Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
UNITED ASSN FULL-TIME SAL OFF & EMP OF LOCL UNIONS COUNCILS, ST & PROV PEN PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 12/28/1966

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
U A LOCAL UNION OFFICERS & EMPLOYEES PENSION FUND

THREE PARK PLACE
ANNAPOLIS, MD 21401-3687

THREE PARK PLACE
ANNAPOLIS, MD 21401-3687

2b Employer Identification Number (EIN) 52-1178032

2c Plan Sponsor's telephone number 410-269-2000

2d Business code (see instructions) 525100

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.	11/04/2022	MARK MCMANUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/04/2022	PATRICK H. KELLETT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	

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

5 Total number of participants at the beginning of the plan year	**5**	5568
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	1670
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1768
b Retired or separated participants receiving benefits	**6b**	2626
c Other retired or separated participants entitled to future benefits	**6c**	622
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	5016
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	581
f Total. Add lines **6d** and **6e**	**6f**	5597
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	319

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
UNITED ASSN FULL-TIME SAL OFF & EMP OF LOCL UNIONS COUNCILS, ST & PROV PEN PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
U A LOCAL UNION OFFICERS & EMPLOYEES PENSION FUND

D Employer Identification Number (EIN)
52-1178032

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

1 Coverage Information:

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

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1423090	69744	GA 02068	5597	01/01/2021	12/31/2021

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	98660

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

UNION LABOR LIFE INSURANCE COMPANY
8403 COLESVILLE ROAD
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
	98660	ASSET MANAGEMENT FEES	0

(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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	14863568

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 MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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
UNITED ASSN FULL-TIME SAL OFF & EMP OF LOCL UNIONS COUNCILS, ST & PROV PEN PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
U A LOCAL UNION OFFICERS & EMPLOYEES PENSION FUND

D Employer Identification Number (EIN)
52-1178032

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 01 Day 01 Year 2021		
b	Assets		
(1)	Current value of assets	**1b(1)**	1008897073
(2)	Actuarial value of assets for funding standard account	**1b(2)**	938545756
c (1)	Accrued liability for plan using immediate gain methods	**1c(1)**	1049120187
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	995622982
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	1769129809
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	58208935
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	75524773
(3)	Expected plan disbursements for the plan year	**1d(3)**	76926653

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

	10/10/2022
Signature of actuary	Date
STEVEN R LOOMIS, ASA,FCA,MAAA	20-06253
Type or print name of actuary	Most recent enrollment number
SEGAL CONSULTING	216-687-4400
Firm name	Telephone number (including area code)
1300 E. NINTH STREET, SUITE 1900, CLEVELAND, OH 44114-1593	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	1008897073
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		3188	1062560028
(2) For terminated vested participants		660	127435905
(3) For active participants:			
(a) Non-vested benefits			38416231
(b) Vested benefits			540717645
(c) Total active		1747	579133876
(4) Total		5595	1769129809
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	57.03 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/15/2021	58213654	0			

	Totals ►	**3(b)**	58213654	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	94.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

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

a ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		**6a**	2.43 %			
			Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts			☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:						
(1) Males	**6c(1)**		7P		7P	
(2) Females	**6c(2)**		7FP		7FP	
d Valuation liability interest rate	**6d**		7.25 %		7.25 %	
e Expense loading	**6e**	7.2 %	☐ N/A	%	☒ N/A	
f Salary scale	**6f**	4.50 %	☐ N/A			
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	11.3 %				
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	13.1 %				

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
3	12300112	1279150
1	-28983145	-3014103
4	-2368091	-246270

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	20050779
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	379766706	47615454
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	4905802
e Total charges. Add lines 9a through 9d		**9e**	72572035

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	121540881
g	Employer contributions. Total from column (b) of line 3		**9g**	58213654
		Outstanding balance		
h	Amortization credits as of valuation date	**9h** 147651394		17095234
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	11985509
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)** 270448133		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)** 689050032		
	(3) FFL credit		**9j(3)**	0
k	**(1)** Waived funding deficiency		**9k(1)**	0
	(2) Other credits		**9k(2)**	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	208835278
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	136263243
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	

9o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	**9o(1)**	0
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	0
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	0
	(3) Total as of valuation date	**9o(3)**	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		[X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
UNITED ASSN FULL-TIME SAL OFF & EMP OF LOCL UNIONS COUNCILS, ST & PROV PEN PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
U A LOCAL UNION OFFICERS & EMPLOYEES PENSION FUND

D Employer Identification Number (EIN)
52-1178032

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).. . . . . [X] 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

NEW TOWER TRUST COMPANY

30-0872552

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

NATIONAL INVESTMENT SERVICES OF AME

84-3937993

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

MESIROW FINANCIAL

36-3741067

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

LEEDS EQUITY ADVISORS

350 PARK AVENUE
NEW YORK, NY 10022

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

GCM CUSTOMIZED FUND INV GROUP

80-0952472

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

HARRISON STREET REAL ESTATE MGMT

30-0836497

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

AQR CAPITAL MANAGEMENT

13-3987414

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

LANDMARK EQUITY ADVISORS

06-1519082

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

NB ALTERNATIVE ADVISORS

30-0536163

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

JP MORGAN INVESTMENT MANAGEMENT

13-3200244

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

CONGRESS ASSET MANAGEMENT

04-2848965

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

ULLICO INFRASTRUCTURE FUND L.P.

8403 COLESVILLE RD
SILVER SPRING, MD 20910

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)

WELLINGTON ASSET MGMT

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	834980	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FISHER INVESTMENTS

94-3029777

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	729949	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JANUS INTECH

01-0614895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	549261	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)

TIMES SQUARE

20-1665304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	407824	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

O'DONOGHUE & O'DONOGHUE

53-0120527

(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 50	NONE	218551	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HGK ASSET MGMT

52-1296988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	212632	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

SEGAL CONSULTING

13-1835864

(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 50	NONE	209225	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARTWELL INVESTMENT PARTNERS, LLC

1205 WESTLAKES DRIVE, SUITE 100
BERWYN, PA 19312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	190993	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	175976	Yes [ ] No [X]	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)

INVESCO TRUST COMPANY

46-3793325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	175650	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

LISA STORR

52-1178032

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	156735	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGAL MARCO ADVISORS

13-1835864

(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 50	NONE	102500	Yes [ ] No [X]	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)

LSV ASSET MGMT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	101779	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UNION LABOR LIFE

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	99635	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PEN MACQUARIE

610 MARKET STREET
PHILADELPHIA, PA 19106

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	99156	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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)

LANGLOIS

20 QUEEN STREET WEST
TORONTO M5H 3R3 CA

(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 50	NONE	77570	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CALIBRE CPA GROUP PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	77508	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIERA CAPITAL CORP

1 ADELAIDE ST EAST
TORONTO M5C 2V9 CA

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	75477	Yes [ ] No [X]	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)

ANDREA PORCIELLO

52-1178032

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	59283	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RBC INVESTOR SERVICES

155 WELLINGTON ST W
TORONTO M5V 3L3 CA

(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 50	NONE	27265	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PNC

34-0420310

(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 50 62 68	NONE	25019	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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)

KOSKIE MINSKY LLP

900-20 QUEEN STREET WEST
TORONTO M5H 3R3 CA

(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 50	NONE	17738	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KESTREL WORKPLACE

702-2695 GRANVILLE STREET
VANCOUVER V6H 3H4 CA

(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 50	NONE	14439	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BNYM MELLON

25-6078093

(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 50	NONE	11778	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)

PROXY VOTE PLUS, LLC

PO BOX 2458
NORTHBROOK, IL 60062

76-0702630

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6510	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
UNITED ASSN FULL-TIME SAL OFF & EMP OF LOCL UNIONS COUNCILS, ST & PROV PEN PLAN

B Three-digit plan number (PN) ▶ 333

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
U A LOCAL UNION OFFICERS & EMPLOYEES PENSION FUND

D Employer Identification Number (EIN)
52-1178032

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

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI EMPLOYER PROPERTY TRUST

b Name of sponsor of entity listed in (a): NEW TOWER TRUST COMPANY

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)
52-6218800-001	C	52222973

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO J FOR JOBS

b Name of sponsor of entity listed in (a): UNION LABOR LIFE INSURANCE COMPANY

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)
13-1423090-203	P	14863568

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES HIGH YIELD CONSER TR

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY

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)
20-8080381-837	C	62187089

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON CTF SMALL CAP 2000

b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES

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)
04-2767481-001	C	112642881

a Name of MTIA, CCT, PSA, or 103-12 IE: NIS PREFERRED STOCK FUND II LLC

b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES

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)
16-1626084-002	C	21964011

a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS EQUITY FOCUSED FD

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK

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)
13-4179575-001	C	38969325

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO BALANCED RISK ALLOCATION FD

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

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)
26-6399613-001	C	52227492

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM MELLON AFL-CIO SL STOCK INDEX

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

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)
23-6078093-340	C	140064005

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX-EXEMPT FU

b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS, INC

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)
90-0622302-001	E	8285895

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
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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
UNITED ASSN FULL-TIME SAL OFF & EMP OF LOCL UNIONS COUNCILS, ST & PROV PEN PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
U A LOCAL UNION OFFICERS & EMPLOYEES PENSION FUND

D Employer Identification Number (EIN)
52-1178032

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	185827	225436
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5899384	5944901
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1021919	834459
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	49043246	31837657
(2) U.S. Government securities	1c(2)	45427724	31860999
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	60859370	71994673
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	377587178	458635622
(5) Partnership/joint venture interests	1c(5)	103899093	145505465
(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)	428112892	480277776
(10) Value of interest in pooled separate accounts	1c(10)	14439809	14863568
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		8285895
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	19810092	27826536
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	23173985	25520518

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e	67019	19016
f	Total assets (add all amounts in lines 1a through 1e)	1f	1129527538	1303632521
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	764272	914323
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	154492	388409
k	Total liabilities (add all amounts in lines 1g through1j)	1k	918764	1302732
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1128608774	1302329789

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	65062882	
	(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)		65062882
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7789	
	(B) U.S. Government securities	2b(1)(B)	470733	
	(C) Corporate debt instruments	2b(1)(C)	1668362	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2146884
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	7483897	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	703785	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		8187682
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	595828281	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	520506809	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		75321472
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	78986973	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		78986973

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		20503176
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		522419
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		1231094
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7312659
c Other income	2c		125883
d Total income. Add all **income** amounts in column (b) and enter total	2d		259401124
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	80083551	
(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)		80083551
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)	617258	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	4053608	
(4) Other	2i(4)	925692	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5596558
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		85680109
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		173721015
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CALIBRE CPA GROUP PLLC **(2)** EIN: 20-8078757

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
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.)	**4b**		X	
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.)	**4c**		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.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		1500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**	X		153791360
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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 429860.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
UNITED ASSN FULL-TIME SAL OFF & EMP OF LOCL UNIONS COUNCILS, ST & PROV PEN PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
U A LOCAL UNION OFFICERS & EMPLOYEES PENSION FUND

D Employer Identification Number (EIN)
52-1178032

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** 3

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**

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	4
b The plan year immediately preceding the current plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
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**	1
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**	949961

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: 59.0 % Investment-Grade Debt: 14.0 % High-Yield Debt: 6.0 % Real Estate: 10.0 % Other: 11.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:
[ ] 0-3 years [X] 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)?
[X] Effective duration [ ] Macaulay duration [ ] Modified duration [ ] Other (specify):

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

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

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

[ ] Yes.

