & RYAN, P.C.

(2) EIN: 04-3176941

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

**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.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a | X   |    | 67964  |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |        |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               |     | X  |        |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 300000 |
| <b>4e</b>                                                                                                                                                                                                                     | X   |    | 300000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    |     | X  |        |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          |     | X  |        |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | X   |    |        |
| <b>4j</b>                                                                                                                                                                                                                     | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |        |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |        |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |        |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     | X  |        |
| <b>4n</b>                                                                                                                                                                                                                     |     | X  |        |

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

**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** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

## Part V Trust Information (optional)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

|                                                                                                              |                                                                    |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>AMALGAMATED TRANSIT UNION LOCAL 1548 401(K) TRUST</u>                            | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AMALGAMATED TRANSIT UNION LOCAL 1548</u> | <b>D</b> Employer Identification Number (EIN)<br><u>23-7277676</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> |
| <b>2</b> 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):<br><br>EIN(s): <u>06-0974148</u> |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |

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

|                                                                                                                                                                                                                                                                            |                                                                                                                                |                                        |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                        | <input type="checkbox"/> Yes                                                                                                   | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                |                                                                                                                                |                                        |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____                                    | <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                                        |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                              | <b>6a</b>                                                                                                                      |                                        |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                  | <b>6b</b>                                                                                                                      |                                        |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                           | <b>6c</b>                                                                                                                      |                                        |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                       |                                                                                                                                |                                        |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....                                                                                                                                                                          | <input type="checkbox"/> Yes                                                                                                   | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <b>8</b> 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?..... | <input type="checkbox"/> Yes                                                                                                   | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

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

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**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): \_\_\_\_\_

**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): \_\_\_\_\_

**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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

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

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

Amalgamated Transit Union,  
Local #1548 401(k) Retirement Plan

Financial Statements

December 31, 2013

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\* Certain supplemental schedules are omitted since they are not applicable or are not required based upon disclosure requirements of the Employee Retirement Income Security Act of 1974 and applicable regulations issued by the Department of Labor.



## REPORT OF INDEPENDENT ACCOUNTANTS

To the Board of Trustees of the  
Amalgamated Transit Union, Local #1548  
401(k) Retirement Plan

### **Report on the Financial Statements**

We have audited the accompanying financial statements of the Amalgamated Transit Union Local 1548 401(K) Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Amalgamated Transit Union, Local #1548 Retirement 401(k) Plan as of December 31, 2013 and 2012, and the changes in net assets available for benefits for the years then ended, in accordance with the accounting principles generally accepted in the United States of America.

### **Report on Supplementary Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H: Part IV, Line 4a –Schedule of Delinquent Participant Contributions, Schedule H: Part IV, Line 4i –Schedule of Assets (Held at End of Year), and Schedule H: Part IV, Line 4j –Schedule of Reportable Transactions are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employees Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's 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.

Braintree, Massachusetts  
October 14, 2014

*O'Brien Riley & Ryan P.C.*

**Amalgamated Transit Union,  
Local #1548 401(k) Retirement Plan  
Statements of Net Assets Available for Benefits  
December 31, 2013 and 2012**

|                                                                                                   | <b>December 31,</b>        |                            |
|---------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
|                                                                                                   | <b>2013</b>                | <b>2012</b>                |
| <b>Assets</b>                                                                                     |                            |                            |
| Investments, at fair value                                                                        |                            |                            |
| Registered investment companies                                                                   | \$ 3,444,715               | \$ 2,870,957               |
| Guaranteed Interest Account                                                                       | 342,454                    |                            |
| Collective trust funds                                                                            | -                          | 190,068                    |
| Total investments                                                                                 | <u>3,787,169</u>           | <u>3,061,025</u>           |
| Notes receivable, participants                                                                    | 185,664                    | 146,327                    |
| Participants' contributions receivable                                                            | 10,483                     | 4,177                      |
| Employers' contributions receivable                                                               | 5,525                      | 2,481                      |
| Total receivables                                                                                 | <u>201,672</u>             | <u>152,985</u>             |
| <b>Total assets</b>                                                                               | <u>3,988,841</u>           | <u>3,214,010</u>           |
| <b>Liabilities</b>                                                                                |                            |                            |
| Accrued expenses                                                                                  | <u>20,781</u>              | <u>18,100</u>              |
| <b>Total liabilities</b>                                                                          | <u>20,781</u>              | <u>18,100</u>              |
| Net assets available for benefits at fair value                                                   | 3,968,060                  | 3,195,910                  |
| Adjustment from fair value to contract value for<br>fully benefit-responsive investment contracts | -                          | (4,400)                    |
| <b>Net assets available for benefits</b>                                                          | <u><u>\$ 3,968,060</u></u> | <u><u>\$ 3,191,510</u></u> |

The accompanying notes are an integral part of these financial statements.

