

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
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										
1a Name of plan AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/12/1970</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 53-6014540</td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number 202-537-1645</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 813000</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/12/1970		2b Employer Identification Number (EIN) 53-6014540		2c Sponsor's telephone number 202-537-1645		2d Business code (see instructions) 813000	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 01/12/1970											
2b Employer Identification Number (EIN) 53-6014540											
2c Sponsor's telephone number 202-537-1645											
2d Business code (see instructions) 813000											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) AMALGAMATED TRANSIT UNION 5025 WISCONSIN AVENUE, NW WASHINGTON, DC 20016-4139											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVENUE, SUITE 1200 BETHESDA, MD 20814			Preparer's telephone number (optional) 202-331-9880

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 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: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	135
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	69
b Retired or separated participants receiving benefits		6b	52
c Other retired or separated participants entitled to future benefits		6c	10
d Subtotal. Add lines 6a , 6b , and 6c		6d	131
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	9
f Total. Add lines 6d and 6e		6f	140
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
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) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection

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

A Name of plan AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMALGAMATED TRANSIT UNION	D Employer Identification Number (EIN) 53-6014540	

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

(a) Name of insurance carrier

UNION LABOR LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	00624		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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 346297**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**

▶

(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**

▶

(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

A Name of plan <u>AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMALGAMATED TRANSIT UNION</u>	D Employer Identification Number (EIN) <u>53-6014540</u>	

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

(a) Name of insurance carrier

UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>13-1423090</u>	<u>69744</u>	<u>00624</u>		<u>01/01/2013</u>	<u>12/31/2013</u>

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>0</u>	<u>0</u>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	2525431

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

A Name of plan <u>AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMALGAMATED TRANSIT UNION</u>	D Employer Identification Number (EIN) <u>53-6014540</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>70100788</u>
b Actuarial value	2b <u>69360869</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>61</u> <u>49446647</u>
b For terminated vested participants.....	3b <u>10</u> <u>661704</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>870454</u>
(2) Vested benefits	3c(2) <u>16485029</u>
(3) Total active.....	3c(3) <u>62</u> <u>17355483</u>
d Total.....	3d <u>133</u> <u>67463834</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.26</u> %
6 Target normal cost	6 <u>1746900</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/23/2014</u>
Signature of actuary		Date
<u>SCOTT R. GREENO</u>		<u>14-06764</u>
Type or print name of actuary		Most recent enrollment number
<u>CHEIRON, INC.</u>		<u>312-629-8401</u>
Firm name		Telephone number (including area code)
<u>230 W. MONROE, SUITE 2150</u> <u>CHICAGO, IL 60606</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of <u>11.49</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		48903
b Interest on (a) using prior year's effective interest rate of <u>7.01</u> % except as otherwise provided (see instructions)		3428
c Total available at beginning of current plan year to add to prefunding balance		52331
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	102.81 %
15 Adjusted funding target attainment percentage	15	102.81 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.70 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
(4) 4th	0	

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	1746900	
b Excess assets, if applicable, but not greater than line 31a	31b	1746900	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34		
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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

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

A Name of plan AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AMALGAMATED TRANSIT UNION	D Employer Identification Number (EIN) 53-6014540

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHEVY CHASE TRUST COMPANY
52-2037618

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
DELAWARE INVESTMENTS
23-2859589

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

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

(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

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

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

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

CHEIRON

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	43085	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOTSOFF CAPITAL MANAGEMENT

36-3250722

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	41945	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

YANNI PARTNERS

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 27 50	NONE	40000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SLEVIN AND HART

52-1708613

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	29119	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBEKO INVESTMENT MANAGEMENT

98-0902744

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 68	NONE	17858	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

M&T INVESTMENT GRUOP

ONE MT PLAZA
BUFFALO, NY 14203

16-0538020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	16597	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

UNION LABOR LIFE INSURANCE COMPANY

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	10380	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP PLLC

47-0900080

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	7725	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LOTSOFF CAPITAL MANAGEMENT		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.
DIRECT ACCESS PARTNERS	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LOTSOFF CAPITAL MANAGEMENT		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.
CANTOR FITZGERALD	

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2013</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

<p>A Name of plan AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 AMALGAMATED TRANSIT UNION</p>	<p>D Employer Identification Number (EIN) 53-6014540</p>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT R		
b Name of sponsor of entity listed in (a): UNION LABOR LIFE COMPANY		
c EIN-PN 13-1423090-206	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2525431
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)**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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMALGAMATED TRANSIT UNION</u>	D Employer Identification Number (EIN) <u>53-6014540</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	19490	96845
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	835872	0
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	65000	65000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	437977	296285
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	830276	657019
(B) Common.....	1c(4)(B)	3923689	5265777
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3518015	2525431
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	60231098	61423958
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	250639	346297
(15) Other.....	1c(15)	32909	6507621

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	70144965	77184233

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	41504	46052
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	41504	46052

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	70103461	77138181
---	-----------	----------	----------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	101391	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		101391

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	56859	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	880161	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		937020

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1347370	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1347370

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1077128
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-112201
(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)		8944881
c Other income	2c		364
d Total income. Add all income amounts in column (b) and enter total	2d		12295953

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4992686	
(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)		4992686
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)	79929	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	129763	
(4) Other	2i(4)	58855	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		268547
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5261233

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7034720
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: CALIBRE CPA GROUP PLLC

(2) EIN: 47-0900880

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	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		657019
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 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)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>		<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013					
A Name of plan AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMALGAMATED TRANSIT UNION				D Employer Identification Number (EIN) 53-6014540	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☒ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2013 v. 130118	

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:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

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

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) 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 PENSION PLAN
FOR INTERNATIONAL OFFICERS AND EMPLOYEES**

FINANCIAL STATEMENTS

DECEMBER 31, 2013

**AMALGAMATED TRANSIT UNION PENSION PLAN
FOR INTERNATIONAL OFFICERS AND EMPLOYEES**

FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

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REPORT OF INDEPENDENT AUDITORS

To the Trustees of the
Amalgamated Transit Union Pension Plan
for International Officers and Employees

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

Management's Responsibility for the Financial Statements

Plan management is responsible for 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.

Auditor's 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 Plan'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 Plan'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 the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of December 31, 2013 and changes therein for the year then ended and its financial status as of December 31, 2012 and changes therein for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Reports on Supplemental Information

Our audits were made for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules on page 16 through 21 are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Calibre CPA Group, PLLC

Bethesda, MD
October 10, 2014

**AMALGAMATED TRANSIT UNION PENSION PLAN
FOR INTERNATIONAL OFFICERS AND EMPLOYEES**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2013 AND 2012

ASSETS	<u>2013</u>	<u>2012</u>
INVESTMENTS, AT FAIR VALUE		
Short-term investments	\$ 296,285	\$ 437,977
Corporate stocks	5,922,796	4,753,965
Common collective funds	54,153,174	42,760,558
Mutual funds	13,752,505	12,548,715
Private equity investments	-	4,921,825
Insurance company pooled separate accounts	<u>2,871,728</u>	<u>3,768,654</u>
Total investments	76,996,488	69,191,694
CASH	96,845	19,490
CONTRIBUTION RECEIVABLE	-	835,872
DUE FROM PENDING INVESTMENT SALES	65,000	65,000
PREPAID EXPENSES	<u>25,900</u>	<u>32,909</u>
Total assets	77,184,233	70,144,965
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	<u>46,052</u>	<u>41,504</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 77,138,181</u>	<u>\$ 70,103,461</u>

See accompanying notes to financial statements.

**AMALGAMATED TRANSIT UNION PENSION PLAN
FOR INTERNATIONAL OFFICERS AND EMPLOYEES**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2013 AND 2012

	<u>2013</u>	<u>2012</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 11,257,178	\$ 6,110,378
Interest	101,391	141,525
Dividends	<u>937,020</u>	<u>1,105,882</u>
	12,295,589	7,357,785
Less investment expenses	<u>(129,763)</u>	<u>(136,637)</u>
Net investment income	12,165,826	7,221,148
Employer contributions	-	3,567,250
Class action proceeds	<u>364</u>	<u>89</u>
Total additions	<u>12,166,190</u>	<u>10,788,487</u>
DEDUCTIONS		
Pension benefits	4,992,686	4,833,741
Actuary fees	43,085	50,055
Legal fees	29,119	33,229
Auditing fees	7,725	7,725
Insurance	-	8,060
PBGC premiums	58,786	179,036
Miscellaneous expense	<u>69</u>	<u>-</u>
Total deductions	<u>5,131,470</u>	<u>5,111,846</u>
NET INCREASE	7,034,720	5,676,641
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>70,103,461</u>	<u>64,426,820</u>
End of year	<u>\$ 77,138,181</u>	<u>\$ 70,103,461</u>

See accompanying notes to financial statements.

**AMALGAMATED TRANSIT UNION PENSION PLAN
FOR INTERNATIONAL OFFICERS AND EMPLOYEES**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements are prepared using the accrual basis of accounting.