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

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

[ ] No. Other. Provide explanation _____

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2021

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
U.A. Local Union Officers and Employees
Pension Fund

Opinion

We have audited the accompanying financial statements of the U.A. Local Union Officers and Employees Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

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

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Other Supplemental Information

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



Bethesda MD
October 4, 2022

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

	2021	2020
Assets		
Investments - at fair value		
Investments - total	$ 1,296,608,709	$ 1,122,353,389
Investments on loan	(61,834,675)	(115,021,383)
Investments on hand	1,234,774,034	1,007,332,006
Securities lending		
Investments on loan	61,834,675	115,021,383
Cash collateral held for securities on loan	63,149,176	117,630,824
Obligations to refund collateral	(63,149,176)	(117,630,824)
Net securities lending	61,834,675	115,021,383
Receivables		
Contributions	5,944,901	5,899,384
Interest and dividends	810,350	805,138
Securities sold	24,109	216,781
Total receivables	6,779,360	6,921,303
Prepaid expense	19,016	67,019
Cash (non-interest bearing)	225,436	185,827
Total assets	1,303,632,521	1,129,527,538
Liabilities and Net Assets		
Liabilities		
Accrued expenses	914,323	764,272
Securities purchased	388,409	154,492
Total liabilities	1,302,732	918,764
Net assets available for benefits	$ 1,302,329,789	$ 1,128,608,774

See accompanying notes to financial statements.

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
Additions		
Contributions by Local Unions, District Councils, and State Associations	$ 65,062,882	$ 59,247,574
Investment income		
Net appreciation in fair value of investments	182,481,195	124,785,488
Interest	2,248,886	2,766,196
Dividends	9,584,280	8,446,278
Other	60,501	52,219
	194,374,862	136,050,181
Less: investment expenses	(4,053,608)	(3,717,650)
Net investment income	190,321,254	132,332,531
Total additions	255,384,136	191,580,105
Deductions		
Pension benefits	80,083,551	76,391,750
Administrative expenses	1,542,950	1,610,981
Foreign currency aggregate transaction gain	36,620	(448,878)
Total deductions	81,663,121	77,553,853
Net change	173,721,015	114,026,252
Net assets available for benefits		
Beginning of year	1,128,608,774	1,014,582,522
End of year	$ 1,302,329,789	$ 1,128,608,774

See accompanying notes to financial statements.

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the U.A. Local Union Officers and Employees Pension Fund (the Plan) is provided for general information purposes. Participants should refer to the U.S. and Canadian Summary Plan Descriptions for a complete description of Plan provisions.

General - The Plan is a defined benefit pension plan. It is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits - The Plan provides normal, early retirement, deferred disability, vested, and surviving spouse pensions.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

Employer Contributions Receivable - Employer contributions due and not received prior to year-end are reported as contributions receivable. Allowance for uncollectible accounts is considered unnecessary and is not provided.

Foreign Currency Translation (Canadian) - The elements of the financial statements denominated in Canadian currency are translated to U.S. dollar equivalents by using a current exchange rate. For assets and liabilities, the exchange rate as of the dates of the statements of net assets available for benefits is used. For revenues and expenses, weighted average exchange rates are used for the periods. The resulting aggregate transaction gains or losses are reflected in the statements of changes in net assets available for benefits.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Funding Policy - The Plan is financed by contributions made by participating local unions, district councils, state and provincial associations in accordance with the United Association Constitution. The present contributions to the Plan are sufficient to maintain the Plan in an actuarially sound position. The Plan's actuary has determined the Plan has met the minimum funding requirements of ERISA through December 31, 2021. The Plan is certified as neither endangered nor critical (green zone) status.

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Administrative Expenses - Administrative expenses are paid by the Plan.

NOTE 3. TAX STATUS

The Plan obtained its latest determination letter on March 2, 2011, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended for various tax law changes since receiving its latest IRS determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 4. PLAN TERMINATION

Right to Terminate - The Trustees shall have the right to discontinue or terminate this Plan in whole or in part. The rights of all affected participants to benefits accrued to the date of termination, partial termination or discontinuance to the extent funded as of such date shall be nonforfeitable.

NOTE 4. PLAN TERMINATION (CONTINUED)

Priorities of Allocation - In the event of termination, the assets then remaining in the Plan after providing for any administrative expenses, shall be allocated among the pensioners, beneficiaries and participants in the following order:

a) First, in the case of benefits payable as pension:

   i. in the case of the pension of a participant or beneficiary which was in pay status as of the beginning of the 3-year period ending on the termination date of the Plan, to each such pension, based on the provisions of the Plan (as in effect during the 5-year period ending on such date) under which such pension would be the least. The lowest pension in pay status during the 3-year period shall be considered the pension in pay status for such period.

   ii. in the case of a pension of a participant or beneficiary which would have been in pay status at the beginning of such 3-year period if the participant had retired prior to the beginning of the 3-year period and if his pension had commenced (in the standard form) as of the beginning of such period, to each such pension based on the provisions of the Plan (as in effect during the 5-year period ending on such date) under which the pension would be the least.

b) Second, to all other benefits (if any) of the individuals under the Plan guaranteed under Title IV of ERISA and insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. Governmental agency, up to the applicable limitations. If the Plan has been amended during the 5-year period ending on the date of plan termination, assets must first be allocated to vested benefits arising from the Plan provisions in effect prior to the beginning of the 5-year period. Any remaining assets are then allocated from the oldest amendment enacted during this period to the newest amendment to the extent sufficient for each amendment.

c) Third, to all other vested benefits (that is, vested benefits not insured by PBGC).

d) Fourth, to all nonvested benefits.

NOTE 5. ACTUARIAL INFORMATION

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to a) retired or terminated employees or their beneficiaries, b) beneficiaries of employees who have died, and c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on credited services which consist of the sum of past credited service and future credited service as defined in the Plan document.

NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

The actuarial present value of accumulated plan benefits is determined by an actuary from The Segal Company and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present values of accumulated plan benefits as of January 1, 2021 is as follows:

	United States	Canada	Total
Vested benefits			
Participants currently receiving benefits	$ 680,629,260	$ 71,711,003	$ 752,340,263
Other vested benefits	301,731,131	39,743,268	341,474,399
	982,360,391	111,454,271	1,093,814,662
Nonvested benefits	13,262,591	-	13,262,591
Total actuarial present value of accumulated plan benefits	$ 995,622,982	$ 111,454,271	$ 1,107,077,253

The factors which affected the change in the actuarial present value of accumulated plan benefits from the preceding to the current benefit information date are as follows:

	Change in Actuarial Present Value of Accumulated Plan Benefits		
	United States	Canada	Total
Actuarial present value of accumulated plan benefits at January 1, 2020	$ 961,439,322	$ 105,416,485	$ 1,066,855,807
Change during the year attributed to			
Benefits accumulated, net experience gain or loss	28,748,316	4,013,542	32,761,858
Benefits paid	(69,803,968)	(6,263,135)	(76,067,103)
Changes in actuarial assumptions	(2,309,128)	(344,965)	(2,654,093)
Plan amendments	10,585,349	1,427,648	12,012,997
Interest	66,963,091	7,204,696	74,167,787
Net change	34,183,660	6,037,786	40,221,446
Actuarial present value of accumulated plan benefits at January 1, 2021	$ 995,622,982	$ 111,454,271	$ 1,107,077,253

The actuary used the entry age normal actuarial cost method. Some of the more significant actuarial assumptions used in estimating the present value of accumulated plan benefits were:

- Net investment return: 7.25%; Canada - 7.25%.
- Salary Scale: 4.50% per year.
- Retirement age:
    - From active status - after six years of service, ranges from ages 55 to 70 based upon probability of retirement as specific ages.
    - From inactive vested status - after two years of service, ranges from ages 55 to 70 based upon probability of retirement as specific ages.

NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

- Percent married: 45% of females and 75% of males.
- Administrative expenses: U.S. $1,350,000; Canada C$400,000 (U.S. $319,806)
- Mortality rates:
    - Healthy pre-retirement - RP-2006 Employee Mortality Table, projected generationally from 2009 using the MP-2021 scale.
    - Healthy post-retirement - RP-2006 Healthy Annuitant Mortality Table, projected generationally from 2009 using the MP-2021 scale.
    - Healthy Canada - unprojected experience rates (as of 2006) for the RP-2014 employee and annuitant mortality tables, projected generationally from 2009 using the two-dimensional MP-2021 scale.
    - Disability mortality rates - healthy post-retirement table with ages set forward 10 years.
    - Disabled Canada - unprojected experience rates (as of 2006) for the RP-2014 healthy annuitant tables set forward 10 years, projected generationally from 2009 using the two-dimensional MP-2021 scale.

The 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. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2021. Had the valuation been performed as of December 31, 2020, there would be no material differences. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under the Trust Agreement of the Plan and income from investments.

Since information on the accumulated plan benefits at December 31, 2021, and the changes therein for the year then ended are not included, the financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2021, and the changes therein for the year then ended, but a presentation of only the net assets available for benefits and the changes therein as of and for the year ended December 31, 2021. The complete financial status of the Plan is presented as of December 31, 2020.

NOTE 6. SECURITIES LENDING PROGRAM

The Trustees of the Plan have entered into an agreement with the bank that acts as custodian for the Plan's investments, which authorizes the bank to lend securities held in the Plan's accounts to third parties. The bank must obtain collateral from the borrower in the form of cash, letters of credit issued by an entity other than the borrower, or acceptable securities. Both the collateral and the securities loaned are marked-to-market on a daily basis so that all loaned securities are more than fully collateralized at all times. In the event that the loaned securities are not returned by the borrower, the bank will, at its own expense, either replace the loaned securities or, if unable to purchase those securities on the open market, credit the Plan's accounts with cash equal to the fair value of the loaned securities.