**Amalgamated Transit Union,  
Local #1548 401(k) Retirement Plan  
Statements of Changes in Net Assets Available for Benefits  
For the Years Ended December 31, 2013 and 2012**

|                                                                | <u>2013</u>         | <u>2012</u>         |
|----------------------------------------------------------------|---------------------|---------------------|
| <i>Additions in net assets attributed to:</i>                  |                     |                     |
| <b>Investment income and other interest income</b>             |                     |                     |
| Net appreciation (depreciation) in fair value of investments   | \$ 237,040          | \$ 294,925          |
| Interest income on notes receivable from participants          | 5,337               | 5,402               |
| Interest and dividends                                         | 252,600             | 37,974              |
| <b>Total investment income and other interest income</b>       | 494,977             | 338,301             |
| Less investment expenses                                       | (54,257)            | (19,649)            |
| <b>Net investment income and other interest income</b>         | 440,720             | 318,652             |
| <b>Contributions</b>                                           |                     |                     |
| Participants'                                                  | 408,745             | 338,550             |
| Employers'                                                     | 208,707             | 168,830             |
| Rollovers                                                      | 24,005              | 13,132              |
| <b>Total contributions</b>                                     | 641,457             | 520,512             |
| <b>Total additions</b>                                         | 1,082,177           | 839,164             |
| <i>Deductions from net assets attributed to:</i>               |                     |                     |
| <b>Benefits paid directly to participants or beneficiaries</b> | 293,693             | 576,572             |
| <b>Administrative expenses</b>                                 | 11,934              | 9,100               |
| <b>Total deductions</b>                                        | 305,627             | 585,672             |
| <b>Net Increase</b>                                            | 776,550             | 253,492             |
| <b>Net assets available for benefits</b>                       |                     |                     |
| Beginning of year                                              | 3,191,510           | 2,938,018           |
| End of year                                                    | <u>\$ 3,968,060</u> | <u>\$ 3,191,510</u> |

The accompanying notes are an integral part of these financial statements.

**Amalgamated Transit Union,  
Local #1548 401(k) Retirement Plan  
Notes to Financial Statements  
December 31, 2013**

**Note 1 – Description of Plan**

The following description of the Amalgamated Transit Union, Local #1548 Retirement 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for more complete information regarding the terms of the Plan. Selected Plan provisions are described below.

- A. **General** – The Plan, which became effective June 1, 2001, is a defined contribution plan covering all eligible employees of the Plymouth & Brockton Street Railway Company, Brush Hill Transportation Company, Cape Area Transportation Systems and Amalgamated Transit Union Local #1548 (the Employers). The Plan is subject to the provisions of the Employee Retirement Security Act of 1974 (ERISA).

The purpose of the Plan is to provide retirement benefits to eligible participants and their beneficiaries.

- B. **Plan Administration** – Beginning January 1, 2013 MassMutual Financial Group (MassMutual) became the record keeper of the Plan prior to that, Hartford Retirement Services LLC (the Hartford) had been the record keeper of the participant accounts. Amalgamated Transit Union Local 1548 is the Plan Administrator and the trustees include Charles Ryan III, Janet A. Tetreault, and Robert Kent.
- C. **Plan Termination** – Although they have not expressed any intent to do so, each employer has the right to terminate its participation in the Plan at any time, subject to the provisions of ERISA. In the event of a termination of the Plan, participants become 100% vested and the assets shall be liquidated and distributed by Plan management in accordance with the provisions of the Plan, and as prescribed by ERISA and the regulations pursuant thereto.
- D. **Contributions** – A participant may elect in writing to defer up to 100% (but no more than \$40,000) of their compensation, subject to the limitations of the Internal Revenue Code (the Code).

For each Plan year, the employer may contribute to the Plan an amount required to be made to the Plan pursuant to the collective bargaining agreement between the employer and the union. The current employer matching contributions are three percent (3%) of eligible compensation for Cape Area Transportation Systems and two percent (2%) of eligible compensation for Plymouth & Brockton Street Railway Company and Brush Hill Transportation Company employees. The employer contribution for a participant will not exceed that participant's elective deferral. Subject to the approval of the administrator, participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

**Amalgamated Transit Union,  
Local #1548 401(k) Retirement Plan  
Notes to Financial Statements  
December 31, 2013**

**Note 1 – Description of Plan, continued**

- E. **Vesting** – A participant shall at all times have a vested right to their account derived from elective deferrals, employer contributions, and rollovers from other plans, adjusted for investment experience. Except as otherwise provided with respect to early or normal retirement, disability, or death, a participant shall have a vested right to a percentage of this account derived from employer matching contributions as follows:

| <u>Years of Service</u> | <u>Vested Percentage</u> |
|-------------------------|--------------------------|
| Less than 1 year        | 0%                       |
| 1 year but less than 2  | 10%                      |
| 2 years but less than 3 | 20%                      |
| 3 years but less than 4 | 40%                      |
| 4 years but less than 5 | 60%                      |
| 5 years but less than 6 | 80%                      |
| 6 years and thereafter  | 100%                     |

- F. **Benefits** – On termination of service due to death, disability, or retirement, a participant may elect to receive a single lump sum amount equal to the value of the participant's vested interest in their account or purchase a non-transferable annuity providing payments over the life of the participant. Benefits paid to participants are recorded when paid.

Unless a participant elects otherwise, distribution of their vested account shall begin no later than sixty (60) days after termination of employment.