Investments - Investments in corporate stocks and mutual funds are carried at fair value which generally represents reported market value as of the last business day of the year. Short-term investments are carried at cost, which approximates fair value. The investments in common collective funds, insurance company pooled separate accounts, privately held corporate stock, direct filing entities, and private equity investments are carried at estimated fair value as determined by the investment managers. Purchases and sales of securities are recorded on a settlement date basis. The fair value of securities purchased and sold just before the financial statement date did not change significantly from the trade date to the financial statement date and the purchases and sales did not significantly affect the composition of the Plan's assets available for benefits.

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

NOTE 2. DESCRIPTION OF THE PLAN

The Plan was established September 1, 1953 to provide retirement, disability and death benefits for eligible participants. The Plan is a noncontributory defined benefit pension plan covering officers and employees of the Amalgamated Transit Union (the Union). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974.

Under current plan provisions, a regular pension is payable at the later of age 60, or the age of the employee on the 5th anniversary of the date the participant commences participation in the Plan. Benefits are equal to 3 percent of participants' "Average Annual Earnings," multiplied by their years of credited service up to a maximum of 75%.

An early retirement pension is available at age 55 to eligible employees with at least 5 years of credited service. Benefits are equal to the regular pension amount to which the employee would be entitled if he or she had attained age 60, reduced by 5 percent for each year by which the

NOTE 2. DESCRIPTION OF THE PLAN (CONTINUED)

employee is younger than 60 on the effective date of retirement. However, if the employee has had at least 10 years vesting service, there will be no reduction for the fact that the employee has started to receive the pension prior to age 60.

A late retirement pension is available if a participant is employed past normal retirement age. The pension benefit is the greater of the normal retirement pension calculation and the actuarial equivalent of the benefit calculated at age 60. If a participant reaches age 70 ½ and has not retired, they will begin receiving pension payments or have the payments deferred. If the pension payments are deferred, the pension benefits are actuarially adjusted to take into account the period after age 70 ½.

The occupational disability pension uses the same benefit formula as the normal retirement pension; however, it is always equal to at least 50% of the average annual earnings at the date of disability. A non-occupational disability pension is calculated using the normal retirement pension formula, however, no reduction is made for the benefit commencing prior to the normal retirement date. The benefit is guaranteed for at least ten years.

A pre-retirement spouse benefit for active employees is available to eligible employees with 5 years of vesting service. The benefit is equal to 100% of the benefit the participant would have received had the participant terminated employment on the date of death, except there is no reduction because of its commencement prior to the normal retirement date.

A pre-retirement spouse benefit for terminated employees is available to eligible employees with 5 years of service. The benefit will equal the vested deferred pension the former deceased employee would have been entitled to.

The plan document should be referred to for specific information regarding benefits and other matters.

NOTE 3. FUNDING POLICY

In accordance with the Union's constitution and general laws, \$.10 per member, per month in membership dues shall be allocated to the Plan. Participants are neither required nor permitted to make contributions. Once each year an independent actuary determines the amount the Union is required to contribute in order to keep the Plan in a sound condition. The actuary uses the unit credit cost method to determine the amounts required to be funded under applicable laws. Contributions made to the Plan by the Union for 2013 met the minimum funding requirements of ERISA.

NOTE 4. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations.

Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

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

NOTE 5. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by Cheiron as of January 1, 2013. Information in the report included the following:

	<u>January 1, 2013</u>
Actuarial present value of accumulated plan benefits	
Retirees and beneficiaries	\$ 44,646,593
Active participants	14,287,545
Terminated vested participants	542,794
Non vested benefits	<u>737,259</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 60,214,191</u>

NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

As reported by the actuary, the changes in the present value of accumulated plan benefits for the year ended January 1, 2013 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		\$ 71,991,984
Increase (decrease) during the year attributable to:		
Additional benefits earned	\$ 1,457,552	
Actuarial losses	(132,219)	
Plan amendments	(13,600,112)	
Decrease in discount period	5,330,727	
Benefits paid	<u>(4,833,741)</u>	
Net decrease		<u>(11,777,793)</u>
Actuarial present value of accumulated plan benefits at end of year		<u>\$ 60,214,191</u>

The actuarial calculations were made using unit credit cost method. Some of the more significant actuarial assumptions used in the January 1, 2013 and 2012 valuations were:

- Life expectancy of participants - optional combined small plan mortality table for the applicable year
- Retirement age assumption - staff employees are assumed to begin to retire at age 60 and officers are assumed to retire at age 65 for 2013 and 2012, respectively.
- Investment rate of return - 7.5% for 2013 and 2012, respectively.
- Salary scale - 3.5% increase per year for 2013 and 2012, respectively.

The Plan adopted an amendment which eliminated the cost of living adjustment for future accruals, effective January 1, 2013.

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received from the Union and income from investments.

NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

Since information on the accumulated plan benefits at December 31, 2013 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2013 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2013. The complete financial status is presented as of December 31, 2012.

NOTE 6. TAX STATUS

The Plan obtained its latest determination letter dated March 27, 2012 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a).

The Plan accounts for income taxes in accordance with the Accounting Standards Codification (ASC) Topic *Income Taxes*. These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribe a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return. The Plan performed an evaluation of uncertain tax positions for the years ended December 31, 2013 and 2012, and determined that there were no matters that would require recognition in the financial statements or that may have an effect on its tax-exempt status. As of December 31, 2013, the statute of limitations for tax years 2010 through 2012 remains open with the U.S. Federal jurisdiction and the various states and local jurisdictions in which the Plan files returns.

NOTE 7. INVESTMENTS

The following summary presents fair value at December 31, 2013 and 2012 for each of the investment categories. Investments that represent 5% or more of the Plan's net assets available for benefits are separately identified.

	<u>2013</u>	<u>2012</u>
Investments at fair value as determined by quoted market price:		
Corporate stocks	<u>\$ 5,265,777</u>	<u>\$ 3,923,689</u>
Mutual funds		
DPT Labor Select International Equity	4,586,286	4,075,700
Harbor International Fund	4,785,257	4,379,357
Thornburg International Value Fund	<u>4,380,962</u>	<u>4,093,658</u>
Total mutual funds	<u>13,752,505</u>	<u>12,548,715</u>
Investments at estimated fair value		
Short term investments	<u>296,285</u>	<u>437,977</u>
Insurance company pooled separate accounts		
Separate Account R	2,525,431	3,518,015
Other	<u>346,297</u>	<u>250,639</u>
	<u>2,871,728</u>	<u>3,768,654</u>
Private equity funds		
Robeco WPG Mid Cap Disciplined Equity Fund	<u>-</u>	<u>4,921,825</u>
Corporate stocks	<u>657,019</u>	<u>830,276</u>
Common collective funds		
AFL-CIO Housing Investment Trust	17,802,541	19,026,380
PGI CIT Mid Cap Equity Fund	6,481,721	-
AFL-CIO Equity Index Fund	<u>29,868,912</u>	<u>23,734,178</u>
	<u>54,153,174</u>	<u>42,760,558</u>
Total investments	<u>\$ 76,996,488</u>	<u>\$ 69,191,694</u>

NOTE 7. INVESTMENTS (CONTINUED)

The Plan's investments including investments bought, sold, as well as held during the year, appreciated in value as follows:

	<u>2013</u>	<u>2012</u>
Net appreciation of		
Investments at fair value as determined		
by quoted market price		
Corporate stocks	\$ 1,520,627	\$ 597,992
Mutual funds	1,901,255	1,403,583
Investments at estimated fair value		
Insurance company pooled separate account	(112,201)	112,960
Corporate stocks	(173,257)	(141,062)
Private equity funds	491,227	780,484
Common collective funds	<u>7,629,527</u>	<u>3,356,421</u>
Net appreciation	<u>\$ 11,257,178</u>	<u>\$ 6,110,378</u>

The Plan reports fair value measurements of plan assets using a hierarchy for observable independent market inputs and unobservable market assumptions. Considerable judgments may be required in interpreting market data used to develop the estimates of fair value. Accordingly, the estimates presented herein are not necessarily indicative of the amounts that could be realized in a current market exchange. The use of different market assumptions and/or estimation methodologies may have a material effect on the estimated fair value.

The three levels of the fair value hierarchy, and its applicability to the Plan's portfolio for 2013 and 2012, respectively, are described below:

Level 1 – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2 – Quoted prices for similar assets or liabilities, or inputs that are observable, either directly or indirectly, for substantially the full term through corroboration with observable market data. Level 2 includes investments valued at quoted prices adjusted for legal or contractual restrictions specific to the security.

Level 3 – Pricing inputs are unobservable for the asset or liability, that is, inputs that reflect the reporting entity's own assumption about the assumption market participants would use in pricing the asset or liability.