NOTE 6. SECURITIES LENDING PROGRAM (CONTINUED)

The Plan receives 80% of the net revenue derived from all securities lending activities, and the bank receives the remainder of the net revenue. Interest income reported in the statements of changes in net assets available for benefits includes $102,002 and $373,082 earned by the Plan during the plan years ended December 31, 2021 and 2020, respectively, in connection with the securities lending program.

Although the Plan's securities lending activities are collateralized as described above, and although the terms of the securities lending agreement with the custodial bank require the bank to comply with government rules and regulations related to the lending of securities held by ERISA plans, the securities lending program involves both market and credit risk. In this context, market risk refers to the possibility that the borrower of securities will be unable to collateralize their loan upon a sudden material change in the fair value of the loaned securities or the collateral, or that the bank's investment of cash collateral received from the borrowers of the Plan's securities may be subject to unfavorable market fluctuations. Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts.

At December 31, 2021 and 2020, the fair value of securities loaned was $61,834,675 and $115,021,383, respectively, while the collateral held was $63,149,176 and $117,630,824, respectively. In accordance with Statement of Financial Accounting Standards No. 140, the value of the cash collateral held and a corresponding liability to return the collateral have been reported on the accompanying statements of net assets available for benefits.

NOTE 7. INVESTMENTS AND FAIR VALUE MEASUREMENTS

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

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

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

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

NOTE 7. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Short-term investments: Valued using amortized cost which approximates fair value.

U.S. Government and agency obligations: U.S. Treasury bonds and notes are valued at the closing price reported on the active market on which the individual securities are traded. All other U.S. Government and government agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds and notes: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Common and preferred stocks: Valued at the closing price reported on the active market on which the individual securities are traded, excluding the ULLICO, Inc. stock. The fair value of the stock holdings of ULLICO, Inc. is determined by management based on valuations performed by an independent third party. The stock is not actively traded and there are no directly comparable inputs.

Mutual funds: Valued at the net asset value (NAV) of shares held by the fund at year end.

NOTE 7. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020.

Description	12/31/2021 Total	Quoted Market Price for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investments	$ 31,837,657	$ 31,837,657	$ -	$ -
U.S. Government and agency obligations	31,860,999	10,445,822	21,415,177	-
Corporate bonds and notes	71,994,673	-	71,994,673	-
Common and preferred stocks	458,635,622	455,536,242	-	3,099,380
Mutual funds	27,826,536	27,826,536	-	-
	622,155,487	$ 525,646,257	$ 93,409,850	$ 3,099,380
Investments measured at NAV*	674,453,222			
Investments at fair value	$ 1,296,608,709			

Description	12/31/2020 Total	Quoted Market Price for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investments	$ 49,043,246	$ 49,043,246	$ -	$ -
U.S. Government and agency obligations	45,427,724	26,205,589	19,222,135	-
Corporate bonds and notes	60,859,370	-	60,859,370	-
Common and preferred stocks	377,587,178	374,382,918	-	3,204,260
Mutual funds	19,810,092	19,810,092	-	-
	552,727,610	$ 469,441,845	$ 80,081,505	$ 3,204,260
Investments measured at NAV*	569,625,779			
Investments at fair value	$ 1,122,353,389			

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

There were no purchases, issuances, settlements or transfers in or out of Level 3 investments for the years ended December 31, 2021 and 2020.

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

NOTE 7. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

The following table summarizes the Plan's investments in certain entities that calculate NAV per share as fair value measurement as of December 31, 2021 and 2020 by investment strategy:

	Fair Value		Unfunded Commitments		Redemption Frequency	Redemption
	2021	2020	2021	2020	(if currently eligible)	Notice Period
Common collective trusts	$ 520,661,862	$ 465,726,686	$ -	$ -	Daily, monthly	1 day - 30 days
Limited partnerships	153,791,360	103,899,093	39,600,000	48,121,000	Various	Various
	$ 674,453,222	$ 569,625,779				

Common collective trusts: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Limited partnerships: The Plan estimates the fair value of their investments in limited partnerships based on the capital accounts and their respective ownership interests as a percent of the Fund's net assets as reported by the investment manager. The entities in which the Plan invests prepare their financial statements stating their investments at fair value as determined in good faith by the general partner or by a third-party valuator based on the best information available, in the absence of readily ascertainable market values. These financial statements are financial statements audited by independent accountants other than the Plan's independent auditors.

The Plan's investments in common collective trusts consists of three investments which do not report as a direct filing entity (DFE) to the Department of Labor in the table presented above. The first investment focuses on credit spread and interest rate movements to provide capital preservation within a risk-controlled environment. The second investment has a fundamental core style, allowing participation in both the value and growth areas of the market. The third investment seeks to achieve capital appreciation through investing in a concentrated portfolio across global, developed and select emerging markets. These investments can be redeemed daily or monthly.

NOTE 7. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan's investments in the limited partnerships represent ownership interests in several funds. These investments are subject to various restrictions on redemption and frequency.

Gerding Edlen Green Cities IV, L.P. invests in value-add or opportunistic real estate assets throughout the United States of America.

Grosvenor Secondary Opportunities Fund II acquires interest in private funds through secondary market transactions with a focus on funds oriented toward small and middle market buyout, special situation, growth equity, infrastructure and real estate investment strategies.

Harrison Street Real Estate Partners VI, L.P. aims to provide innovative and flexible capital through investing in real estate properties in the education, healthcare and storage sectors.

Landmark Equity Partners XVI, L.P. attempts to acquire a diverse portfolio of interests in (i) established venture capital funds, buy-out funds, mezzanine funds and other pooled investment vehicles which primarily invest in equity-oriented investments and (ii) direct private equity and equity related investments, primarily through secondary market purchases.

Leeds Equity Partners IV, L.P. aims to generate long-term capital appreciation primarily through privately negotiated equity and equity-related investments with a focus on companies in the knowledge industries.

Mesirow Real Estate Value II, L.P. and Mesirow Real Estate Value III, L.P. seek to invest in value-added real estate opportunities in the multifamily sector located solely in the United States, diversified geographically and economically.

Mesirow Financial Private Equity Fund VII-A, L.P. is a fund of private equity funds that invests in private equity limited partnerships.

Mesirow Financial Private Equity Fund VII-B, L.P. is a fund of private equity funds that invests in companies operating in a diverse range of industries.

Neuberger Berman Private Debt Fund III, L.P. seeks to provide attractive risk-adjusted returns by making investments in senior secured floating rate loans and complementary investments.

Paladin Capital Partners Fund, L.P. targets small to medium size, worker-friendly, growth companies with proven management, products and services.

The Paladin Homeland Security Fund, L.P. invests in enterprises whose principal business centers on products and services that address homeland security issues and needs.

NOTE 7. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

ULLICO Infrastructure Fund, L.P.'s investment goal is to achieve attractive risk-adjusted returns with significant annual cash yield and relatively low volatility. The fund seeks to achieve this objective by building a diversified portfolio of equity investments with both minority and controlling interests.

IIF ERISA Hedged, L.P. is an infrastructure opportunistic fund that offers investors a core/core+ approach to infrastructure investing through open-ended structure that is diversified across primarily OECD countries and by sub-sector. By investing in a broad range of infrastructure assets, the Fund is designed to deliver stable returns over the long term with a considerable portion of the return expected from cash yield.

NOTE 8. RETIREMENT PLANS

The Plan contributes to one multiemployer defined benefit pension plan under terms of collective bargaining agreements that covers all full-time employees. The risks of participating in a multiemployer plan are different from a single employer plan in the following aspects:

a) Assets contributed to the multiemployer plan by one company may be used to provide benefits to employees of other participating companies.

b) If a participating company stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating companies.

c) If the Plan stops participating in its multiemployer plan, and continues in business, the Plan could be required to pay an amount, referred to as withdrawal liability, based on the unfunded status of the plan. The Plan has no intention of stopping its participation in any multiemployer plans.

The Plan's participation in this plan for the annual period ending December 31, 2021 is outlined in the table on the following page. The "EIN/Pension Plan Number" column provides the employee identification number (EIN) and the three-digit plan number, if applicable. Unless otherwise noted, the most recent Pension Protection Act (PPA) zone status available in 2021 and 2020 is for the plan's year-end at December 31, 2020 and 2019, respectively. The zone status is based on information that the Plan received from the plan and is certified by the plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a funding improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. The last column lists the expiration date(s) of the collective bargaining agreement(s) to which the plans are subject. There have been no significant changes that affect the comparability of 2021 and 2020 contributions.

NOTE 8. RETIREMENT PLANS (CONTINUED)

Pension Fund	EIN/Pension Plan Number	Zone Status 2021	Zone Status 2020	FIP/RP Status Pending/ Implemented	Contributions 2021	Contributions 2020	Surcharge Imposed	Collective Bargaining Agreement
United Association General Officers and Employees Pension Fund	52-6134634/ 001	Green	Green	No	$ 62,279	$ 63,909	No	N/A

NOTE 9. PARTY-IN-INTEREST TRANSACTIONS

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

NOTE 10. RISKS AND UNCERTAINTIES

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits is reported, based on certain assumptions pertaining to interest rates; inflation rates; and employee demographics, all of which are subject to change. Due to the 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.

The COVID-19 pandemic, whose effects first became known in January 2020, is having a broad and negative impact on commerce and financial markets around the world. The extent of the impact of the pandemic on the Plan's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak and its impacts on the Plan's sponsor, participants, employees, and vendors, all of which, at present, cannot be determined. Accordingly, the extent to which the pandemic may impact the Plan's net assets available for benefits and changes in net assets available for benefits is uncertain, and the accompanying financial statements include no adjustments relating to the effects of this pandemic.