- G. **Participant Accounts** – Individual accounts are maintained for each participant of the Plan and are participant directed for investment purposes. Under this strategy, each participant directs the investment of his/her account into various investment options offered by the Plan. Each participant's account is credited with contributions made on his/her behalf and an allocation of the interest, dividends and net appreciation/depreciation of the participant's investments. The investment fee, if not covered by forfeitures, is allocated to each participant's account equally. Administrative fees due to actions of a participant are charged directly to that participant's account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Amalgamated Transit Union,  
Local #1548 401(k) Retirement Plan  
Notes to Financial Statements  
December 31, 2013**

**Note 1 – Description of Plan, continued**

- H. **Notes Receivable, Participants** – Participants may borrow from their fund accounts upon application to the Plan up to a maximum of 50% of their vested benefit. The loans are secured by the balance in the participant's account and at December 31, 2013 and 2012 bear interest rates ranging from 3.25% to 5.00% which are commensurate with local prevailing rates determined by the Plan administrator at the time the loan is taken.

The loans must be repaid within five (5) years except for loans for primary residences which may be repaid in ten (10) years. The loans must be repaid in at least quarterly installments of principal and interest with level periodic payments. Notes receivable are currently paid through weekly payroll deductions.

- I. **Forfeited Accounts** – The non-vested portion of a participant's account shall be forfeited as of the earlier of the distribution of the entire vested portion of a terminated participant's account, or the last day of the plan year in which the participant incurs five (5) consecutive breaks in service. The amount forfeited shall be first used to pay any administrative expenses of the Plan with any remaining forfeitures used to reduce employer contributions. During 2013, forfeitures used to pay for investment expenses totaled \$11,543. At December 31, 2013 and 2012, forfeited nonvested accounts totaled \$7,612 and \$4,757, respectively.
- J. **Investments** – Plan participants are able to direct the investment of their Plan assets into various options offered under the Plan.

During 2013, the following options were removed from the Plan: SEI Trust Company Fixed Fund, MFS Global Growth C Fund, MFS Massachusetts Investors Trust C Fund, MFS Limited Maturity C Fund, MFS Growth Allocation C Fund, MFS Conservative Allocation C Fund, MFS Moderate Allocation C Fund, MFS Aggressive Growth Allocation C Fund, MFS Money Market Fund, MFS Value Fund, Calvert Income Fund C, Janus Forty C, Mutual Shares Fund C, Oppenheimer Main St. Small Cap C Fund, and Van Kampen American Value Fund C.

The following funds were added as investment options during 2013: Mass Mutual Guaranteed Interest Account, Mass Mutual Premier Money Market Fund, BlackRock Equity Dividend Fund, Invesco Small Cap Equity Fund, JP Morgan Mid Cap Value Fund, Oppenheimer Global Opportunity Fund, PIMCO Commodity Real Return Strategy Fund, Mass Mutual RetireSMART Conservative Fund, Mass Mutual RetireSMART Growth Fund, Mass Mutual RetireSMART Moderate Fund, Mass Mutual RetireSMART Moderate Growth Fund, Mass Mutual Select Growth Opportunity Fund, and Select PIMCO Total Return Fund.

**Amalgamated Transit Union,  
Local #1548 401(k) Retirement Plan  
Notes to Financial Statements  
December 31, 2013**

**Note 2 – Significant Accounting Policies**

**Basis of Accounting** - The financial statements of the Plan are prepared on the accrual method of accounting in conformity with U.S. generally accepted accounting principles.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis. The Plan invested in investment contracts through a collective trust fund, the SEI Trust Company Fixed Fund through March, 2013. The Plan also invested in investment contracts through the MassMutual Guaranteed Interest Account beginning in March, 2013.

**Valuation of Investments and Income Recognition** – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for discussion of fair value measurement. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Fees charged by the funds in which the Plan invests are netted against investment income. The Plan's administrator determines the Plan's valuation policies utilizing information provided by MassMutual (previously the Hartford).

**Payment of Benefits** – Benefits paid to participants are recorded when paid.

**Administrative Expenses**– Certain costs of Plan administration, including accounting, investment expenses, and auditing fees, are allocated between the participants equally. Participant accounts may also be charged individually for administrative expenses incurred by the participant such as distribution requests, loan requests, and loan maintenance.

**Use of Estimates** – The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

**Notes Receivable, Participants** - Notes receivable, participants are reported at their unpaid principal balance, with no allowance for credit losses, repayments of principal and interest are received through payroll deductions and the loans are collateralized by the participants' account balances.