NOTE 7. INVESTMENTS (CONTINUED)

2013				
	Total Fair Value	Quoted Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investments	\$ 296,285	\$ -	\$ 296,285	\$ -
Mutual funds				
International equity	13,752,505	13,752,505	-	-
Insurance company pooled separate accounts	2,871,728	-	2,871,728	-
Common collective funds				
Fixed income	17,802,541	-	17,802,541	-
Equity	36,350,633	-	36,350,633	-
Corporate stocks				
Publicly traded	5,265,777	5,265,777	-	-
Privately held	657,019	-	-	657,019
	<u>\$ 76,996,488</u>	<u>\$ 19,018,282</u>	<u>\$ 57,321,187</u>	<u>\$ 657,019</u>
2012				
	Total Fair Value	Quoted Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investments	\$ 437,977	\$ -	\$ 437,977	\$ -
Mutual funds				
International equity	12,548,715	12,548,715	-	-
Private equity fund	4,921,825	-	4,921,825	-
Insurance company pooled separate accounts	3,768,654	-	3,768,654	-
Common collective funds				
Fixed income	19,026,380	-	19,026,380	-
Equity	23,734,178	-	23,734,178	-
Corporate stocks				
Publicly traded	3,923,689	3,923,689	-	-
Privately held	830,276	-	-	830,276
	<u>\$ 69,191,694</u>	<u>\$ 16,472,404</u>	<u>\$ 51,889,014</u>	<u>\$ 830,276</u>

NOTE 7. INVESTMENTS (CONTINUED)

Changes in Level 3

Category	2013	2012
Beginning balance	\$ 830,276	\$ 971,338
Unrealized loss	<u>(173,257)</u>	<u>(141,062)</u>
Ending balance	<u>\$ 657,019</u>	<u>\$ 830,276</u>

Gains and losses/realized and unrealized are reported in net depreciation in fair value of investments. The investment income (loss) from assets categorized as Level 3 and held at year end as of December 31, 2013 and 2012 amounted to \$173,257 and \$141,062 respectively.

Corporate stocks are valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds are generally valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The Plan's investment in privately held stock is comprised of an investment in a single company for the years ended December 31, 2013 and 2012. This entity prepares its financial statements stating their investments at fair value determined in good faith by the general partner or by a third party valuator based on the best information available. Management estimates the fair value of this investment based upon the reported share value of the entity. Redemption of this stock is restricted to offering periods set by the company.

The following table summarizes the Plan's investments in certain entities that calculate net asset value per share as practical expedient to estimate fair value measurement as of December 31, 2013 and 2012 by investment strategy:

	Fair Value		Unfunded commitments	Redemption frequency	Redemption notice period
	2013	2012			
a. Insurance company pooled separated accounts	\$ 2,871,728	\$ 3,768,654	-	Monthly	None
b. Common collective funds	54,153,174	42,760,558	-	Monthly/Daily	15 day notice/none
c. Private equity fund	-	4,921,825	-	Daily	None

NOTE 7. INVESTMENTS (CONTINUED)

The following summarizes the investment strategy for each of the Plan's investments in the table presented above:

- a. The Plan's investment in insurance company pooled separate accounts consists of an investment in a group of annuity contracts for the years ended December 31, 2013 and 2012. These annuities are comprised primarily of fixed income securities. The Plan owns units within the account which are valued based on the underlying value of the investments of the account. This investment can be redeemed monthly with no redemption notification or restriction.
- b. The Plan's investment in common collective funds consists of three investments; an investment in a registered investment company, the AFL-CIO HIT, an open-end common collective fund, the AFL-CIO Equity Index Fund and a direct filing entity, the PGI CIT Mid Cap Equity Fund, for the years ended December 31, 2013 and 2012. The AFL-CIO HIT primarily invests in high yield, high credit quality fixed-income securities with interest rates similar to the Barclays Capital Aggregate Bond Index. The fair value of the AFL-CIO HIT is calculated based on the fair value of the underlying investments. The methodologies for the valuations of the underlying securities vary but largely are based on independent pricing services, dealer quotes and cash flow models. This investment can be redeemed monthly with a 15 day redemption notification. There are no redemption restrictions. The AFL-CIO Equity Index Fund is a passively invested fund that provides returns that track the performance of the S&P 500 Index Fund. The fair value of the Fund is based on the underlying value of the Fund's investments. The Fund invests in publicly traded, Level 1, investments. The investment can be redeemed daily with no restriction and no notification requirement. The PGI CIT Mid Cap Equity Fund seeks long term growth by investing primarily in medium cap equity securities through purchasing securities that the Fund believes to be undervalued. The Fund typically holds these securities with a long term investment horizon in mind. The fair value of the fund is based on the fair value of the underlying securities. These values are obtained primarily from third party pricing services or other external sources. This investment can be redeemed daily with no restriction and no notification requirement.
- c. The Plan's investment in private equity funds is comprised of an investment in a single fund at December 31, 2012. The fund invests primarily in common stocks seeking a return in excess of the S&P Mid Cap 400. The fair value of the fund is based on the fair value of the underlying assets. The fund invests in common stock valued using Level 1 inputs. This investment was fully redeemed during the year ended 2013.

NOTE 8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the 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. Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 9. ADMINISTRATIVE SERVICES

Administrative services are provided to the Plan by the Union, at no charge to the Plan. The value of these services cannot be readily determined.

NOTE 10. SUBSEQUENT EVENTS REVIEW

Subsequent events have been evaluated through October 10, 2014, which is the date the financial statements were available to be issued. This review and evaluation revealed no new material event or transaction which would require an additional adjustment to or disclosure in the accompanying financial statements.

ADDITIONAL INFORMATION

**AMALGAMATED TRANSIT UNION PENSION PLAN
FOR INTERNATIONAL OFFICERS AND EMPLOYEES**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2013

FORM 5500, SCHEDULE H, LINE 4i

E.I.N. 53-6014540
Plan No. 001

		(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
MUTUAL FUNDS							
	DPT Labor Select International Equity	N/A	N/A	N/A	325,016	\$ 4,697,075	\$ 4,586,286
	Harbor Interntional Fund	N/A	N/A	N/A	70,498	4,210,218	4,785,257
	Thornburg International Value Fund	N/A	N/A	N/A	145,734	4,007,520	4,380,962
	Total mutual funds					12,914,813	13,752,505
Common Collective Funds							
	AFL-CIO HOUSING INVESTMENT TRUST	N/A	N/A	N/A	16,245	18,061,855	17,802,541
	PGI CIT Mid Cap Equity Fund	N/A	N/A	N/A	51,475	5,404,593	6,481,721
	AFL-CIO EQUITY INDEX FUND	N/A	N/A	N/A	2,131,264	20,154,330	29,868,912
	Total common collective funds					43,620,778	54,153,174
SHORT-TERM INVESTMENTS							
	JP Morgan Prime Money Market Fund	N/A	N/A	Varies	N/A	296,285	296,285
CORPORATE STOCKS							
	Acxiom Corp	N/A	N/A	N/A	1,684	55,648	62,274
	Aercap Holdings Corp	N/A	N/A	N/A	1,615	31,149	61,935
	Aeroflex Holding Corp	N/A	N/A	N/A	1,981	14,293	12,877
	Alaska Air Group Inc	N/A	N/A	N/A	535	27,993	39,253
	Alliant Tech System	N/A	N/A	N/A	385	30,416	46,847
	American Airlines Group INC COM	N/A	N/A	N/A	723	14,050	18,256
	American Pacific Corp COM	N/A	N/A	N/A	416	11,540	15,500
	Analogic Corp	N/A	N/A	N/A	428	20,027	37,904
	Ann Inc	N/A	N/A	N/A	1179	42,288	43,104
	Arlington Asset Investment Corp	N/A	N/A	N/A	1,625	38,918	42,884
	Asbury Automotive Group Inc	N/A	N/A	N/A	838	26,531	45,034
	Associated Bank Corp	N/A	N/A	N/A	812	13,480	14,129
	Atwood Oceanics Inc	N/A	N/A	N/A	361	14,584	19,274
	Bally Technologies	N/A	N/A	N/A	313	17,152	24,555
	Basic Energy Services Inc	N/A	N/A	N/A	21,000	27,593	33,138
	Big Sporting Goods Corp Com	N/A	N/A	N/A	1,411	27,162	27,966
	Black Hills Corp	N/A	N/A	N/A	658	30,297	34,552
	Bon-Ton Stores Inc	N/A	N/A	N/A	515	9,808	8,366
	Booz Allen Hamilton Holding	N/A	N/A	N/A	515	11,086	9,862
	Brandywine Realty	N/A	N/A	N/A	2,258	32,026	31,815
	Brinker INTL	N/A	N/A	N/A	654	26,727	30,306
	Brown Shoe Company	N/A	N/A	N/A	1,258	28,116	35,400
	Caci Int'l Inc CL A	N/A	N/A	N/A	538	27,088	39,392
	Cambrex	N/A	N/A	N/A	1,486	24,623	26,495
	Capstead Mortgage Corp (REIT)	N/A	N/A	N/A	2,945	34,764	35,575

**AMALGAMATED TRANSIT UNION PENSION PLAN
FOR INTERNATIONAL OFFICERS AND EMPLOYEES**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