NOTE 11. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 4, 2022, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

SUPPLEMENTAL INFORMATION

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDING DECEMBER 31, 2021 AND 2020

	2021	2020
Salaries	$ 216,315	$ 220,747
Actuarial services	211,680	107,723
Legal fees and expenses	328,070	504,866
Accounting services	77,508	54,056
Insurance	222,459	226,995
Bank charges	25,019	18,395
Office expenses, supplies and printing	97,815	78,199
Rent	61,693	60,649
Pension and health and welfare benefits	140,653	136,808
Taxes	14,103	23,113
Travel	971	-
Canadian Pension Commission	146,664	179,430
	$ 1,542,950	$ 1,610,981

Exhibit K: Summary of Plan Provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Year	January 1 through December 31
Pension Credit Year	January 1 through December 31
Plan Status	Ongoing plan
Regular Pension	• *Age Requirement:* 62 • *Service Requirement:* None • *Final Average Salary (FAS):* FAS is defined as the average of salary earned during the highest five years of employment. Salary is limited to a maximum of $175,000 per year for benefit accrual purposes. The percentage of final average salary is also limited to the greatest of 72% or the percentage earned as of January 1, 2011, to a maximum of 100%. • *Amount:* The benefit amount is determined as a percentage of FAS per year of service earned according to the rates below:

Service Accrual Year	Percentage
Prior to January 1, 2011	3.25%
January 1, 2011 – December 31, 2012	2.00%
January 1, 2013 – December 31, 2014	3.25%
January 1, 2015 – December 31, 2016	2.00%
January 1, 2017 – December 31, 2017	3.25%
January 1, 2018 – December 31, 2018	2.00%
January 1, 2019 – December 31, 2019	3.25%
January 1, 2020 and after	2.00%

• *Delayed Retirement Amount:* For retirements from Terminated Vested status, Normal pension accrued actuarially increased for each complete calendar month between Normal Retirement Age (NRA) and annuity starting date, using the Plan defined mortality table and interest rates. Participants who continue to work past NRA continue to accrued benefits and the Normal Retirement benefit is suspended until the participant commences benefits.

Section 3: Certificate of Actuarial Valuation

Early Retirement	• *Age Requirement:* 55 • *Service Requirement:* Nine years • *Amount:* Normal pension accrued reduced by 3% for each year of age less than 60 for service accrued prior to January 1, 2019 and 3% for each year of age less than 62 for service accrued on or after January 1, 2019.
Disability	• *Age Requirement:* None • *Service Requirement:* Six years • *Amount:* Normal pension accrued
Vesting	• *Age Requirement:* None • *Service Requirement:* Two years • *Amount:* Normal pension accrued times vesting percentage. Benefit may commence on or after age 55 with Early Retirement reduction applied. • *Vesting Percentage:* 20% after two years of service plus 20% for each of the next four years to a maximum of 100% after six years.
Spouse's Pre-Retirement Death Benefit (applicable for married participants only)	• *Age Requirement:* None • *Service Requirement:* Two years • *Amount:* 50% (100% for active participants, or participants who terminated after age 55, with nine or more years of service) of the benefit that the employee would have received had he retired the day before he died (but not before age 55) and elected the Joint and Survivor Annuity option. If the employee is younger than age 55 at death, the 50% benefit will commence when the employee would have attained age 55 (immediate commencement if eligible for the 100% benefit).
Pre-Retirement Lump-sum Death Benefit (if waiving or not eligible for spouse's benefit)	• *Age Requirement:* None • *Service Requirement:* None • *Amount:* 100% of contributions made on employee's behalf
Post-Retirement Death Benefit	If the participant is married, pension benefits are paid in the form of a Joint and Survivor Annuity. The benefit amount payable is reduced to partially reflect the joint and survivor coverage. In the event that the spouse predeceases the pensioner, the amount payable shall be increased to the full amount that would have been payable if the Joint and Survivor Annuity had not been in effect. If the participant is not married, pension benefits are paid for the life of the pensioner with 60 months of payments guaranteed.
Maximum Benefit	$230,000 annually after adjustment for Joint-and-Survivor option, if any. Actuarially reduced for retirement before age 62, per IRC Section 415.

Optional Forms of Benefits	• 66 2/3 Joint and Survivor (with pop-up) • 75% Joint and Survivor (with pop-up) • 100% Joint and Survivor (with pop-up) • 50% Non-Spouse Joint and Survivor • Social Security Adjustment Option
Participation	First day of covered employment in which one hour of service is completed.
Credited Service	One-twelfth for each month a Participant completes an hour of service.
Contribution Rate	30% of active payroll
Changes in Plan Provisions	Adopted December 1, 2020, the benefit accrual rate for service earned during 2019 was increased from 2.00% to 3.25%.

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U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021

Form 5500, Schedule H, Line 4i

EIN: 52-1178032
Plan No.: 333

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	Short-Term Investments						
	PNC GOVERNMENT MONEY MARKET	Money Market	N/A	N/A	29,157,041	$ 29,157,041	$ 29,157,041
	DREYFUS GOVERNMENT CASH MGMT	Money Market	N/A	N/A	442,357	442,351	442,357
	Total Short-Term Investments					29,599,392	29,599,398
	U.S. Government and Agencies Notes and Bonds						
	FEDERAL FARM CREDIT BANK	Bond	8/9/2022	1.88%	5,000,000	5,000,000	4,931,800
	FEDERAL FARM CREDIT BANK	Bond	9/3/2030	1.53%	2,475,000	2,475,000	2,438,197
	FEDERAL NATL MORTGAGE ASSN SERIES	Bond	7/25/2046	2.50%	258,967	258,926	263,040
	FEDERAL NATL MTG ASSN SERIES	Bond	12/25/2031	1.75%	391,164	396,176	393,800
	FEDERAL NATL MTG ASSN SERIES	Bond	6/25/2048	2.00%	1,254,830	1,281,103	1,251,366
	FEDERAL NATL MTG ASSN SERIES	Bond	7/25/2049	2.00%	2,723,867	2,763,983	2,726,755
	FEDERAL NATL MTG ASSN SERIES	Bond	7/25/2050	1.00%	908,371	888,217	870,365
	FREDDIEMAC STRIP SERIES	Bond	9/15/2047	3.00%	278,029	277,247	293,582
	GOVERNMENT NATIONAL MORTGAGE A SERIES	Bond	6/20/2047	2.50%	497,947	487,833	514,574
	GOVERNMENT NATIONAL MORTGAGE A SERIES	Bond	5/16/2057	1.50%	3,152,580	3,177,210	3,101,351
	GOVERNMENT NATIONAL MORTGAGE	Bond	7/20/2050	1.50%	4,662,753	4,691,895	4,630,347
	USA TREASURY NOTES	Notes	8/15/2030	0.50%	6,365,000	6,040,479	5,935,872
	USA TREASURY NOTES	Notes	8/15/2050	1.13%	2,850,000	2,532,826	2,496,543
	USA TREASURY NOTES	Notes	9/30/2026	0.88%	2,050,000	2,015,725	2,013,407
	Total U.S. Government and Agencies Notes and Bonds					32,286,620	31,860,999
	Corporate and Other Notes and Bonds						
	ABBVIE INC	Bond	5/14/2026	3.20%	1,595,000	1,705,644	1,690,907
	ALLY FINANCIAL INC	Bond	11/2/2028	2.20%	1,500,000	1,488,030	1,489,995
	ALTRIA GROUP INC	Bond	2/4/2041	3.40%	1,500,000	1,378,725	1,383,660
	ANGLO AMERICAN CAPITAL	Bond	9/10/2030	2.63%	850,000	843,608	833,476
	ANHEUSER-BUSCH CO	Bond	2/1/2026	3.65%	1,120,000	1,246,766	1,202,488
	APPLIED MATERIALS INC	Bond	6/1/2030	7.75%	1,700,000	1,652,740	1,663,603
	APTIV PLC	Bond	12/1/2051	3.10%	1,160,000	1,133,857	1,104,935
	AT&T INC	Bond	2/1/2061	3.50%	1,400,000	1,357,006	1,376,634
	AT&T INC	Bond	2/1/2032	2.50%	1,350,000	1,339,308	1,304,532
	BANK OF AMERICA CORPORATION	Bond	3/11/2027	VAR%	1,675,000	1,682,219	1,663,242
	BLACKROCK INC	Bond	4/30/2030	2.40%	1,750,000	1,798,020	1,801,958
	BOEING CO	Bond	2/4/2026	2.20%	1,775,000	1,781,514	1,774,574
	BROADCOM INC	Bond	2/15/2031	2.45%	1,000,000	960,960	980,510
	CVS HEALTH CORP	Bond	2/28/2031	1.88%	1,525,000	1,527,318	1,463,100
	CHARTER COMM OPT LLC	Bond	4/1/2031	2.80%	800,000	832,120	791,592
	CITIGROUP INC	Bond	11/5/2030	VAR%	1,665,000	1,729,336	1,729,036
	COMCAST CORP	Bond	1/15/2031	1.95%	1,000,000	973,430	979,790
	CONNECTICUT ST	Bond	3/15/2025	0.00%	500,000	481,000	480,470
	CONTINENTAL RESOURCES	Bond	6/1/2044	4.90%	1,325,000	1,497,634	1,468,431
	DOW CHEMICAL CO	Bond	11/15/2030	2.10%	1,500,000	1,474,515	1,474,620
	ERP OPERATING LP	Bond	8/1/2031	1.85%	1,125,000	1,125,810	1,092,038
	ENERGY TRANSFER OPERATNG	Bond	5/15/2030	3.75%	700,000	727,405	741,762
	EXXON MOBIL CORPORATION	Bond	3/19/2025	2.99%	1,000,000	1,091,600	1,050,920
	GATX CORP	Bond	9/15/2026	3.25%	800,000	850,064	836,840
	GENERAL MOTORS FINL CO	Bond	1/8/2031	2.35%	1,075,000	1,068,926	1,046,416
	GLENCORE FUNDING LLC	Bond	4/27/2031	2.85%	750,000	749,160	741,360
	GOLDMAN SACHS GROUP INC	Bond	1/27/2032	VAR%	1,650,000	1,652,970	1,581,987
	HALLIBURTON CO	Bond	3/1/2030	2.92%	1,500,000	1,538,265	1,543,095
	INTERCONTINENTAL EXCHANGE	Bond	6/15/2030	2.10%	1,000,000	982,780	994,000
	JPMORGAN CHASE & CO	Bond	11/19/2031	VAR%	1,625,000	1,608,197	1,540,175
	KOHLS CORPORAT	Bond	5/1/2031	3.38%	1,700,000	1,716,388	1,731,314
	LAM RESEARCH CORP	Bond	6/15/2050	2.88%	1,250,000	1,241,332	1,245,500
	MARRIOTT INTERNATION	Bond	4/15/2031	2.85%	750,000	751,354	747,705
	MASCO CORP	Bond	2/15/2031	2.00%	1,760,000	1,698,432	1,686,661
	METLIFE INC	Bond	3/1/2025	3.00%	875,000	874,912	919,949
	MIZUHO FINANCIAL GROUP	Bond	9/13/2031	2.56%	1,000,000	973,790	974,650
	MORGAN STANLEY	Bond	12/10/2026	VAR%	1,675,000	1,644,146	1,624,650
	NXP BV/NXP FDG/NXP USA	Bond	5/1/2031	3.40%	1,500,000	1,597,320	1,598,565
	NASDAQ INC	Bond	1/15/2031	1.65%	1,000,000	933,220	930,880