**Amalgamated Transit Union,  
Local #1548 401(k) Retirement Plan  
Notes to Financial Statements  
December 31, 2013**

**Note 2 – Significant Accounting Policies, continued**

**Subsequent Events** – Subsequent events were evaluated through October 14, 2014, which is the date the financial statements were available to be issued

**Note 3 - Investments**

The Plan's investments are summarized below. Investments that represent 5% or more of the Plan's net assets available for benefits at December 31, 2013 and 2012 are separately identified.

|                                               | <u>2013</u>         |   | <u>2012</u>         |    |
|-----------------------------------------------|---------------------|---|---------------------|----|
| <b>Common Collective Trust</b>                |                     |   |                     |    |
| SEI Trust Company Fixed Fund (contract value) | \$ -                | * | \$ 185,668          |    |
| <b>Guaranteed Interest Account</b>            |                     |   |                     |    |
| MassMutual Guaranteed Interest Account        | 342,454             |   | -                   | ** |
| <b>Registered Investment Companies</b>        |                     |   |                     |    |
| MassMutual RetireSMART Conservative Fund      | 500,265             |   | -                   | ** |
| MassMutual RetireSMART Growth Fund            | 543,329             |   | -                   | ** |
| MassMutual RetireSMART Moderate Fund          | 1,341,461           |   | -                   | ** |
| MassMutual RetireSMART Moderate Growth Fund   | 391,546             |   | -                   | ** |
| MFS Conservative Allocation C Fund            | -                   | * | 340,809             |    |
| MFS Moderate Allocation C Fund                | -                   | * | 1,230,089           |    |
| MFS Growth Allocation C Fund                  | -                   | * | 363,157             |    |
| MFS Aggressive Growth Allocation C Fund       | -                   | * | 407,706             |    |
| Other Registered Investment Companies         | <u>668,114</u>      | * | <u>529,196</u>      |    |
| <b>Total</b>                                  | <u>\$ 3,787,169</u> |   | <u>\$ 3,056,625</u> |    |

\* Does not represent more than 5% of net assets at 12/31/2013

\*\* Does not represent more than 5% of net assets at 12/31/2012

During the years ended December 31, 2013 and 2012, the Plan's investments in registered investment companies (including investments purchased, sold, as well as held during the year) appreciated (depreciated) in value by \$237,040 and \$294,925 respectively and had interest and dividend income of \$249,253 and \$37,974, respectively.

**Amalgamated Transit Union,  
Local #1548 401(k) Retirement Plan  
Notes to Financial Statements  
December 31, 2013**

**Note 4 - Fair Value Measurements**

Financial Accounting Standards Board *Accounting Standards Codification* (ASC) 820, *Fair Value Measurement and Disclosure*, provides the framework for measuring fair value. That framework 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 or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

- 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;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

**Registered Investment Companies** – These investments are public investment vehicles valued using the daily quoted net asset value (NAV) of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities and then divided by the number of shares outstanding. Registered investment companies held by the Plan are registered with the Securities and Exchange Commission. These companies are required to publish their daily NAV and to transact at that price. The registered investment companies held by the Plan are deemed to be actively traded.

**Amalgamated Transit Union,  
Local #1548 401(k) Retirement Plan  
Notes to Financial Statements  
December 31, 2013**

**Note 4 - Fair Value Measurements, continued**

**Common Collective Trust** – The collective trust fund is a comingled pool of investments with the objective of preserving principal while earning interest income. The collective trust fund is valued at the net asset value representing the value at which units may be purchased or redeemed. The beneficial interest in the net assets of the trust is represented by units. Issuance and redemption of units are recorded based on the next determined net asset value per unit. Net asset value per unit is determined each business day.

**Guaranteed Interest Account** – The guaranteed interest account (GIA) is a stable value investment with a guaranteed rate of return and a guarantee of principal. The GIA is provided through a group annuity contract that has a six-month contracted crediting rate and is considered fully benefit responsive.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, 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 investments measured at fair value on a recurring basis as of December 31, 2013:

|                                  | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u>    | <u>Total</u>       |
|----------------------------------|---------------------|----------------|-------------------|--------------------|
| Registered Investment Companies: |                     |                |                   |                    |
| Commodities                      | \$ 88,984           | \$             |                   | \$ 88,984          |
| Small Cap Blend                  | 43,189              |                |                   | 43,189             |
| Bond                             | 66,558              |                |                   | 66,558             |
| Conservative Allocation          | 500,265             |                |                   | 500,265            |
| Moderate Allocation              | 1,392,378           |                |                   | 1,392,378          |
| Mid Cap Value                    | 49,073              |                |                   | 49,073             |
| Aggressive Allocation            | 391,546             |                |                   | 391,546            |
| Money Market                     | 3,536               |                |                   | 3,536              |
| Large Cap Blend                  | 564,150             |                |                   | 564,150            |
| Large Cap Growth                 | 134,897             |                |                   | 134,897            |
| Large Cap Value                  | 106,025             |                |                   | 106,025            |
| World Stock                      | 72,452              |                |                   | 72,452             |
| Utilities                        | 31,662              |                |                   | 31,662             |
| Guaranteed Interest Account      |                     |                |                   |                    |
| Stable Value                     |                     |                | 342,454           | 342,454            |
|                                  | <u>\$ 3,444,715</u> | <u>\$ -</u>    | <u>\$ 342,454</u> | <u>\$3,787,169</u> |