DECEMBER 31, 2013

FORM 5500, SCHEDULE H, LINE 4i

E.I.N. 53-6014540
Plan No. 001

(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	CBL & Assoc PPTYs INC	N/A	N/A	N/A	1,941	\$ 43,328	\$ 34,860
	Celestica INC	N/A	N/A	N/A	2,833	31,857	29,463
	Central Pacific Financial Co.	N/A	N/A	N/A	614	11,464	12,329
	COBiz Financial	N/A	N/A	N/A	2,476	23,361	29,613
	Consolidated Graphics INC	N/A	N/A	N/A	555	30,886	37,429
	Consumer Portfolio Services	N/A	N/A	N/A	1,324	9,457	12,432
	Convergys Corp	N/A	N/A	N/A	2,328	43,550	49,004
	Corelogic Inc Com	N/A	N/A	N/A	376	10,180	13,359
	Dana Holding Corp	N/A	N/A	N/A	1,794	31,566	35,198
	Dean Foods Co	N/A	N/A	N/A	822	15,971	14,130
	Dineequity	N/A	N/A	N/A	150	10,175	12,533
	Esterline Technologies Corp	N/A	N/A	N/A	489	26,617	49,858
	EW Scripps co Com	N/A	N/A	N/A	2,556	38,723	55,516
	Exterran Holdings Inc	N/A	N/A	N/A	2,090	65,366	71,478
	Fairpoint Communications Inc.	N/A	N/A	N/A	2,229	21,269	25,210
	FBL Financial Group Inc	N/A	N/A	N/A	585	16,014	26,202
	Federal Mogul Corp Com	N/A	N/A	N/A	1,074	10,591	21,136
	Finish Line Inc.	N/A	N/A	N/A	891	20,354	25,099
	First Commonwealth Financial Corp	N/A	N/A	N/A	4,739	25,600	41,798
	First Defiance Financial Corp	N/A	N/A	N/A	1,799	42,159	46,720
	First Financial Holdings Corp	N/A	N/A	N/A	216	10,430	14,366
	First Horizon National Corp	N/A	N/A	N/A	4,552	36,823	53,031
	First Interstate Bancsystem Inc Cl a Com	N/A	N/A	N/A	1,070	25,971	30,356
	First Merchants Corp Com	N/A	N/A	N/A	1,298	22,268	29,493
	FirstMerit Corp	N/A	N/A	N/A	2,338	54,754	51,974
	FTD Companies Inc	N/A	N/A	N/A	884	30,955	28,801
	G&K Services Inc	N/A	N/A	N/A	822	44,257	51,153
	Gentiva Hlth Svcs Inc Com	N/A	N/A	N/A	2,225	22,175	27,612
	Grand Canyon Education Inc	N/A	N/A	N/A	547	8,928	23,850
	Graphic Packaging Holding Co Com	N/A	N/A	N/A	4,044	31,137	38,822
	H & E Equipment Services Inc	N/A	N/A	N/A	1,550	33,534	45,927
	Haverty Furniture Cos. Inc.	N/A	N/A	N/A	1,120	25,875	35,056
	Healthsource Corp Com	N/A	N/A	N/A	1,199	40,414	39,951
	Highwoods Proerties (REIT)	N/A	N/A	N/A	1,118	34,294	40,438
	IDACORP	N/A	N/A	N/A	495	26,229	25,661
	Integra Lifesciences Holding	N/A	N/A	N/A	514	21,411	24,523
	Investment Technology Group Inc New	N/A	N/A	N/A	2,417	38,079	49,694
	ITT CORP COM	N/A	N/A	N/A	1,307	44,970	56,750
	Jack in the Box	N/A	N/A	N/A	574	23,183	28,711
	Journal Communications Inc A	N/A	N/A	N/A	1,922	14,118	17,894
	Kindred Healthcare	N/A	N/A	N/A	1,367	19,958	26,985
	Laclede Group Inc	N/A	N/A	N/A	495	22,729	22,542
	Lender Processing Services COM	N/A	N/A	N/A	1,327	43,034	49,603
	Lexmark INTL Group	N/A	N/A	N/A	446	15,851	15,842
	Libbey Inc	N/A	N/A	N/A	664	16,552	13,944

**AMALGAMATED TRANSIT UNION PENSION PLAN
FOR INTERNATIONAL OFFICERS AND EMPLOYEES**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

DECEMBER 31, 2013

FORM 5500, SCHEDULE H, LINE 4i

E.I.N. 53-6014540
Plan No. 001

(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Liberty PPTY TR	N/A	N/A	N/A	1,288	\$ 46,059	\$ 43,625
	Macatawa Bank Corp	N/A	N/A	N/A	2,096	10,576	10,480
	Magellan Health Services Inc	N/A	N/A	N/A	272	13,607	16,296
	Magnachip Semiconductor	N/A	N/A	N/A	3,001	68,395	58,520
	MB Financial	N/A	N/A	N/A	884	22,415	28,341
	Media General Incl	N/A	N/A	N/A	1,521	14,420	34,375
	MEDICINES Company	N/A	N/A	N/A	442	9,172	17,070
	Mentor Graphics	N/A	N/A	N/A	1,591	27,806	38,295
	Microsemi Corp	N/A	N/A	N/A	1,500	25,318	37,425
	Multimedia Games Inc	N/A	N/A	N/A	1,283	24,055	40,235
	Neenah Paper Inc	N/A	N/A	N/A	287	11,190	12,275
	Nelnet In CL-A	N/A	N/A	N/A	931	25,104	39,232
	Northwestern Corp	N/A	N/A	N/A	1575	68,066	68,229
	NPS Pharmaceuticals Inc	N/A	N/A	N/A	1053	7,871	31,969
	Nutraceutical INTL	N/A	N/A	N/A	2859	58,012	76,564
	OFG Bancorp	N/A	N/A	N/A	654	12,346	11,340
	Old Dominion Fight Line Inc	N/A	N/A	N/A	1011	36,016	53,603
	Omega Healthcare Investors Inc	N/A	N/A	N/A	1,428	32,227	42,554
	Omicell Inc	N/A	N/A	N/A	807	12,309	20,603
	Oribital Science Corp	N/A	N/A	N/A	1,494	19,454	34,810
	Oxford Inds Inc.	N/A	N/A	N/A	307	21,330	24,766
	Parker Drilling	N/A	N/A	N/A	3,308	24,231	26,894
	Penkse Auto Group Com	N/A	N/A	N/A	674	27,071	31,786
	PHARMERICA Group	N/A	N/A	N/A	1,030	15,167	22,145
	Phototronics Inc	N/A	N/A	N/A	2,565	21,405	23,162
	Pilgrim's Pride	N/A	N/A	N/A	2,184	16,047	35,490
	Pinacle Financial Partners	N/A	N/A	N/A	901	26,809	29,310
	Piper Jaffray Companies Inc	N/A	N/A	N/A	929	28,511	36,742
	Polyone Corp	N/A	N/A	N/A	783	24,742	27,679
	Premiere Global Services	N/A	N/A	N/A	5,081	62,501	58,889
	Proassurance Corp	N/A	N/A	N/A	1,159	53,798	56,188
	Protective Life Corp	N/A	N/A	N/A	456	20,994	23,101
	Prudential Financial Services Com	N/A	N/A	N/A	1,407	26,011	27,183
	PS Business Parks INC/CA	N/A	N/A	N/A	485	39,206	37,064
	PTC INC COM	N/A	N/A	N/A	1,272	30,183	45,016
	Qlogic Corp	N/A	N/A	N/A	3,883	46,036	45,936
	Red Robin Gourmet Burgers	N/A	N/A	N/A	594	41,385	43,683
	Redwood	N/A	N/A	N/A	1,407	23,774	27,254
	Regal-Beloit Corp	N/A	N/A	N/A	344	18,166	25,360
	Regal-Entmt Group	N/A	N/A	N/A	1,624	31,107	31,587
	Revlon	N/A	N/A	N/A	436	11,240	10,883
	Rite Aid	N/A	N/A	N/A	7419	23,592	37,540
	Ruth's Chris Steakhouse Inc.	N/A	N/A	N/A	3543	41,784	50,346
	S&T Bancorp Inc	N/A	N/A	N/A	565	14,030	14,300
	Saja Inc	N/A	N/A	N/A	1199	37,650	38,428

**AMALGAMATED TRANSIT UNION PENSION PLAN
FOR INTERNATIONAL OFFICERS AND EMPLOYEES**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