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

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

DECEMBER 31, 2021

Form 5500, Schedule H, Line 4i

EIN: 52-1178032
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	NATIONAL RURAL UTIL COOP	Bond	6/15/2031	1.65%	1,700,000	$ 1,580,441	$ 1,598,510
	NEW YORK ST URBAN DEV CORP SAL	Bond	3/15/2025	1.08%	250,000	249,750	248,828
	PLAINS ALL AMER PIPELINE	Bond	12/15/2029	3.55%	1,500,000	1,556,343	1,553,895
	PRIVATE EXPORT FUNDING	Bond	7/30/2024	0.55%	4,000,000	3,993,360	3,948,200
	PRUDENTIAL PLC	Bond	4/14/2030	3.13%	2,000,000	2,135,920	2,134,720
	CHARLES SCHWAB CORP	Bond	3/20/2028	2.00%	1,000,000	1,009,710	1,013,240
	7-ELEVEN INC	Bond	2/10/2041	2.50%	1,000,000	917,700	922,660
	SIMON PROPERTY GROUP INC	Bond	1/15/2027	1.38%	1,600,000	1,597,264	1,562,608
	SOUTHERN CAL EDISON	Bond	8/1/2024	0.98%	1,200,000	1,193,460	1,188,612
	SOUTHWEST AIRLINES CO	Bond	2/10/2030	2.63%	1,195,000	1,204,907	1,193,231
	SUMITOMO MITSUI FINL GRP	Bond	10/16/2023	VAR%	1,000,000	1,000,000	1,009,180
	SUNTRUST BANK	Bond	2/2/2023	3.00%	1,375,000	1,352,051	1,405,236
	T-MOBILE USA INC	Bond	2/15/2041	3.00%	1,200,000	1,148,172	1,171,572
	US BANCORP	Bond	4/27/2026	3.10%	1,000,000	999,230	1,056,710
	VODAFONE GROUP PLC	Bond	1/16/2024	3.75%	1,500,000	1,590,450	1,579,110
	WELLS FARGO & COMPANY	Bond	10/30/2025	VAR%	1,095,000	1,118,272	1,122,341
	Total Corporate and Other Notes and Bonds					72,356,851	71,994,673
	Common and Preferred Stocks						
	10X GENOMICS INC-CLASS A	Equity	N/A	N/A	13,991	2,278,434	2,084,099
	ACCENTURE PLC CLASS A	Equity	N/A	N/A	12,239	2,343,088	5,073,677
	ADOBE INC	Equity	N/A	N/A	7,107	3,961,060	4,030,095
	ADYEN NV	Equity	N/A	N/A	632	1,563,301	1,643,200
	AFTERPAY LTD NPV	Equity	N/A	N/A	7,912	625,682	474,799
	AIA GROUP LTD	Equity	N/A	N/A	109,800	674,188	1,113,592
	AIRBUS SE	Equity	N/A	N/A	11,296	1,301,273	1,435,609
	ALIBABA GROUP HOLDING LTD	Equity	N/A	N/A	10,498	891,426	1,247,057
	ALLISON TRANSMISSION HOLDING	Equity	N/A	N/A	27,817	1,104,447	1,011,148
	ALLSTATE CORP	Equity	N/A	N/A	12,818	1,265,357	1,508,038
	ALPHABET INC/CA-CL A	Equity	N/A	N/A	1,289	3,416,954	3,734,285
	ALPHABET INC/CA-CL C	Equity	N/A	N/A	380	1,103,133	1,099,564
	AMAZON COM INC	Equity	N/A	N/A	1,391	2,626,378	4,638,067
	AMEREN CORP	Equity	N/A	N/A	13,862	1,001,245	1,233,857
	AMERICAN INTERNATIONAL GROUPINC	Equity	N/A	N/A	59,800	3,391,055	3,400,228
	AMERIPRISE FINANCIAL INC	Equity	N/A	N/A	10,018	2,889,326	3,022,030
	AMERISOURCEBERGEN CORP	Equity	N/A	N/A	10,300	1,062,173	1,368,767
	AMETEK INC NEW	Equity	N/A	N/A	5,100	337,458	749,904
	AMGEN INC	Equity	N/A	N/A	14,097	2,972,813	3,171,402
	AMPHENOL CORP NEW CL A	Equity	N/A	N/A	11,900	618,050	1,040,774
	ANGLO AMERICAN PLC	Equity	N/A	N/A	53,630	1,341,964	2,189,335
	ANHEUSER-BUSCH INBEV SA/NV	Equity	N/A	N/A	12,657	-	768,913
	APPLE INC	Equity	N/A	N/A	88,689	8,036,495	15,748,506
	ARCHER DANIELS MIDLAND CO	Equity	N/A	N/A	54,800	3,322,705	3,703,932
	ARGENX SE	Equity	N/A	N/A	1,575	484,936	551,549
	ASCENDIS PHARMA A/S	Equity	N/A	N/A	4,625	656,461	622,201
	ASE TECHNOLOGY HLDS CO	Equity	N/A	N/A	134,121	976,530	1,047,485
	ASML HOLDING NV	Equity	N/A	N/A	6,730	-	5,433,735
	ASTRAZENECA PLC	Equity	N/A	N/A	15,142	1,175,943	1,754,201
	ATLASSIAN CORP PLC-CLASS A	Equity	N/A	N/A	8,367	1,481,769	3,190,253
	AUTOMATIC DATA PROCESSING INC	Equity	N/A	N/A	1,653	379,263	407,597
	AUTOZONE INC	Equity	N/A	N/A	783	903,574	1,641,473
	AVALARA INC	Equity	N/A	N/A	3,900	367,391	503,529
	BANCO SANTANDER S.A.	Equity	N/A	N/A	90,929	684,090	302,794
	BAXTER INTERNATIONAL INC	Equity	N/A	N/A	42,300	3,391,651	3,631,032
	BENTLEY SYSTEMS INC-CLASS B	Equity	N/A	N/A	8,600	467,573	415,638
	BEST BUY CO INC	Equity	N/A	N/A	7,328	776,138	744,525
	BEYOND MEAT INC	Equity	N/A	N/A	7,763	838,272	505,837
	BHP GROUP LTD	Equity	N/A	N/A	59,532	1,494,409	1,797,463
	BLUEPRINT MEDICINES CORP	Equity	N/A	N/A	5,475	519,651	586,427
	BNP PARIBAS	Equity	N/A	N/A	11,603	733,808	782,738
	BOOZ ALLEN HAMILTON HOLDING	Equity	N/A	N/A	8,500	401,175	720,715
	BP PLC	Equity	N/A	N/A	179,677	1,261,572	806,750
	BROADCOM INC	Equity	N/A	N/A	6,100	3,063,092	4,059,001

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

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

DECEMBER 31, 2021

Form 5500, Schedule H, Line 4i

EIN: 52-1178032
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	BRUNSWICK CORP	Equity	N/A	N/A	9,700	$ 653,248	$ 977,081
	BURLINGTON STORES INC	Equity	N/A	N/A	5,473	1,555,843	1,595,434
	BURLINGTON STORES INC	Equity	N/A	N/A	2,250	451,901	655,898
	CARLISLE COMPANIES INC	Equity	N/A	N/A	2,750	418,265	682,330
	CARMAX INC	Equity	N/A	N/A	2,900	303,174	377,667
	CATALENT INC	Equity	N/A	N/A	11,700	914,562	1,497,951
	CHARLES RIV LABORATORIES INTL INC	Equity	N/A	N/A	2,700	450,385	1,017,306
	CHEMED CORP	Equity	N/A	N/A	1,375	538,363	727,430
	CHENIERE ENERGY INC COM NEW	Equity	N/A	N/A	4,625	488,730	469,068
	CIENA CORP	Equity	N/A	N/A	25,819	1,276,005	1,987,288
	CIGNA CORP	Equity	N/A	N/A	16,000	3,307,382	3,674,080
	CINTAS CORP	Equity	N/A	N/A	4,199	1,808,202	1,860,871
	CINTAS CORP	Equity	N/A	N/A	1,725	457,652	764,468
	CISCO SYSTEMS INC	Equity	N/A	N/A	60,600	2,794,029	3,840,222
	CITRIX SYSTEMS INC	Equity	N/A	N/A	2,756	272,493	260,690
	CMS ENERGY CORP	Equity	N/A	N/A	15,181	896,421	987,524
	COGNIZANT TECHNOLOGY SOLUTIONS	Equity	N/A	N/A	43,300	3,349,704	3,841,576
	COLUMBIA SPORTSWEAR CO	Equity	N/A	N/A	10,008	902,243	975,180
	COMCAST CORPORATION CL A	Equity	N/A	N/A	67,100	3,339,479	3,377,143
	COMPAG NIE DE SAINT GOBAIN	Equity	N/A	N/A	38,527	1,951,176	2,639,485
	CONAGRA BRANDS INC	Equity	N/A	N/A	19,998	781,702	682,932
	CONAGRA BRANDS INC	Equity	N/A	N/A	103,300	3,475,439	3,527,695
	CONOCOPHILLIPS	Equity	N/A	N/A	50,400	3,345,461	3,637,872
	COPART INC	Equity	N/A	N/A	2,096	319,700	317,796
	COPART INC	Equity	N/A	N/A	6,100	443,513	924,882
	CORNING INC	Equity	N/A	N/A	1,297	47,601	48,287
	COSTAR GROUP INC	Equity	N/A	N/A	7,800	422,988	616,434
	COSTCO WHOLESALE CORP	Equity	N/A	N/A	1,939	701,625	1,100,770
	COUPA SOFTWARE INC	Equity	N/A	N/A	2,500	492,168	395,125
	CREDIT AGRICOLE SA	Equity	N/A	N/A	58,583	782,099	837,043
	CROWDSTRIKE HOLDINGS INC - A	Equity	N/A	N/A	1,208	318,437	247,338
	CROWDSTRIKE HOLDINGS INC - A	Equity	N/A	N/A	6,300	500,217	1,289,925
	CSL LTD	Equity	N/A	N/A	11,581	774,731	2,476,018
	CVS HEALTH CORPORATION	Equity	N/A	N/A	39,600	3,215,250	4,085,136
	CYBER-ARK SOFTWARE LTD/ISRAE	Equity	N/A	N/A	3,575	494,999	619,476
	DAIFUKU CO LTD	Equity	N/A	N/A	6,200	625,755	499,224
	DANONE	Equity	N/A	N/A	5,741	354,149	356,807
	DASSAULT SYSTEMES	Equity	N/A	N/A	43,000	-	2,416,858
	DELL TECHNOLOGIES -C	Equity	N/A	N/A	20,256	1,031,830	1,137,780
	DENTSPLY SIRONA INC	Equity	N/A	N/A	8,500	494,578	474,215
	DEUTSCHE BOERSE AG	Equity	N/A	N/A	9,296	1,344,858	1,587,850
	DEUTSCHE POST AG - REG	Equity	N/A	N/A	40,200	1,259,704	2,512,902
	DIAGEO PLC	Equity	N/A	N/A	38,794	1,198,301	2,145,308
	DIAMOND BACK ENERGY INC	Equity	N/A	N/A	9,555	446,105	1,030,507
	DISCOVER FINANCIAL W/I	Equity	N/A	N/A	28,700	2,476,179	3,316,572
	DISNEY WALT CO	Equity	N/A	N/A	22,500	3,919,266	3,485,025
	DOLBY LABORATORIES INC CLASS A	Equity	N/A	N/A	15,108	1,007,295	1,438,584
	DOLLAR GENERAL CORP	Equity	N/A	N/A	15,400	3,337,290	3,631,782
	DOLLAR TREE INC	Equity	N/A	N/A	11,887	1,182,032	1,670,361
	DOLLAR TREE INC	Equity	N/A	N/A	26,500	2,286,545	3,723,780
	DOVER CORP	Equity	N/A	N/A	21,200	3,436,896	3,849,920
	DROPBOX INC-CLASS A	Equity	N/A	N/A	54,635	1,561,920	1,340,743
	DUPONT DE NEMOURS INC-WI	Equity	N/A	N/A	48,000	3,356,131	3,877,440
	DXC TECHNOLOGY CO	Equity	N/A	N/A	21,916	824,068	705,476
	EDISON INTL	Equity	N/A	N/A	54,200	3,161,985	3,699,150
	EDWARDS LIFESCIENCES CORP	Equity	N/A	N/A	6,171	668,108	799,453
	EISAI CO LTD	Equity	N/A	N/A	10,300	983,154	584,569
	ELASTIC NV	Equity	N/A	N/A	4,900	465,878	603,141
	ENCOMPASS HEALTH CORP	Equity	N/A	N/A	5,900	375,425	385,034
	ENI SPA	Equity	N/A	N/A	52,398	925,058	728,332
	ENTEGRIS INC	Equity	N/A	N/A	4,400	157,575	609,752
	EQUINOR ASA	Equity	N/A	N/A	60,070	1,445,257	1,606,943
	EQUITY LIFESTYLE PROPERTIES REIT	Equity	N/A	N/A	1,678	139,077	147,093
	EQUITY RESIDENTIAL SH BEN INT REIT	Equity	N/A	N/A	40,200	3,283,303	3,638,100