**Amalgamated Transit Union,  
Local #1548 401(k) Retirement Plan  
Notes to Financial Statements  
December 31, 2013**

**Note 4 - Fair Value Measurements, continued**

The following table sets forth by level, within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis as of December 31, 2012:

|                                  | <u>Level 1</u>      | <u>Level 2</u>    | <u>Total</u>        |
|----------------------------------|---------------------|-------------------|---------------------|
| Registered Investment Companies: |                     |                   |                     |
| Global                           | \$ 44,522           | \$                | \$ 44,522           |
| Blend                            | 110,985             |                   | 110,985             |
| Bond                             | 59,274              |                   | 59,274              |
| Conservative Allocation          | 340,809             |                   | 340,809             |
| Moderate Allocation              | 1,230,089           |                   | 1,230,089           |
| Growth Allocation                | 363,157             |                   | 363,157             |
| Aggressive Allocation            | 407,706             |                   | 407,706             |
| Money Market                     | 84,816              |                   | 84,816              |
| Large Cap                        | 78,322              |                   | 78,322              |
| Mid Cap                          | 14,609              |                   | 14,609              |
| Small Cap                        | 12,790              |                   | 12,790              |
| Utilities                        | 123,878             |                   | 123,878             |
| Collective Trust Funds:          |                     |                   |                     |
| Stable Value                     |                     | 190,068           | 190,068             |
|                                  | <u>\$ 2,870,957</u> | <u>\$ 190,068</u> | <u>\$ 3,061,025</u> |

The following table sets forth a summary of changes in the fair value of the Plan's level 3 investments for the year ended December 31, 2013:

|                                                                              | <u>Guaranteed<br/>Interest<br/>Account</u> |
|------------------------------------------------------------------------------|--------------------------------------------|
| Balance, beginning of year                                                   | \$ -                                       |
| Interest income                                                              | 3,347                                      |
| Unrealized gains relating to instruments still held<br>at the reporting date |                                            |
| Purchases                                                                    | 362,379                                    |
| Sales                                                                        | (23,272)                                   |
| Transfers in and/or out of level 3                                           | -                                          |
| Balance, end of year                                                         | <u><u>\$ 342,454</u></u>                   |

**Amalgamated Transit Union,  
Local #1548 401(k) Retirement Plan  
Notes to Financial Statements  
December 31, 2013**

**Note 4 - Fair Value Measurements, continued**

**Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements**

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

| Instrument                  | Fair Value | Principal Valuation Technique | Unobservable Inputs                                                                      | Range of Significant Input Values |
|-----------------------------|------------|-------------------------------|------------------------------------------------------------------------------------------|-----------------------------------|
| Guaranteed Interest Account | \$ 342,454 | Liquidation value             | Liquidation value based on actuarial formula as defined under the terms of the contract. | Contract interest rate 1.3%       |

**Transfers Between Fair Value Levels** - The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions of model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

Plan management evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to the total net assets available for benefits. For the years ended December 31, 2013 and 2012, there were no significant transfers in or out of levels 1, 2, or 3.

**Note 5 – Guaranteed Interest Account and Stable Value Fund**

SEI Trust Company Fixed Fund (Fixed Fund)

Until March 2013, when the Fixed Fund was liquidated, the Plan invested in fully benefit-responsive synthetic investment contracts and guaranteed investment contracts (GIC) as part of offering the Fixed Fund to participants. Contributions to the Fixed Fund were invested in assets (typically fixed-income securities including asset backed securities and mortgage backed

**Amalgamated Transit Union,  
Local #1548 401(k) Retirement Plan  
Notes to Financial Statements  
December 31, 2013**

**Note 5 – Guaranteed Interest Account and Stable Value Fund, continued**

securities) and in cash equivalents. Also the Fixed Fund enters into “wrapper” contracts issued by third-parties. The Fixed Fund’s investment objective is to seek preservation of capital and a competitive level of income over time.

As discussed in note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by the Fixed Fund, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Units of the Fixed Fund are issued and redeemed daily.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than zero percent. Such interest rates are reviewed, typically, on a quarterly basis for resetting.

Unanticipated events such as a GIC issuer’s inability to meet its obligations or significant withdrawal requests by Plan participants in the Trust, could affect the recoverability of assets including the underlying investment securities of synthetic GICs. Therefore, as provided for in the Declaration of Trust of the Fixed Fund, there can be no assurance that a unit’s value will remain constant at \$1.00. The value of each unit is determined at the close of business each business day by adding the value of all the Trust’s assets, subtracting all accrued expenses and liabilities, and dividing by the number of units outstanding.

The following is information regarding average yields, yields were not calculated for 2013 because of liquidation:

|                                                 | <b><u>2012</u></b> |
|-------------------------------------------------|--------------------|
| Based on actual earnings                        | 1.09%              |
| Based on interest rate credited to participants | 1.72%              |

**Amalgamated Transit Union,  
Local #1548 401(k) Retirement Plan  
Notes to Financial Statements  
December 31, 2013**

**Note 5 – Guaranteed Interest Account and Stable Value Fund, continued**

MassMutual Retirement Services Guaranteed Interest Account (GIA)

The Plan invests the GIA which is a stable value investment with a guaranteed rate of return and guarantee of principal that is backed by MassMutual. The GIA is provided through a group annuity contract (GAC) issued by MassMutual, under the contract, a crediting rate is established for a six month period of time and all assets invested in the GIA are credited with that rate. MassMutual assumes market, credit and interest rate risks for the assets supporting the GIA.