DECEMBER 31, 2013

FORM 5500, SCHEDULE H, LINE 4i

E.I.N. 53-6014540
Plan No. 001

(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Salix Pharmaceuticals Ltd	N/A	N/A	N/A	245	\$ 12,161	\$ 22,035
	Sandy Spring Bancorp	N/A	N/A	N/A	1387	34,705	39,100
	Sanmia	N/A	N/A	N/A	1327	22,117	22,161
	Seneca Foods Corp	N/A	N/A	N/A	614	18,545	19,580
	Silgan Holdings	N/A	N/A	N/A	644	30,708	30,925
	Sinclair Broadcast Group A	N/A	N/A	N/A	594	16,899	21,224
	Skywest Inc	N/A	N/A	N/A	924	12,669	13,702
	Sonic Corp	N/A	N/A	N/A	1,083	33,085	36,403
	Spartan Stores Inc Com	N/A	N/A	N/A	547	12,658	13,281
	SS & C Technologies Holdings	N/A	N/A	N/A	910	13,346	40,277
	Stancorp Final Group Inc	N/A	N/A	N/A	535	29,624	35,444
	Standard Pacific LP UDR	N/A	N/A	N/A	3,071	25,520	27,793
	Stein Mart INC	N/A	N/A	N/A	862	13,142	11,594
	Stellarone Corp	N/A	N/A	N/A	1,199	26,004	28,860
	Stepan Co	N/A	N/A	N/A	678	24,242	44,497
	Stewart Information SVCS	N/A	N/A	N/A	406	12,776	13,102
	Swift Energy Company	N/A	N/A	N/A	2,298	41,695	51,039
	Synnex Corp	N/A	N/A	N/A	416	25,812	28,038
	Synovus FINL Corp	N/A	N/A	N/A	8,558	29,557	30,809
	Team Health	N/A	N/A	N/A	396	14,729	18,038
	Teletech Holding	N/A	N/A	N/A	733	18,739	17,548
	Tetra Tech	N/A	N/A	N/A	1,283	32,163	35,898
	Tower Group Inc	N/A	N/A	N/A	882	19,716	18,875
	Trinity Ind Inc	N/A	N/A	N/A	942	33,999	51,358
	Unifirst Corp	N/A	N/A	N/A	384	21,582	41,088
	United Online	N/A	N/A	N/A	631	7,160	8,683
	United Rentals	N/A	N/A	N/A	901	49,708	70,233
	United Stationers Inc	N/A	N/A	N/A	654	27,644	30,012
	United Therapeutics Corp	N/A	N/A	N/A	514	20,430	58,123
	Unitil Corp Com	N/A	N/A	N/A	1,486	46,199	45,308
	Universal Corp VA	N/A	N/A	N/A	644	40,607	35,162
	Verint Systems Inc	N/A	N/A	N/A	845	22,920	36,284
	Vishay Intertechnology Inc	N/A	N/A	N/A	1,912	25,012	25,353
	Washington Fed Inc Com	N/A	N/A	N/A	664	15,247	15,465
	Weingarten Realty Investors (REIT)	N/A	N/A	N/A	1,563	38,127	42,857
	Wendy's Company	N/A	N/A	N/A	1,446	12,666	12,609
	Wesbanco Inc	N/A	N/A	N/A	644	19,402	20,608
	Western Refining Inc	N/A	N/A	N/A	525	17,663	22,265
	Wex Inc	N/A	N/A	N/A	447	22,122	44,266
	Wilshire Bancorp Inc	N/A	N/A	N/A	3,001	26,517	32,801
	Wintrust Financial Corp	N/A	N/A	N/A	1,194	44,098	55,067
	Worthington Industries	N/A	N/A	N/A	842	28,521	35,431
	WR Grace and Co	N/A	N/A	N/A	713	55,895	70,494
	YRC Worldwide Inc	N/A	N/A	N/A	1,149	21,879	19,958
	Cellcome Isreal LTD	N/A	N/A	N/A	1,228	13,874	17,094
	Navios Maritime Holdings	N/A	N/A	N/A	2,278	16,129	25,427

**AMALGAMATED TRANSIT UNION PENSION PLAN
FOR INTERNATIONAL OFFICERS AND EMPLOYEES**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

DECEMBER 31, 2013

FORM 5500, SCHEDULE H, LINE 4i

E.I.N. 53-6014540
Plan No. 001

		(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value				(d) Cost	(e) Current Value
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares		
	ULLICO Company Class A	N/A	N/A	N/A	42,361	\$ 991,536	\$ 657,019
	Total corporate stocks					5,284,513	5,922,796
INSURANCE COMPANY POOLED SEPARATE ACCOUNTS							
	ULLICO Fixed Income Accounts						
	Accumulation Account					346,297	346,297
	Separate Account R					2,226,950	2,525,431
	Total insurance company pooled separate accounts					2,573,247	2,871,728
Recapitulation							
	Total mutual funds					12,914,813	13,752,505
	Total common collective funds					43,620,778	54,153,174
	Total short-term investments					296,285	296,285
	Total corporate stock					5,284,513	5,922,796
	Total insurance company pooled separate accounts					2,573,247	2,871,728
	Total Investments					\$ 64,689,636	\$ 76,996,488

**AMALGAMATED TRANSIT UNION PENSION PLAN
FOR INTERNATIONAL OFFICERS AND EMPLOYEES**

SCHEDULE OF REPORTABLE (5%) TRANSACTIONS

YEAR ENDED DECEMBER 31, 2013

FORM 5500, SCHEDULE H, Line 4j

E.I.N. 53-6014540
Plan No. 001

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
NA	Robeco WPG Mid Cap Disciplined Equity Fund	NA	\$ 5,404,593	NA	NA	\$ 4,113,155	\$ 5,404,593	\$ 1,291,438
NA	PGI CIT Mid Cap Equity Fund	\$ 5,404,593	NA	NA	NA	5,404,593	5,404,593	-

Attachments to 2013 Schedule SB (Form 5500)

**Amalgamated Transit Union Pension Plan for International Officers and Employees
EIN 53-6014540, Plan 001**

Schedule SB, Part V – Summary of Plan Provisions

1. Effective date of plan September 1, 1953.
2. Plan coverage The plan covers all International Officers and Employees.
3. Plan Year The calendar year.
4. Benefit service Credited service under the prior plan, for employment prior to January 1, 1976, plus the number of cumulative years after December 31, 1975.
5. Vesting service Credited service under the prior plan, for employment prior to January 1, 1976, plus the period of service after December 31, 1975.
6. Annual earnings Total annual compensation paid during any twelve-month period. Pay is limited to \$255,000 for 2012.
7. Average annual earnings The three consecutive twelve-month periods out of the last 120 months during which the employee earned the highest total pay.
8. Accrued benefit 3% of average annual earnings times benefit service. The maximum benefit is 75% of average annual earnings. Monthly payments are 1/12 of this amount.
9. Normal retirement
 - a. Eligibility Attainment of age 60.
 - b. Benefit The accrued benefit.
10. Early retirement
 - a. Eligibility Attainment of age 55 and 5 years of vesting service.
 - b. Benefit The accrued benefit if the employee has at least 10 years of vesting service. Otherwise, the accrued benefit is reduced by 5% per year prior to age 60.

Attachments to 2013 Schedule SB (Form 5500)
Amalgamated Transit Union Pension Plan for International Officers and Employees
EIN 53-6014540, Plan 001

Schedule SB, Part V – Summary of Plan Provisions (continued)

11. Disability retirement

- | | |
|----------------|---|
| a. Eligibility | No service or age requirement for disability due to occupational accidents. 5 years of vesting service for non-occupational disability. |
| b. Benefit | Unreduced accrued benefit. The minimum disability retirement is 50% of average annual earnings for occupational accidents. |

12. Vested termination

- | | |
|----------------|---|
| a. Eligibility | 5 years of vesting service. |
| b. Benefit | Accrued benefit payable at age 60, or a reduced accrued benefit, as early as age 55. Benefits commencing prior to age 60 are reduced by 5% per year if the participant has less than 15 years of service. |

13. Pre-retirement spouse benefit for active employees

- | | |
|----------------|--|
| a. Eligibility | 5 years of vesting service. |
| b. Benefit | 100% of the benefit the participant would have received had the participant terminated employment on the date of death. The benefit is guaranteed for at least 10 years. |

14. Pre-retirement spouse benefit for terminated employees

- | | |
|----------------|---|
| a. Eligibility | 5 years of vesting service. |
| b. Benefit | 100% of the benefit the participant would have received had the participant terminated employment on the date of death. If payments would otherwise cease within the first 10 years after benefit commencement, payments equal to 97% of the pension are continued until the end of the 10-year period. |

Attachments to 2013 Schedule SB (Form 5500)
Amalgamated Transit Union Pension Plan for International Officers and Employees
EIN 53-6014540, Plan 001

Schedule SB, Part V – Summary of Plan Provisions (continued)

- | | |
|--|--|
| 15. Special Supplemental Benefit | |
| a. Eligibility | Participants who are not eligible to receive any benefits under the Railroad Retirement Act or from the Social Security Administration. |
| b. Benefit | The benefit the participant would have been entitled to under the Railroad Retirement Act during his employment with the Union. |
| 6. Benefit forms | <p>For single participants, the benefits are based on the 10 year certain and life. The pension shall be equal to 97% of the accrued benefit.</p> <p>For married participants, the benefits are based on the 100% joint and survivor benefit. If payments would otherwise cease within the first 10 years after the participant's retirement date, payments equal to 97% of the pension are continued until the end of the 10 year period.</p> |
| 17. Cost of living adjustments to pensioners | None. |
| 18. Status of Plan | The plan is an ongoing pay/service plan. There are no changes pending. |
| 19. Changes from prior year | The plan was amended to eliminate future supplemental COLA increases for all participants in the Plan effective January 1, 2013. |

**AMALGAMATED TRANSIT UNION PENSION PLAN
FOR INTERNATIONAL OFFICERS AND EMPLOYEES**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2013