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

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

DECEMBER 31, 2021

Form 5500, Schedule H, Line 4i

EIN: 52-1178032
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	EXPEDIA GROUP INC	Equity	N/A	N/A	7,168	$ 600,103	$ 1,295,401
	EXPERIAN PLC	Equity	N/A	N/A	61,376	1,227,656	3,017,293
	FANUC LTD	Equity	N/A	N/A	9,500	1,050,136	2,022,645
	FIDELITY NATIONAL INFORMATION	Equity	N/A	N/A	31,000	3,777,288	3,383,650
	FISERV INC	Equity	N/A	N/A	1,328	133,178	137,833
	FISHER & PAYKEL HEALTHCARE	Equity	N/A	N/A	30,273	675,810	662,071
	FLEETCOR TECHNOLOGIES INC	Equity	N/A	N/A	1,650	415,127	369,336
	FLOOR & DECOR HOLDINGS INC	Equity	N/A	N/A	5,375	567,567	698,804
	FMC CORPORATION NEW	Equity	N/A	N/A	14,940	1,498,808	1,641,757
	FMC CORPORATION NEW	Equity	N/A	N/A	4,562	480,171	501,318
	FMC CORPORATION NEW	Equity	N/A	N/A	5,300	501,823	582,417
	GAMESTOP CORP CL A	Equity	N/A	N/A	7,502	1,465,706	1,113,222
	GARTNER INC	Equity	N/A	N/A	4,150	473,976	1,387,428
	GATES INDUSTRIAL CORP PLC	Equity	N/A	N/A	63,828	1,066,675	1,015,503
	GENERAC HOLDINGS INC	Equity	N/A	N/A	1,375	423,615	483,890
	GENUINE PARTS CO	Equity	N/A	N/A	6,596	584,304	924,759
	GOLDMAN SACHS GROUP INC	Equity	N/A	N/A	2,727	1,085,364	1,043,214
	GUARDANT HEALTH INC	Equity	N/A	N/A	2,575	287,849	257,552
	HANOVER INSURANCE GROUP INC	Equity	N/A	N/A	7,691	786,838	1,007,982
	HEALTHCARE TRUST OF AME-CL A	Equity	N/A	N/A	44,441	1,254,523	1,483,885
	HEALTHPEAK PROPERTIES INC	Equity	N/A	N/A	26,425	725,911	953,678
	HONEYWELL INTL INC	Equity	N/A	N/A	16,500	3,592,851	3,440,415
	HORIZON THERAPEUTICS PLC	Equity	N/A	N/A	5,000	544,034	538,800
	HOYA CORP	Equity	N/A	N/A	11,300	1,092,614	1,632,624
	HP INC	Equity	N/A	N/A	35,962	1,337,563	1,354,689
	HUBBELL INC	Equity	N/A	N/A	2,050	394,574	426,954
	HUBSPOT INC	Equity	N/A	N/A	1,400	564,925	922,810
	IAC INC	Equity	N/A	N/A	4,000	442,508	522,840
	ICON PLC	Equity	N/A	N/A	2,250	523,667	696,825
	INFINEON TECHNOLOGIES AG	Equity	N/A	N/A	66,567	1,860,450	3,058,754
	ING GROEP NV RTS	Equity	N/A	N/A	50,495	742,009	713,494
	INTERACTIVE BROKERS GROUP CLASS A	Equity	N/A	N/A	7,000	476,883	555,940
	INTESA SAN PAOLO	Equity	N/A	N/A	287,569	830,283	743,694
	INTUIT SOFTWARE	Equity	N/A	N/A	6,217	2,956,551	3,998,899
	IRON MOUNTAIN INC	Equity	N/A	N/A	34,743	1,606,523	1,818,101
	JOHNSON & JOHNSON	Equity	N/A	N/A	20,600	3,385,991	3,524,042
	KERING	Equity	N/A	N/A	1,301	675,039	1,061,512
	KEYCORP NEW	Equity	N/A	N/A	42,393	563,966	980,550
	KEYENCE CORP	Equity	N/A	N/A	8,400	1,666,402	5,332,320
	KEYSIGHT TECHNOLOGIES IN-W/I	Equity	N/A	N/A	14,097	2,440,302	2,911,171
	KEYSIGHT TECHNOLOGIES IN-W/I	Equity	N/A	N/A	3,800	407,967	784,738
	L BRANDS INC - W/I	Equity	N/A	N/A	21,708	1,388,731	1,515,001
	LAMB WESTON HOLDING INC-W/I	Equity	N/A	N/A	12,269	834,262	777,609
	LAUDER ESTEE COS INC CL A	Equity	N/A	N/A	5,068	1,621,244	1,876,174
	LIFE STORAGE INC	Equity	N/A	N/A	8,850	634,673	1,355,643
	LINCOLN NATIONAL CORP	Equity	N/A	N/A	16,939	676,792	1,156,256
	LITHIA MTRS INC CL A	Equity	N/A	N/A	457	132,218	135,706
	LONDON STOCK EXCHANGE GROUP	Equity	N/A	N/A	7,591	729,922	719,930
	L'OREAL	Equity	N/A	N/A	3,592	439,709	1,699,303
	LULULEMON ATHLETICA INC	Equity	N/A	N/A	7,189	2,939,626	2,814,134
	LULULEMON ATHLETICA INC	Equity	N/A	N/A	1,800	526,130	704,610
	LVMH MOET HENNESSY LOUIS VUI	Equity	N/A	N/A	6,183	564,775	5,101,470
	M&T BK CORP	Equity	N/A	N/A	3,204	350,042	492,070
	M3 INC	Equity	N/A	N/A	38,500	1,893,743	1,938,132
	MARRIOTT VACATIONS WORLDWIDE CORP	Equity	N/A	N/A	3,900	596,372	659,022
	MARTIN MARIETTA MATLS INC	Equity	N/A	N/A	2,175	635,470	958,131
	MARVELL TECHNOLOGY GROUP LTD	Equity	N/A	N/A	8,800	436,249	769,912
	MEITUAN DIANPING	Equity	N/A	N/A	16,500	572,220	474,540
	MERCADOLIBRE INC	Equity	N/A	N/A	977	1,305,484	1,317,387
	MERCK & CO INC	Equity	N/A	N/A	44,800	3,024,595	3,433,472
	META PLATFORMS INC	Equity	N/A	N/A	11,718	3,608,973	3,941,349
	METLIFE INC.	Equity	N/A	N/A	53,800	3,416,945	3,361,962
	MICROCHIP TECHNOLOGY INC	Equity	N/A	N/A	11,400	598,018	992,484
	MICROSOFT CORP	Equity	N/A	N/A	31,894	4,988,915	10,726,590