As discussed in note 2, because the guaranteed annuity contracts are considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed annuity contracts. Contract value, as reported to the Plan by the GIA, represents contributions made under the contract, plus interest, less participant withdrawals and fees. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than zero percent. Such interest rates are reviewed, typically, on a quarterly basis for resetting.

Certain events may limit the ability of the GIA to transact at Contract Value. Such events include but may not be limited to the following: temporary absence, change in position of other occurrence qualifying as a temporary break in service, transfer or other change of position resulting in employment by an entity controlling, controlled by, or under common control with the employer, cessation of an employment relationship resulting from a reorganization, merger, layoff or the sale or discontinuance of all or any part of the Plan sponsor's business, removal from the Plan of one or more groups or classifications of participant, partial or complete Plan termination, and Plan disqualification.

The following is information regarding average yields for the year ended December 31, 2013

|                                                 | <b><u>2013</u></b> |
|-------------------------------------------------|--------------------|
| Based on actual earnings                        | 1.46%              |
| Based on interest rate credited to participants | 1.46%              |

**Amalgamated Transit Union,  
Local #1548 401(k) Retirement Plan  
Notes to Financial Statements  
December 31, 2013**

**Note 6 – Tax Status**

The Plan qualifies under Section 401(a) and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code as a defined contribution profit sharing plan. In a determination letter dated May 9, 2012, the Internal Revenue Service (IRS) recognized the continued qualification of the Plan based on amendments through April 4, 2012. The Trustees believe that the Plan, including amendments subsequent to the IRS determination letter, is currently designed and operated in compliance with the requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013 and 2012, 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. During 2011, an audit of the Plan commenced and after year end was concluded. The Plan has fully complied with the results of the audit. The Plan administrator believes it is no longer subject to tax examinations for years prior to 2010.

**Note 7 – Risks and Uncertainties**

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

## SUPPLEMENTAL SCHEDULE

**Amalgamated Transit Union, Local #1548 Retirement 401(k) Plan**  
**EIN: 26-7277676**

**Plan #: 001**

**Schedule H: Part IV, Line 4a- Schedule of Delinquent Participant Contributions**  
**Year Ended December 31, 2013**

| Year | Participant Contributions Transferred late to Plan Check Here If Late Participant Loan Repayments Are Included (X) | Total That Constitute Nonexempt Prohibited Transactions |                                      |                                          | Totally Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51 |
|------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
|      |                                                                                                                    | Contributions Not Corrected                             | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP |                                                                                                                   |
|      |                                                                                                                    |                                                         |                                      |                                          |                                                                                                                   |

**Amalgamated Transit Union,  
Local #1548 401(k) Retirement Plan  
Supplemental Schedule I - Schedule of Assets (Held at End of Year)  
Form 5500 - Schedule H - Part IV - Line 4i  
December 31, 2013  
EIN #23-7277676, Plan # 001**

| (a) (b) Identity of Issuer                     | (c) Description<br>of Investment | (e) Current<br>Value |
|------------------------------------------------|----------------------------------|----------------------|
| <b><u>Guaranteed Interest Account</u></b>      |                                  |                      |
| * Guaranteed Interest Account                  | 33916.42 shares                  | \$ 342,454           |
| <b><u>Registered investment companies</u></b>  |                                  |                      |
| Premier Money Market Fund                      | 3535.75 shares                   | 3,535                |
| American Funds Balanced Fund                   | 2093.65 shares                   | 50,918               |
| American Funds Fundamental Investors Fund      | 401.41 shares                    | 20,821               |
| BlackRock Equity Dividend Fund                 | 4370.34 shares                   | 106,025              |
| Invesco Small Cap Equity Fund                  | 2540.53 shares                   | 43,189               |
| JP Morgan Mid Cap Value Fund                   | 1421.59 shares                   | 49,073               |
| Oppenheimer Global Opport Fund                 | 1760.68 shares                   | 72,452               |
| PIMCO Commodity Real Return Strategy Fund      | 16695.01 shares                  | 88,984               |
| * Mass Mutual RetireSMART Conservative Fund    | 49827.17 shares                  | 500,265              |
| * Mass Mutual RetireSMART Growth Fund          | 44829.13 shares                  | 543,329              |
| * Mass Mutual RetireSMART Moderate Fund        | 125958.75 shares                 | 1,341,461            |
| * Mass Mutual RetireSMART Moderate Growth Fund | 34527.89 shares                  | 391,546              |
| * Mass Mutual Select Growth Opportunity Fund   | 12774.33 shares                  | 134,897              |
| Select PIMCO Total Return Fund                 | 6563.88 shares                   | 66,558               |
| MFS Utilities Fund                             | 1522.19 shares                   | 31,662               |
| Total Registered Investment Companies          |                                  | <u>3,444,715</u>     |
| Subtotal                                       |                                  | 3,787,169            |
| <b><u>Notes Receivable, participants</u></b>   |                                  |                      |
| * Notes Receivable, participants               | 3.25% to 5.00%                   | 185,664              |
|                                                |                                  | <u>\$ 3,972,833</u>  |

\* Indicates a party-in-interest to the Plan

Note: Cost information has not been included because all investments are participant-directed.