FORM 5500, SCHEDULE H, LINE 4i

E.I.N. 53-6014540
Plan No. 001

		(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
MUTUAL FUNDS							
	DPT Labor Select International Equity	N/A	N/A	N/A	325,016	\$ 4,697,075	\$ 4,586,286
	Harbor Interntional Fund	N/A	N/A	N/A	70,498	4,210,218	4,785,257
	Thornburg International Value Fund	N/A	N/A	N/A	145,734	4,007,520	4,380,962
	Total mutual funds					12,914,813	13,752,505
Common Collective Funds							
	AFL-CIO HOUSING INVESTMENT TRUST	N/A	N/A	N/A	16,245	18,061,855	17,802,541
	PGI CIT Mid Cap Equity Fund	N/A	N/A	N/A	51,475	5,404,593	6,481,721
	AFL-CIO EQUITY INDEX FUND	N/A	N/A	N/A	2,131,264	20,154,330	29,868,912
	Total common collective funds					43,620,778	54,153,174
SHORT-TERM INVESTMENTS							
	JP Morgan Prime Money Market Fund	N/A	N/A	Varies	N/A	296,285	296,285
CORPORATE STOCKS							
	Acxiom Corp	N/A	N/A	N/A	1,684	55,648	62,274
	Aercap Holdings Corp	N/A	N/A	N/A	1,615	31,149	61,935
	Aeroflex Holding Corp	N/A	N/A	N/A	1,981	14,293	12,877
	Alaska Air Group Inc	N/A	N/A	N/A	535	27,993	39,253
	Alliant Tech System	N/A	N/A	N/A	385	30,416	46,847
	American Airlines Group INC COM	N/A	N/A	N/A	723	14,050	18,256
	American Pacific Corp COM	N/A	N/A	N/A	416	11,540	15,500
	Analogic Corp	N/A	N/A	N/A	428	20,027	37,904
	Ann Inc	N/A	N/A	N/A	1179	42,288	43,104
	Arlington Asset Investment Corp	N/A	N/A	N/A	1,625	38,918	42,884
	Asbury Automotive Group Inc	N/A	N/A	N/A	838	26,531	45,034
	Associated Bank Corp	N/A	N/A	N/A	812	13,480	14,129
	Atwood Oceanics Inc	N/A	N/A	N/A	361	14,584	19,274
	Bally Technologies	N/A	N/A	N/A	313	17,152	24,555
	Basic Energy Services Inc	N/A	N/A	N/A	21,000	27,593	33,138
	Big Sporting Goods Corp Com	N/A	N/A	N/A	1,411	27,162	27,966
	Black Hills Corp	N/A	N/A	N/A	658	30,297	34,552
	Bon-Ton Stores Inc	N/A	N/A	N/A	515	9,808	8,366
	Booz Allen Hamilton Holding	N/A	N/A	N/A	515	11,086	9,862
	Brandywine Realty	N/A	N/A	N/A	2,258	32,026	31,815
	Brinker INTL	N/A	N/A	N/A	654	26,727	30,306
	Brown Shoe Company	N/A	N/A	N/A	1,258	28,116	35,400
	Caci Int'l Inc CL A	N/A	N/A	N/A	538	27,088	39,392
	Cambrex	N/A	N/A	N/A	1,486	24,623	26,495
	Capstead Mortgage Corp (REIT)	N/A	N/A	N/A	2,945	34,764	35,575

**AMALGAMATED TRANSIT UNION PENSION PLAN
FOR INTERNATIONAL OFFICERS AND EMPLOYEES**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

DECEMBER 31, 2013

FORM 5500, SCHEDULE H, LINE 4i

E.I.N. 53-6014540
Plan No. 001

(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	CBL & Assoc PPTYs INC	N/A	N/A	N/A	1,941	\$ 43,328	\$ 34,860
	Celestica INC	N/A	N/A	N/A	2,833	31,857	29,463
	Central Pacific Financial Co.	N/A	N/A	N/A	614	11,464	12,329
	COBiz Financial	N/A	N/A	N/A	2,476	23,361	29,613
	Consolidated Graphics INC	N/A	N/A	N/A	555	30,886	37,429
	Consumer Portfolio Services	N/A	N/A	N/A	1,324	9,457	12,432
	Convergys Corp	N/A	N/A	N/A	2,328	43,550	49,004
	Corelogic Inc Com	N/A	N/A	N/A	376	10,180	13,359
	Dana Holding Corp	N/A	N/A	N/A	1,794	31,566	35,198
	Dean Foods Co	N/A	N/A	N/A	822	15,971	14,130
	Dineequity	N/A	N/A	N/A	150	10,175	12,533
	Esterline Technologies Corp	N/A	N/A	N/A	489	26,617	49,858
	EW Scripps co Com	N/A	N/A	N/A	2,556	38,723	55,516
	Exterran Holdings Inc	N/A	N/A	N/A	2,090	65,366	71,478
	Fairpoint Communications Inc.	N/A	N/A	N/A	2,229	21,269	25,210
	FBL Financial Group Inc	N/A	N/A	N/A	585	16,014	26,202
	Federal Mogul Corp Com	N/A	N/A	N/A	1,074	10,591	21,136
	Finish Line Inc.	N/A	N/A	N/A	891	20,354	25,099
	First Commonwealth Financial Corp	N/A	N/A	N/A	4,739	25,600	41,798
	First Defiance Financial Corp	N/A	N/A	N/A	1,799	42,159	46,720
	First Financial Holdings Corp	N/A	N/A	N/A	216	10,430	14,366
	First Horizon National Corp	N/A	N/A	N/A	4,552	36,823	53,031
	First Interstate Bancsystem Inc Cl a Com	N/A	N/A	N/A	1,070	25,971	30,356
	First Merchants Corp Com	N/A	N/A	N/A	1,298	22,268	29,493
	FirstMerit Corp	N/A	N/A	N/A	2,338	54,754	51,974
	FTD Companies Inc	N/A	N/A	N/A	884	30,955	28,801
	G&K Services Inc	N/A	N/A	N/A	822	44,257	51,153
	Gentiva Hlth Svcs Inc Com	N/A	N/A	N/A	2,225	22,175	27,612
	Grand Canyon Education Inc	N/A	N/A	N/A	547	8,928	23,850
	Graphic Packaging Holding Co Com	N/A	N/A	N/A	4,044	31,137	38,822
	H & E Equipment Services Inc	N/A	N/A	N/A	1,550	33,534	45,927
	Haverty Furniture Cos. Inc.	N/A	N/A	N/A	1,120	25,875	35,056
	Healthsource Corp Com	N/A	N/A	N/A	1,199	40,414	39,951
	Highwoods Proerties (REIT)	N/A	N/A	N/A	1,118	34,294	40,438
	IDACORP	N/A	N/A	N/A	495	26,229	25,661
	Integra Lifesciences Holding	N/A	N/A	N/A	514	21,411	24,523
	Investment Technology Group Inc New	N/A	N/A	N/A	2,417	38,079	49,694
	ITT CORP COM	N/A	N/A	N/A	1,307	44,970	56,750
	Jack in the Box	N/A	N/A	N/A	574	23,183	28,711
	Journal Communications Inc A	N/A	N/A	N/A	1,922	14,118	17,894
	Kindred Healthcare	N/A	N/A	N/A	1,367	19,958	26,985
	Laclede Group Inc	N/A	N/A	N/A	495	22,729	22,542
	Lender Processing Services COM	N/A	N/A	N/A	1,327	43,034	49,603
	Lexmark INTL Group	N/A	N/A	N/A	446	15,851	15,842
	Libbey Inc	N/A	N/A	N/A	664	16,552	13,944

**AMALGAMATED TRANSIT UNION PENSION PLAN
FOR INTERNATIONAL OFFICERS AND EMPLOYEES**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