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

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

DECEMBER 31, 2021

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EIN: 52-1178032
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	MID AMER APT CMNTYS INC	Equity	N/A	N/A	9,138	$ 1,061,854	$ 2,096,623
	MKS INSTRS INC	Equity	N/A	N/A	2,400	421,526	418,008
	MODERNA INC	Equity	N/A	N/A	11,511	3,809,056	2,923,564
	MONOLITHIC POWER SYSTEMS INC	Equity	N/A	N/A	1,350	261,137	665,996
	MONSTER BEVERAGE CORPORATION	Equity	N/A	N/A	9,955	879,446	956,078
	MOTOROLA SOLUTIONS INC	Equity	N/A	N/A	13,600	3,256,527	3,695,120
	NETFLIX INC	Equity	N/A	N/A	6,932	3,493,276	4,176,114
	NICE LTD	Equity	N/A	N/A	2,611	491,846	792,700
	NICE LTD	Equity	N/A	N/A	2,925	582,087	888,030
	NIKE INC CLASS B	Equity	N/A	N/A	24,631	2,902,329	4,105,249
	NORDSON CORPORATION	Equity	N/A	N/A	2,400	476,495	612,648
	NORTHROP GRUMMAN CORPORATION	Equity	N/A	N/A	9,200	3,212,123	3,561,044
	NORTONLIFELOCK INC	Equity	N/A	N/A	21,894	473,559	568,806
	NOVARTIS AG - REG SHS	Equity	N/A	N/A	16,751	937,492	1,465,210
	NOVO NORDISK A/S	Equity	N/A	N/A	31,878	862,772	3,539,414
	NUANCE COMMUNICATIONS INC	Equity	N/A	N/A	10,249	561,474	566,975
	NVIDIA CORP	Equity	N/A	N/A	8,525	2,589,190	2,507,288
	O REILLY AUTOMOTIVE INC	Equity	N/A	N/A	1,825	637,673	1,288,870
	OBIC CO LTD	Equity	N/A	N/A	6,500	908,701	1,220,074
	OLAPLEX HOLDINGS INC	Equity	N/A	N/A	18,100	411,709	527,253
	OPEN TEXT CORP	Equity	N/A	N/A	12,052	490,662	572,229
	ORACLE CORP	Equity	N/A	N/A	36,400	2,777,268	3,174,444
	PACCAR INC	Equity	N/A	N/A	6,200	538,361	547,212
	PALO ALTO NETWORKS INC	Equity	N/A	N/A	2,675	1,368,331	1,489,333
	PAYLOCITY HOLDING CORP	Equity	N/A	N/A	3,050	617,003	720,288
	PINNACLE FINANCIAL	Equity	N/A	N/A	15,748	682,479	1,503,934
	PINTEREST INC- CLASS A	Equity	N/A	N/A	13,700	401,042	497,995
	PIONEER NAT RES CO	Equity	N/A	N/A	6,189	586,885	1,125,655
	POOL CORP	Equity	N/A	N/A	1,450	356,835	820,700
	PUBLIC SERVICE ENTERPRISE GROUP INC	Equity	N/A	N/A	24,337	1,112,850	1,624,008
	QUALCOMM	Equity	N/A	N/A	24,703	2,887,360	4,517,438
	QUEST DIAGNOSTICS INC	Equity	N/A	N/A	11,724	1,298,347	2,028,369
	RAYTHEON TECHNOLOGIES CORP COM	Equity	N/A	N/A	39,000	3,430,159	3,356,340
	RECKITT BENCKISER GROUP PLC	Equity	N/A	N/A	14,346	1,072,537	1,252,750
	RECRUIT HOLDINGS CO LTD	Equity	N/A	N/A	51,179	1,594,453	3,085,582
	REMITLY GLOBAL INC	Equity	N/A	N/A	1,100	53,039	22,682
	RENAISSANCE HOLDINGS LTD	Equity	N/A	N/A	7,950	1,150,918	1,346,174
	REPSOL SA	Equity	N/A	N/A	35,150	614,346	407,037
	RIO TINTO PLC	Equity	N/A	N/A	26,811	1,552,025	1,775,303
	ROBERT HALF INTERNATIONAL INC	Equity	N/A	N/A	5,100	340,881	568,752
	ROYAL DUTCH SHELL PLC A SHS	Equity	N/A	N/A	46,800	282,078	1,027,260
	ROYALTY PHARMA PLC- CL A	Equity	N/A	N/A	16,700	612,203	665,495
	SAFRAN SA	Equity	N/A	N/A	16,235	1,356,137	1,980,102
	SAMSARA INC-CL A	Equity	N/A	N/A	8,700	201,906	244,557
	SAMSUNG ELECTRONICS LTD	Equity	N/A	N/A	59,514	1,519,905	3,920,038
	SANOFI	Equity	N/A	N/A	12,817	934,555	1,268,883
	SAP SE	Equity	N/A	N/A	6,214	376,968	869,463
	SBA COMMUNICATIONS CORP	Equity	N/A	N/A	3,450	567,715	1,342,119
	SERVICE CORP INTERNATIONAL	Equity	N/A	N/A	14,977	654,393	1,063,217
	SHOPIFY INC - A W/I	Equity	N/A	N/A	792	1,057,928	1,090,893
	SIEMENS AG	Equity	N/A	N/A	14,300	1,270,391	2,521,090
	SIGNATURE BK NEW YORK N Y	Equity	N/A	N/A	2,925	780,794	946,150
	SMARTSHEET INC	Equity	N/A	N/A	9,400	650,697	728,030
	SNAP ON INC	Equity	N/A	N/A	3,766	521,674	811,121
	SS&C TECHNOLOGIES HOLDINGS	Equity	N/A	N/A	9,200	467,126	754,216
	STMICROELECTRONICS NV	Equity	N/A	N/A	59,985	1,799,251	3,019,165
	SWITCH INC - A	Equity	N/A	N/A	18,185	394,460	520,818
	SYNCHRONY FINANCIAL	Equity	N/A	N/A	17,672	491,259	819,804
	SYNEOS HEALTH INC	Equity	N/A	N/A	12,095	930,524	1,241,915
	SYNOPSYS INC	Equity	N/A	N/A	2,475	413,359	912,038
	TAIWAN SEMICONDUCTOR MTG CO	Equity	N/A	N/A	39,032	519,667	4,695,940
	TARGET CORP	Equity	N/A	N/A	3,228	839,710	747,088
	TELEPERFORMANCE	Equity	N/A	N/A	1,741	438,196	776,993
	TEMENOS GROUP AG-REG	Equity	N/A	N/A	8,489	1,180,242	1,170,400

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

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

DECEMBER 31, 2021

Form 5500, Schedule H, Line 4i

EIN: 52-1178032
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	TENCENT HOLDINGS LTD	Equity	N/A	N/A	55,500	$ 334,931	$ 3,231,765
	TERUMO CORP	Equity	N/A	N/A	16,500	637,966	702,405
	TESLA INC	Equity	N/A	N/A	4,222	3,488,083	4,461,725
	THE SCOTTS MIRACLE-GRO COMPANY	Equity	N/A	N/A	703	95,354	113,183
	TJX COMPANIES INC NEW	Equity	N/A	N/A	47,400	3,440,400	3,598,608
	TORO CO	Equity	N/A	N/A	13,953	1,391,721	1,394,044
	TOTAL SE	Equity	N/A	N/A	21,983	1,318,653	1,116,982
	TRANSUNION	Equity	N/A	N/A	13,200	1,037,582	1,565,256
	TRUIST FINANCIAL CORP	Equity	N/A	N/A	57,600	3,450,631	3,372,480
	TWILIO INC - A	Equity	N/A	N/A	925	162,884	243,590
	TYLER TECHNOLOGIES INC	Equity	N/A	N/A	975	458,330	524,501
	UBIQUITI INC	Equity	N/A	N/A	302	93,342	92,623
	ULLICO INC CLASS A	Equity	N/A	N/A	154,969	3,697,809	3,099,380
	UNITED PARCEL SERVICE CL B	Equity	N/A	N/A	18,566	3,856,538	3,979,436
	UNITY SOFTWARE INC	Equity	N/A	N/A	3,800	370,468	543,362
	UNIVAR SOLUTIONS INC	Equity	N/A	N/A	50,171	1,352,600	1,422,348
	UNIVERSAL HEALTH SERVICES INC CLASS B	Equity	N/A	N/A	8,119	880,764	1,052,710
	US BANCORP DEL COM NEW	Equity	N/A	N/A	58,900	3,564,080	3,308,413
	US FOODS HOLDING CORP	Equity	N/A	N/A	17,100	633,640	595,593
	VERISK ANALYTICS INC	Equity	N/A	N/A	3,350	402,457	766,246
	VERIZON COMMUNICATIONS INC	Equity	N/A	N/A	64,800	3,382,215	3,367,006
	VIATRIS INC-W/I	Equity	N/A	N/A	256,100	3,491,831	3,465,033
	VOYA FINL INC COM	Equity	N/A	N/A	8,300	521,799	550,373
	VULCAN MATERIALS CO	Equity	N/A	N/A	9,247	1,120,776	1,919,492
	WASTE CONNECTIONS IN	Equity	N/A	N/A	10,200	897,726	1,389,954
	WEST PHARMACEUTICAL SVCS INC	Equity	N/A	N/A	7,247	3,102,049	3,398,915
	WIX.COM LTD	Equity	N/A	N/A	5,513	1,340,314	869,896
	WOLTERS KLUWER NV EUR	Equity	N/A	N/A	7,509	557,527	856,026
	WORLDLINE SA	Equity	N/A	N/A	6,630	506,685	369,939
	ZENDESK INC	Equity	N/A	N/A	4,600	405,936	479,734
	ZYNGA INC	Equity	N/A	N/A	109,200	716,406	698,880
	Total Common and Preferred Stocks					345,409,538	458,635,622
	Mutual Funds						
	VANGUARD REIT INDEX FUND	RIC	N/A	N/A	1,063,344	19,993,044	27,826,536
	Common/Collective Funds						
	BNY MELLON AFL-CIO SL STOCK INDEX FUND	CCT	N/A	N/A	9,118,750	87,640,469	140,064,005
	INVESCO BALANCED RISK ALLOCATION FUND	CCT	N/A	N/A	1,759,686	40,682,758	52,227,492
	JP MORGAN EMERGING MARKETS EQUITY FUND	CCT	N/A	N/A	1,226,994	28,000,000	38,969,325
	LOOMIS SAYLES HIGH YIELD CONSERVATIVE	CCT	N/A	N/A	2,165,289	17,962,217	62,187,089
	MULTI-EMPLOYER PROPERTY TRUST	CCT	N/A	N/A	3,641	4,919,920	52,222,973
	ULLICO J FOR JOBS	PSA	N/A	N/A	879,924	12,576,248	14,863,568
	TITANIUM STOCK FUND	CCT	N/A	N/A	3,348,987	13,000,000	21,964,011
	WTC CIF SMALL CAP 2000 FUND	CCT	N/A	N/A	4,610,842	30,780,487	112,642,881
	Total Common/Collective Funds					235,562,099	495,141,344
	Partnerships						
	GERDING EDLEN GREEN CITIES IV LP	LP	N/A	N/A	N/A	12,566,456	12,444,369
	GROSVENOR SECONDARY OPPORTUNITIES FUND II	LP	N/A	N/A	N/A	4,960,511	8,301,759
	HARRISON STREET REAL ESTATE PARTNERS VI, L.P.	LP	N/A	N/A	N/A	5,221,767	8,456,154
	IIF ERISA HEDGED LP	LP	N/A	N/A	N/A	29,000,000	30,961,456
	LANDMARK EQUITY PARTNERS XVI, L.P.	LP	N/A	N/A	N/A	3,019,900	8,315,871
	LEEDS EQUITY PARTNERS IV, LP	LP	N/A	N/A	N/A	10,000	38,800
	MESIROW REAL ESTATE VALUE II, L.P.	LP	N/A	N/A	N/A	6,092,135	9,419,959
	MESIROW REAL ESTATE VALUE III, L.P.	LP	N/A	N/A	N/A	9,039,037	13,880,003
	MESIROW FINANCIAL PRIVATE EQUITY VII-A L.P.	LP	N/A	N/A	N/A	6,500,575	11,846,186
	MESIROW FINANCIAL PRIVATE EQUITY VII-B L.P.	LP	N/A	N/A	N/A	2,634,962	18,604,459
	NEUBERGER BERMAN PRIVATE DEBT FUND III L.P.	LP	N/A	N/A	N/A	18,384,889	23,178,562
	PALADIN CAPITAL PARTNER FUND, L.P.	LP	N/A	N/A	N/A	32,861,896	-
	PALADIN HOMELAND SECURITY FUND, L.P.	LP	N/A	N/A	N/A	16,834,580	57,887
	POTOMAC ENERGY FUND, L.P.	LP	N/A	N/A	N/A	4,992,736	-
	ULLICO INFRASTRUCTURE FUND L.P.	LP	N/A	N/A	N/A	7,054,801	8,285,895
	Total Partnerships					159,174,245	153,791,360
	Total United States Investments					894,381,789	1,268,849,932