**Amalgamated Transit Union, Local #1548 Retirement 401(k) Plan**  
**EIN: 26-7277676**

**Plan #: 001**

**Schedule H: Part IV, Line 4j- Schedule of Reportable Transactions**  
**Year Ended December 31, 2013**

| (a)<br>Identity of<br>Party<br>Involved | (b)<br>Description of Asset             | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net Gain<br>(Loss) |
|-----------------------------------------|-----------------------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|---------------------------|
|                                         |                                         |                          |                         |                         |                                                            |                           |
|                                         | <b><u>Series of Transactions</u></b>    |                          |                         |                         |                                                            |                           |
| *                                       | Guaranteed Interest Account             | 342,454                  |                         |                         |                                                            |                           |
| *                                       | RetireSMART Conservative Fund           | 500,265                  |                         |                         |                                                            |                           |
| *                                       | RetireSMART Growth Fund                 | 543,329                  |                         |                         |                                                            |                           |
| *                                       | RetireSMART Moderate Fund               | 1,341,461                |                         |                         |                                                            |                           |
| *                                       | RetireSMART Moderate Growth Fund        | 391,546                  |                         |                         |                                                            |                           |
|                                         | SEI Trust Company Fixed Fund            |                          | 201,801                 |                         |                                                            |                           |
|                                         | MFS Conservative Allocation C Fund      |                          | 372,379                 |                         |                                                            |                           |
|                                         | MFS Moderate Allocation C Fund          |                          | 1,300,364               |                         |                                                            |                           |
|                                         | MFS Growth Allocation C Fund            |                          | 318,009                 |                         |                                                            |                           |
|                                         | MFS Aggressive Growth Allocation C Fund |                          | 441,504                 |                         |                                                            |                           |

Transactions or series of transactions in excess of 5% of the current value of the Plan assets as of December 31, 2013 as defined in Section 2520.103-6 of the Department of Labor's Rules and Regulations for Reporting and Disclosure of ERISA.

\* Mass Mutual party is involved.

**Amalgamated Transit Union,  
Local #1548 401(k) Retirement Plan  
Supplemental Schedule I - Schedule of Assets (Held at End of Year)  
Form 5500 - Schedule H - Part IV - Line 4i  
December 31, 2013  
EIN #23-7277676, Plan # 001**

| (a) (b) Identity of Issuer                     | (c) Description<br>of Investment | (e) Current<br>Value |
|------------------------------------------------|----------------------------------|----------------------|
| <b><u>Guaranteed Interest Account</u></b>      |                                  |                      |
| * Guaranteed Interest Account                  | 33916.42 shares                  | \$ 342,454           |
| <b><u>Registered investment companies</u></b>  |                                  |                      |
| Premier Money Market Fund                      | 3535.75 shares                   | 3,535                |
| American Funds Balanced Fund                   | 2093.65 shares                   | 50,918               |
| American Funds Fundamental Investors Fund      | 401.41 shares                    | 20,821               |
| BlackRock Equity Dividend Fund                 | 4370.34 shares                   | 106,025              |
| Invesco Small Cap Equity Fund                  | 2540.53 shares                   | 43,189               |
| JP Morgan Mid Cap Value Fund                   | 1421.59 shares                   | 49,073               |
| Oppenheimer Global Opport Fund                 | 1760.68 shares                   | 72,452               |
| PIMCO Commodity Real Return Strategy Fund      | 16695.01 shares                  | 88,984               |
| * Mass Mutual RetireSMART Conservative Fund    | 49827.17 shares                  | 500,265              |
| * Mass Mutual RetireSMART Growth Fund          | 44829.13 shares                  | 543,329              |
| * Mass Mutual RetireSMART Moderate Fund        | 125958.75 shares                 | 1,341,461            |
| * Mass Mutual RetireSMART Moderate Growth Fund | 34527.89 shares                  | 391,546              |
| * Mass Mutual Select Growth Opportunity Fund   | 12774.33 shares                  | 134,897              |
| Select PIMCO Total Return Fund                 | 6563.88 shares                   | 66,558               |
| MFS Utilities Fund                             | 1522.19 shares                   | 31,662               |
| Total Registered Investment Companies          |                                  | <u>3,444,715</u>     |
| Subtotal                                       |                                  | 3,787,169            |
| <b><u>Notes Receivable, participants</u></b>   |                                  |                      |
| * Notes Receivable, participants               | 3.25% to 5.00%                   | 185,664              |
|                                                |                                  | <u>\$ 3,972,833</u>  |

\* Indicates a party-in-interest to the Plan

Note: Cost information has not been included because all investments are participant-directed.