DECEMBER 31, 2013

FORM 5500, SCHEDULE H, LINE 4i

E.I.N. 53-6014540
Plan No. 001

(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Liberty PPTY TR	N/A	N/A	N/A	1,288	\$ 46,059	\$ 43,625
	Macatawa Bank Corp	N/A	N/A	N/A	2,096	10,576	10,480
	Magellan Health Services Inc	N/A	N/A	N/A	272	13,607	16,296
	Magnachip Semiconductor	N/A	N/A	N/A	3,001	68,395	58,520
	MB Financial	N/A	N/A	N/A	884	22,415	28,341
	Media General Incl	N/A	N/A	N/A	1,521	14,420	34,375
	MEDICINES Company	N/A	N/A	N/A	442	9,172	17,070
	Mentor Graphics	N/A	N/A	N/A	1,591	27,806	38,295
	Microsemi Corp	N/A	N/A	N/A	1,500	25,318	37,425
	Multimedia Games Inc	N/A	N/A	N/A	1,283	24,055	40,235
	Neenah Paper Inc	N/A	N/A	N/A	287	11,190	12,275
	Nelnet In CL-A	N/A	N/A	N/A	931	25,104	39,232
	Northwestern Corp	N/A	N/A	N/A	1575	68,066	68,229
	NPS Pharmaceuticals Inc	N/A	N/A	N/A	1053	7,871	31,969
	Nutraceutical INTL	N/A	N/A	N/A	2859	58,012	76,564
	OFG Bancorp	N/A	N/A	N/A	654	12,346	11,340
	Old Dominion Fight Line Inc	N/A	N/A	N/A	1011	36,016	53,603
	Omega Healthcare Investors Inc	N/A	N/A	N/A	1,428	32,227	42,554
	Omicell Inc	N/A	N/A	N/A	807	12,309	20,603
	Oribital Science Corp	N/A	N/A	N/A	1,494	19,454	34,810
	Oxford Inds Inc.	N/A	N/A	N/A	307	21,330	24,766
	Parker Drilling	N/A	N/A	N/A	3,308	24,231	26,894
	Penkse Auto Group Com	N/A	N/A	N/A	674	27,071	31,786
	PHARMERICA Group	N/A	N/A	N/A	1,030	15,167	22,145
	Phototronics Inc	N/A	N/A	N/A	2,565	21,405	23,162
	Pilgrim's Pride	N/A	N/A	N/A	2,184	16,047	35,490
	Pinacle Financial Partners	N/A	N/A	N/A	901	26,809	29,310
	Piper Jaffray Companies Inc	N/A	N/A	N/A	929	28,511	36,742
	Polyone Corp	N/A	N/A	N/A	783	24,742	27,679
	Premiere Global Services	N/A	N/A	N/A	5,081	62,501	58,889
	Proassurance Corp	N/A	N/A	N/A	1,159	53,798	56,188
	Protective Life Corp	N/A	N/A	N/A	456	20,994	23,101
	Prudential Financial Services Com	N/A	N/A	N/A	1,407	26,011	27,183
	PS Business Parks INC/CA	N/A	N/A	N/A	485	39,206	37,064
	PTC INC COM	N/A	N/A	N/A	1,272	30,183	45,016
	Qlogic Corp	N/A	N/A	N/A	3,883	46,036	45,936
	Red Robin Gourmet Burgers	N/A	N/A	N/A	594	41,385	43,683
	Redwood	N/A	N/A	N/A	1,407	23,774	27,254
	Regal-Beloit Corp	N/A	N/A	N/A	344	18,166	25,360
	Regal-Entmt Group	N/A	N/A	N/A	1,624	31,107	31,587
	Revlon	N/A	N/A	N/A	436	11,240	10,883
	Rite Aid	N/A	N/A	N/A	7419	23,592	37,540
	Ruth's Chris Steakhouse Inc.	N/A	N/A	N/A	3543	41,784	50,346
	S&T Bancorp Inc	N/A	N/A	N/A	565	14,030	14,300
	Saja Inc	N/A	N/A	N/A	1199	37,650	38,428

**AMALGAMATED TRANSIT UNION PENSION PLAN
FOR INTERNATIONAL OFFICERS AND EMPLOYEES**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

DECEMBER 31, 2013

FORM 5500, SCHEDULE H, LINE 4i

E.I.N. 53-6014540
Plan No. 001

(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Salix Pharmaceuticals Ltd	N/A	N/A	N/A	245	\$ 12,161	\$ 22,035
	Sandy Spring Bancorp	N/A	N/A	N/A	1387	34,705	39,100
	Sanmia	N/A	N/A	N/A	1327	22,117	22,161
	Seneca Foods Corp	N/A	N/A	N/A	614	18,545	19,580
	Silgan Holdings	N/A	N/A	N/A	644	30,708	30,925
	Sinclair Broadcast Group A	N/A	N/A	N/A	594	16,899	21,224
	Skywest Inc	N/A	N/A	N/A	924	12,669	13,702
	Sonic Corp	N/A	N/A	N/A	1,083	33,085	36,403
	Spartan Stores Inc Com	N/A	N/A	N/A	547	12,658	13,281
	SS & C Technologies Holdings	N/A	N/A	N/A	910	13,346	40,277
	Stancorp Final Group Inc	N/A	N/A	N/A	535	29,624	35,444
	Standard Pacific LP UDR	N/A	N/A	N/A	3,071	25,520	27,793
	Stein Mart INC	N/A	N/A	N/A	862	13,142	11,594
	Stellarone Corp	N/A	N/A	N/A	1,199	26,004	28,860
	Stepan Co	N/A	N/A	N/A	678	24,242	44,497
	Stewart Information SVCS	N/A	N/A	N/A	406	12,776	13,102
	Swift Energy Company	N/A	N/A	N/A	2,298	41,695	51,039
	Synnex Corp	N/A	N/A	N/A	416	25,812	28,038
	Synovus FINL Corp	N/A	N/A	N/A	8,558	29,557	30,809
	Team Health	N/A	N/A	N/A	396	14,729	18,038
	Teletech Holding	N/A	N/A	N/A	733	18,739	17,548
	Tetra Tech	N/A	N/A	N/A	1,283	32,163	35,898
	Tower Group Inc	N/A	N/A	N/A	882	19,716	18,875
	Trinity Ind Inc	N/A	N/A	N/A	942	33,999	51,358
	Unifirst Corp	N/A	N/A	N/A	384	21,582	41,088
	United Online	N/A	N/A	N/A	631	7,160	8,683
	United Rentals	N/A	N/A	N/A	901	49,708	70,233
	United Stationers Inc	N/A	N/A	N/A	654	27,644	30,012
	United Therapeutics Corp	N/A	N/A	N/A	514	20,430	58,123
	Unitil Corp Com	N/A	N/A	N/A	1,486	46,199	45,308
	Universal Corp VA	N/A	N/A	N/A	644	40,607	35,162
	Verint Systems Inc	N/A	N/A	N/A	845	22,920	36,284
	Vishay Intertechnology Inc	N/A	N/A	N/A	1,912	25,012	25,353
	Washington Fed Inc Com	N/A	N/A	N/A	664	15,247	15,465
	Weingarten Realty Investors (REIT)	N/A	N/A	N/A	1,563	38,127	42,857
	Wendy's Company	N/A	N/A	N/A	1,446	12,666	12,609
	Wesbanco Inc	N/A	N/A	N/A	644	19,402	20,608
	Western Refining Inc	N/A	N/A	N/A	525	17,663	22,265
	Wex Inc	N/A	N/A	N/A	447	22,122	44,266
	Wilshire Bancorp Inc	N/A	N/A	N/A	3,001	26,517	32,801
	Wintrust Financial Corp	N/A	N/A	N/A	1,194	44,098	55,067
	Worthington Industries	N/A	N/A	N/A	842	28,521	35,431
	WR Grace and Co	N/A	N/A	N/A	713	55,895	70,494
	YRC Worldwide Inc	N/A	N/A	N/A	1,149	21,879	19,958
	Cellcome Isreal LTD	N/A	N/A	N/A	1,228	13,874	17,094
	Navios Maritime Holdings	N/A	N/A	N/A	2,278	16,129	25,427

**AMALGAMATED TRANSIT UNION PENSION PLAN
FOR INTERNATIONAL OFFICERS AND EMPLOYEES**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

DECEMBER 31, 2013

FORM 5500, SCHEDULE H, LINE 4i

E.I.N. 53-6014540
Plan No. 001

		(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value				(d) Cost	(e) Current Value
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares		
	ULLICO Company Class A	N/A	N/A	N/A	42,361	\$ 991,536	\$ 657,019
	Total corporate stocks					5,284,513	5,922,796
INSURANCE COMPANY POOLED SEPARATE ACCOUNTS							
	ULLICO Fixed Income Accounts						
	Accumulation Account					346,297	346,297
	Separate Account R					2,226,950	2,525,431
	Total insurance company pooled separate accounts					2,573,247	2,871,728
Recapitulation							
	Total mutual funds					12,914,813	13,752,505
	Total common collective funds					43,620,778	54,153,174
	Total short-term investments					296,285	296,285
	Total corporate stock					5,284,513	5,922,796
	Total insurance company pooled separate accounts					2,573,247	2,871,728
	Total Investments					\$ 64,689,636	\$ 76,996,488

Attachments to 2013 Schedule SB (Form 5500)
Amalgamated Transit Union Pension Plan for International Officers and Employees
EIN 53-6014540, Plan 001

Schedule SB, line 26 – Schedule of Active Participant Data

AGE/SERVICE DISTRIBUTION OF ACTIVE PARTICIPANTS
ACTIVE PARTICIPANTS AS OF JANUARY 1, 2013

AGE	COMPLETED YEARS OF SERVICE										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	1	0	0	0	0	0	0	0	0	1
25-29	0	1	3	0	0	0	0	0	0	0	4
30-34	1	3	0	0	0	0	0	0	0	0	4
35-39	1	1	1	0	0	0	0	0	0	0	3
40-44	0	2	2	1	1	0	0	0	0	0	6
45-49	0	2	2	2	0	2	1	0	0	0	9
50-54	1	5	3	2	0	1	2	0	0	0	14
55-59	1	2	2	2	1	0	0	0	0	0	8
60-64	0	3	1	1	4	2	0	0	0	0	11
65-69	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	1	0	0	1	0	0	2
Total	4	20	14	8	7	5	3	1	0	0	62

Average Age = 49.68

Average Service = 9.61

Attachments to 2013 Schedule SB (Form 5500)
Amalgamated Transit Union Pension Plan for International Officers and Employees
EIN 53-6014540, Plan 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

In order to place a value on the benefits provided by the Plan and to determine the contribution levels required by ERISA to fund plan benefits, assumptions must be made to resolve the contingencies surrounding actual payment of the benefits and future investment earnings of the fund. The Actuarial Assumptions are used for purposes of the minimum funding requirement, deduction limitation, and financial reporting and disclosure information.

1. Valuation date January 1, 2013.
2. Cost method Unit credit.
3. Asset valuation method 24 month average of assets as described in Section 420.
4. Interest Rates 6.26% is the effective interest rate based on the IRC §430(h)(2)(B) base segment rates for January 2012, as allowed under IRC §430(h)(2)(C)(iv) which was amended under MAP-21, and as published in IRS Notice 2012-55.
 - a. Funding Segment 1 – 4.94%
Segment 2 – 6.15%
Segment 3 – 6.76%
 - b. Topic 960 7.50%
 - c. PBGC Premium Funding Segment 1 – 1.75%
Target (pre MAP-21 rates Segment 2 – 4.62%
as of September 2012) Segment 3 – 5.72%
 - d. Investment Earnings 7.50%
5. Mortality
 - a. Funding IRS 2013 Optional Combined Small Plan Mortality Table.
6. Pay increases 3.50% per year.
7. IRC §401(a)(17) compensation \$255,000
limit
8. Annual pension adjustment None.
9. Age of spouse Males are assumed to be three years older than their spouses.

Attachments to 2013 Schedule SB (Form 5500)
Amalgamated Transit Union Pension Plan for International Officers and Employees
EIN 53-6014540, Plan 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

10. Expenses \$278,105 assumed for 2013.

11. Percent married 100%.

12. IRC §415 maximum benefit \$205,000 at age 62

13. Disability rates None.

14. Retirement

a. Staff Age Annual Rate per 100 Participants

60	25
61	20
62	30
63	30
64	30
65+	100

b. Officers Age 65

15. Turnover Separation rates at sample ages are shown below:

Annual Rate per 100 Participants

<u>Age</u>	<u>Male</u>	<u>Female</u>
20	2.1	7.2
25	1.9	5.6
30	1.3	3.4
35	0.9	1.8
40	0.6	1.0
45	0.0	0.0
50	0.0	0.0
55	0.0	0.0

Attachments to 2013 Schedule SB (Form 5500)
Amalgamated Transit Union Pension Plan for International Officers and Employees
EIN 53-6014540, Plan 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

- | | |
|--|---|
| 16. Conversion factor from
Canadian \$ to U.S. \$ | \$0.9951 exchange rate per Federal Reserve Bank of New York as of December 30, 2012. |
| 17. Change in Actuarial Assumptions | |
| a. Mortality | The mortality assumption was changed from the IRS 2012 Optional Combined Small Plan Mortality Table to the IRS 2013 Optional Combined Small Plan Mortality Table to comply with mandated assumptions prescribed by the regulatory guidance of the Pension Protection Act of 2006 (PPA). |
| b. Funding Interest | The interest rates used to calculate the present value of benefits for the 2013 plan year were the base segment interest rates utilizing the adoption of MAP-21, to comply with mandated assumptions prescribed by the regulatory guidance of the Pension Protection Act of 2006 (PPA). |
| c. Expenses | The expense assumption changed from \$259,226 to \$278,105 to reflect the prior year's experience. |
| d. Conversion factor from
Canadian \$ to U.S. \$ | The exchange rate used to convert Canadian dollars to U.S. dollars changed from \$0.98348 to \$0.9951 per the Federal Reserve Bank of New York. |

Attachments to 2013 Schedule SB (Form 5500)
Amalgamated Transit Union Pension Plan for International Officers and Employees
EIN 53-6014540, Plan 001

Schedule SB, line 32 – Schedule of Amortization Bases:

Per Internal Revenue Code §430(c)(6), since the funding shortfall is zero for the January 1, 2013 plan year, the shortfall amortization bases for all preceding plan years are reduced to zero. This includes the bases for the January 1, 2010 and January 1, 2011 plan years that utilized the 15-year amortization as permitted under PRA 2010.

Attachments to 2013 Schedule SB (Form 5500)
Amalgamated Transit Union Pension Plan for International Officers and Employees
EIN 53-6014540, Plan 001

Schedule SB, line 24 – Change in Actuarial Assumptions

- The exchange rate used to convert Canadian dollars to U.S. dollars changed from \$0.98348 to \$0.9951 per the Federal Reserve Bank of New York.
- The expense assumption changed from \$259,226 to \$278,105 to reflect the prior year's experience.

Attachments to 2013 Schedule SB (Form 5500)
Amalgamated Transit Union Pension Plan for International Officers and Employees
EIN 53-6014540, Plan 001

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

2013 Weighted Average Retirement Age				
<u>Age</u>	<u>Assumed Rate of Retirement*</u>	<u>Population</u>	<u>Expected Number of Retirements [(2) x (3)]</u>	<u>Weighted Average [(1) x (4)]</u>
(1)	(2)	(3)	(4)	(5)
60	0.25	50,000	12,500	750,000
61	0.20	37,500	7,500	457,500
62	0.30	30,000	9,000	558,000
63	0.30	21,000	6,300	396,900
64	0.30	14,700	4,410	282,240
65	1.00	10,290	10,290	668,850
Total			50,000	3,113,490
Average				62.27

**For Staff Employees*

Officers in the plan are assumed to retire at age 65

Form 5500Department 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(e), 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. 1510-0110
1510-0089**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

1a Name of plan AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 01/12/1970
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) AMALGAMATED TRANSIT UNION 5025 WISCONSIN AVENUE, NW WASHINGTON DC 20016-4139	2b Employer identification number (EIN) 53-6014540 2c Sponsor's telephone number 202-537-1645 2d Business code (see instructions) 813000

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

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

SIGN HERE  Signature of plan administrator	10/15/14 Date	Oscar Owens Enter name of individual signing as plan administrator
SIGN HERE Signature of employer/plan sponsor	 Date	 Enter name of individual signing as employer or plan sponsor
SIGN HERE Signature of DFE	 Date	 Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) CALIBRE CPA GROUP PLLC 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA MD 20814		Preparer's telephone number (optional) 202-331-9880

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

Form 5500 (2013)
v. 130118

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☒ Same as Plan Sponsor Address	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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4 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: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	135
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
a Active participants	6a	69
b Retired or separated participants receiving benefits	6b	52
c Other retired or separated participants entitled to future benefits	6c	10
d Subtotal. Add lines 6a, 6b, and 6c	6d	131
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	9
f Total. Add lines 6d and 6e	6f	140
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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) ☒ 2 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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**AMALGAMATED TRANSIT UNION PENSION PLAN
FOR INTERNATIONAL OFFICERS AND EMPLOYEES**

SCHEDULE OF REPORTABLE (5%) TRANSACTIONS

YEAR ENDED DECEMBER 31, 2013

FORM 5500, SCHEDULE H, Line 4j

E.I.N. 53-6014540
Plan No. 001

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
NA	Robeco WPG Mid Cap Disciplined Equity Fund	NA	\$ 5,404,593	NA	NA	\$ 4,113,155	\$ 5,404,593	\$ 1,291,438
NA	PGI CIT Mid Cap Equity Fund	\$ 5,404,593	NA	NA	NA	5,404,593	5,404,593	-

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

A Name of plan Amal. Transit Union Pen. Plan for Int'l Officers & EEs	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">B Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Amalgamated Transit Union	D Employer Identification Number (EIN) 53-6014540		
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500			

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2013</u>			
2 Assets:			
a Market value	2a		70,100,788
b Actuarial value	2b		69,360,869
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	61	49,446,647
b For terminated vested participants	3b	10	661,704
c For active participants:			
(1) Non-vested benefits	3c(1)		870,454
(2) Vested benefits	3c(2)		16,485,029
(3) Total active	3c(3)	62	17,355,483
d Total	3d	133	67,463,834
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		6.26 %
6 Target normal cost	6		1,746,900

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

SIGN HERE	 Signature of actuary	<u>9/23/2014</u> Date
SCOTT R. GREENO Type or print name of actuary		14-06764 Most recent enrollment number
CHEIRON, INC. Firm name		(312) 629-8401 Telephone number (including area code)
200 W. MONROE, SUITE 1800 CHICAGO IL 60606 Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>11.49</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		48,903
b Interest on (a) using prior year's effective interest rate of <u>7.01</u> % except as otherwise provided (see instructions)		3,428
c Total available at beginning of current plan year to add to prefunding balance		52,331
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	102.81 %
15 Adjusted funding target attainment percentage	15	102.81 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.70 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	1,746,900	
b Excess assets, if applicable, but not greater than line 31a	31b	1,746,900	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	