**Amalgamated Transit Union, Local #1548 Retirement 401(k) Plan**  
**EIN: 26-7277676**  
**Plan #: 001**  
**Schedule H: Part IV, Line 4a- Schedule of Delinquent Participant Contributions**  
**Year Ended December 31, 2013**

| Year | Participant Contributions Transferred late to Plan Check Here If Late Participant Loan Repayments Are Included (X) | Total That Constitute Nonexempt Prohibited Transactions |                                          |  | Totally Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51 |
|------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|
|      |                                                                                                                    | Contributions Corrected Outside VFCP                    | Contributions Pending Correction in VFCP |  |                                                                                                                   |

|      |    |        |   |   |        |
|------|----|--------|---|---|--------|
| 2013 | \$ | 67,964 | - | - | 67,964 |
|------|----|--------|---|---|--------|

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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 6047(a), 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**2013****This Form is Open to  
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

- A** This return/report is for: ☒ a multiemployer plan; ☐ a multiple-employer plan; or  
☐ 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) \_\_\_\_\_

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

|                                                                                                                                                                                                             |                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1a</b> Name of plan<br>AMALGAMATED TRANSIT UNION<br>LOCAL 1548 401(K) TRUST                                                                                                                              | <b>1b</b> Three-digit<br>plan number (PN) ▶ <b>001</b>                                                                                                                                            |
|                                                                                                                                                                                                             | <b>1c</b> Effective date of plan<br><b>06/01/2001</b>                                                                                                                                             |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br>AMALGAMATED TRANSIT UNION LOCAL 1548<br><br>P.O. BOX 1230<br><br>PLYMOUTH MA 02362 | <b>2b</b> Employer Identification Number (EIN)<br><b>23-7277676</b><br><b>2c</b> Sponsor's telephone number<br><b>508-732-0382</b><br><b>2d</b> Business code (see instructions)<br><b>485990</b> |

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

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

|                                                                                                                                                                                                                      |                           |                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------|
| <b>SIGN HERE</b><br><br>Signature of plan administrator                                                                           | <b>10/15/2014</b><br>Date | <b>CHARLES A RYAN III</b><br>Enter name of individual signing as plan administrator |
| <b>SIGN HERE</b><br><br>Signature of employer/plan sponsor                                                                                                                                                           | <br>Date                  | <br>Enter name of individual signing as employer or plan sponsor                    |
| <b>SIGN HERE</b><br><br>Signature of DFE                                                                                                                                                                             | <br>Date                  | <br>Enter name of individual signing as DFE                                         |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)<br><br>PAUL C. RYAN<br>O'BRIEN, RILEY & RYAN, P.C.<br>30 BRAINTREE HILL OFFICE PARK<br>BRAINTREE MA 02184 |                           | Preparer's telephone number (optional)<br><br><b>781-410-2300</b>                   |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2013)  
v. 130118

|                                                                                                                                                                                |                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input checked="" type="checkbox"/> Same as Plan Sponsor Address | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

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

|                                                                                                                                                 |           |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year                                                                         | <b>5</b>  | 284 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).                          |           |     |
| <b>a</b> Active participants .....                                                                                                              | <b>6a</b> | 289 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                             | <b>6b</b> |     |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                              | <b>6c</b> |     |
| <b>d</b> Subtotal. Add lines 6a, 6b, and 6c .....                                                                                               | <b>6d</b> | 289 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                      | <b>6e</b> |     |
| <b>f</b> Total. Add lines 6d and 6e .....                                                                                                       | <b>6f</b> | 289 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... | <b>6g</b> | 256 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....     | <b>6h</b> |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....            | <b>7</b>  | 3   |

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

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

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

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

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)  
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

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

**Amalgamated Transit Union, Local #1548 Retirement 401(k) Plan**  
**EIN: 26-7277676**

**Plan #: 001**

**Schedule H: Part IV, Line 4j- Schedule of Reportable Transactions**  
**Year Ended December 31, 2013**

| (a)<br>Identity of<br>Party<br>Involved | (b)<br>Description of Asset             | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost of<br>Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net Gain<br>(Loss) |
|-----------------------------------------|-----------------------------------------|--------------------------|-------------------------|-------------------------|------------------------------------------------------------|---------------------------|
|                                         | <b><u>Series of Transactions</u></b>    |                          |                         |                         |                                                            |                           |
| *                                       | Guaranteed Interest Account             | 342,454                  |                         |                         |                                                            |                           |
| *                                       | RetireSMART Conservative Fund           | 500,265                  |                         |                         |                                                            |                           |
| *                                       | RetireSMART Growth Fund                 | 543,329                  |                         |                         |                                                            |                           |
| *                                       | RetireSMART Moderate Fund               | 1,341,461                |                         |                         |                                                            |                           |
| *                                       | RetireSMART Moderate Growth Fund        | 391,546                  |                         |                         |                                                            |                           |
|                                         | SEI Trust Company Fixed Fund            |                          | 201,801                 |                         |                                                            |                           |
|                                         | MFS Conservative Allocation C Fund      |                          | 372,379                 |                         |                                                            |                           |
|                                         | MFS Moderate Allocation C Fund          |                          | 1,300,364               |                         |                                                            |                           |
|                                         | MFS Growth Allocation C Fund            |                          | 318,009                 |                         |                                                            |                           |
|                                         | MFS Aggressive Growth Allocation C Fund |                          | 441,504                 |                         |                                                            |                           |

Transactions or series of transactions in excess of 5% of the current value of the Plan assets as of December 31, 2013 as defined in Section 2520.103-6 of the Department of Labor's Rules and Regulations for Reporting and Disclosure of ERISA.

\* Mass Mutual party is involved.