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

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

DECEMBER 31, 2021

Form 5500, Schedule H, Line 4i

EIN: 52-1178032
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	Canadian Investments						
	Short-Term						
	Royal Trust, Toronto						
	FIERA CASH IN ACTION FUND	Money Market	N/A	N/A	N/A	$ 2,238,259	$ 2,238,259
	Fixed Income - Collective Holdings						
	Royal Trust, Toronto						
	FIERA INTEGRATED FIXED INCOME UNIVERSE	CCT	N/A	N/A	N/A	8,441,101	10,522,162
	Equity - Collective Holdings						
	Royal Trust, Toronto						
	FIERA CANADIAN EQUITY CORE II FUND	CCT	N/A	N/A	N/A	2,352,167	6,690,999
	FIERA GLOBAL EQUITY FUND	CCT	N/A	N/A	N/A	8,388,111	8,307,357
	Total Equity - Collective Holdings					10,740,278	14,998,356
	Total Canadian Investments					21,419,638	27,758,777
	Total Assets (Held at End of Year)					$ 915,801,427	$ 1,296,608,709

Exhibit F: Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2020.

		Years of Service									
Age	**Total**	**Under 1**	**1 - 4**	**5 - 9**	**10 - 14**	**15 - 19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 & over**
Under 25	19	3	16								
25 - 29	32	2	24	6							
			$55,376								
30 - 34	94	18	56	16	4						
			79,427								
35 - 39	153	20	80	29	19	5					
		$40,082	100,253	$102,041							
40 - 44	231	27	114	59	18	7	5	1			
		43,642	108,638	110,764							
45 - 49	295	19	126	82	34	24	7	3			
			111,645	104,105	$97,874	$96,975					
50 - 54	356	17	125	88	62	41	12	6	5		
			104,690	118,700	110,269	117,023					
55 - 59	329	7	70	89	74	59	19	7	3	1	
			111,733	118,566	112,454	118,213					
60 - 64	196	2	29	52	46	30	24	8	3	1	1
			109,064	114,362	117,193	128,433	$117,870				
65 - 69	39	2	4	12	5	8	4	2	1	1	
70 & over	3			1	1		1				
Total	1,747	117	644	434	263	174	72	27	12	3	1

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/2002	$65,193,444	11	$8,207,527
Actuarial Loss	01/01/2008	1,268,377	2	656,374
Actuarial Loss	01/01/2009	6,828,227	3	2,437,110
Investment Loss Subject to Relief	01/01/2009	96,351,594	17	9,361,665
Change in Actuarial Assumptions	01/01/2011	3,617,120	5	828,061
Investment Loss Subject to Relief	01/01/2011	47,799,404	17	4,644,261
Actuarial Loss	01/01/2012	24,157,509	6	4,762,074
Change in Actuarial Assumptions	01/01/2013	3,356,822	7	585,835
Actuarial Loss	01/01/2015	5,589,990	9	808,517
Plan Amendment	01/01/2015	14,310,408	9	2,069,809
Change in Actuarial Assumptions	01/01/2016	7,229,265	10	970,827
Plan Amendment	01/01/2016	9,079,662	10	1,219,319
Actuarial Loss	01/01/2016	9,671,341	10	1,298,776
Actuarial Loss	01/01/2017	12,494,866	11	1,573,041
Actuarial Loss	01/01/2018	11,273,311	12	1,341,074
Plan Amendments	01/01/2019	11,257,389	13	1,273,758
Change in Actuarial Assumptions	01/01/2019	15,026,732	13	1,700,255
Actuarial Loss	01/01/2019	22,961,133	13	2,598,021
Plan Amendment	01/01/2021	12,300,112	15	1,279,150
Total		**$379,766,706**		**$47,615,454**

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Actuarial Assumptions	01/01/2005	$15,551,323	14	$1,682,954
Change in Actuarial Assumptions	01/01/2007	990,033	16	99,343
Change in Asset Method	01/01/2009	37,122,125	18	3,503,276
Actuarial Gain	01/01/2010	45,983	4	12,729
Investment Loss Subject to Relief	01/01/2010	29,259,807	17	2,842,927
Plan Amendment	01/01/2011	4,517,220	5	1,034,119
Actuarial Gain	01/01/2011	9,360,311	5	2,142,839
Actuarial Gain	01/01/2013	3,537,889	7	617,435
Actuarial Gain	01/01/2014	411,304	8	64,848
Change in Actuarial Assumptions	01/01/2015	3,739,037	9	540,802
Change in Actuarial Assumptions	01/01/2017	1,043,096	11	131,321
Change in Actuarial Assumptions	01/01/2018	180,386	12	21,459
Actuarial Gain	01/01/2020	10,541,644	14	1,140,809
Change in Actuarial Assumptions	01/01/2021	2,368,091	15	246,270
Actuarial Gain	01/01/2021	28,983,145	15	3,014,103
Total		**$147,651,394**		**$17,095,234**

Section 3: Certificate of Actuarial Valuation

FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary, Steven Loomis, ASA, FCA, MAAA, EA.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.95% to 2.43% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumptions were changed: • Mortality improvement scale, previously SSA-2018 • Administrative expenses, previously $1,500,000

Exhibit J: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates

Healthy Pre-Retirement: RP-2006 Employee Mortality Table, projected generationally from 2009 using the MP-2021 scale.

Healthy Post-Retirement: RP-2006 Healthy Annuitant Mortality Table, projected generationally from 2009 using the MP-2021 scale.

Disabled: Healthy post-retirement tables with ages set forward 10 years.

The underlying tables projected to the valuation date reasonably reflect the projected mortality experience of the Plan as of the measurement date. The mortality tables were then adjusted to future years using generational projection to anticipate future mortality improvement.

The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and liability change due to deaths by age and the projected number and liability change based on the prior year's assumption over the most recent 10 years.

Annuitant Mortality Rates

	Rate (%)[1]			
	Healthy		Disabled	
Age	Male	Female	Male	Female
55	0.61	0.38	1.26	0.98
60	0.82	0.59	2.03	1.56
65	1.26	0.98	3.31	2.51
70	2.03	1.56	5.50	4.14
75	3.31	2.51	9.38	7.26
80	5.50	4.14	16.07	12.81
85	9.38	7.26	24.73	20.72
90	16.07	12.81	34.44	30.22

[1] Mortality rates shown for base tables and do not reflect any future generational projection.

Section 3: Certificate of Actuarial Valuation

Termination Rates

	Rate (%)			
	Mortality[1]			
Age	Male	Female	Disability	Withdrawal[2]
20	0.05	0.02	0.03	9.94
25	0.05	0.02	0.04	9.67
30	0.05	0.02	0.06	9.30
35	0.06	0.03	0.07	8.71
40	0.08	0.05	0.11	7.75
45	0.12	0.08	0.18	6.35
50	0.20	0.12	0.30	4.22
55	0.30	0.17	0.50	- -
60	0.50	0.28	- -	- -

[1] Mortality rates shown for base table and do not reflect any future generational projection.

[2] Withdrawal rates are two times the regular rates for participants with less than two years of service.

The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements by age and the projected number based on the prior year's assumption over the most recent 10 years.

Salary Scale

4.50% per year

This assumption is set based on review of the assumed rate compared to recent historical experience and professional judgment and reflects a reasonable expectation for the future. As a part of the analysis, a comparison was made between the assumed and the actual increase over the most recent 10 years.

Retirement Rates for Active Participants

After six years of service, based on age as follows:

Age	Annual Retirement Rates
55 – 58	10%
59	15%
60	30%
61	25%
62	40%
63 – 64	25%
65	40%
66 – 67	50%
68 – 69	30%
70	100%

The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the most recent 10 years.

Description of Weighted Average Retirement Age

Age 60.9, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2021 actuarial valuation.

Section 3: Certificate of Actuarial Valuation

Retirement Rates for Inactive Vested Participants	After two years of service, based on age as follows: **Age** / **Annual Retirement Rates** 55 — 15% 56 – 57 — 5% 58 – 59 — 10% 60 — 45% 61 — 25% 62 — 50% 63 – 64 — 20% 65 – 66 — 25% 67 – 69 — 20% 70 — 100% The retirement rates for inactive vested participants were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the most recent five years.
Future Benefit Accruals	One service credit per year per active participant included in the valuation.
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male. If unknown, salary amounts are assumed to increase by the salary scale assumption from the last available.
Definition of Active Participants	Active participants are defined as those who are employed on December 31, 2020, excluding those who have terminated or retired as of the valuation date.
Exclusion of Inactive Vested Participants	Inactive participants over age 75 are excluded from the valuation. The exclusion of inactive vested participants over age 75 was based on historical and current data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.
Percent Married	45% of females and 75% of males
Spouse Demographics	Male participants are assumed to have female spouses and female participants are assumed to have male spouses. Female spouses are assumed to be three years younger than their male spouses.

Section 3: Certificate of Actuarial Valuation

Benefit Election	Married participants are assumed to elect the 100% joint and survivor with pop-up form of payment at retirement and non-married participants are assumed to elect an unreduced 5-year certain and life benefit. The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent seven years.
Delayed Retirement Factors	Inactive vested participants who are assumed to commence receipt of benefits after attaining age 62 qualify for delayed retirement increases.
Net Investment Return	7.25% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	$1,350,000 for the year measured at January 1, 2021, or 7.2% of Normal Cost. The annual administrative expenses were based on historical and current data, adjusted to reflect future experience and professional judgment.
Derivation of Assets (Schedule MB, line 1b)	The assets shown on Schedule MB, Line 1b represent the portion of total assets allocable to the U.S. participants of this pension plan.
Current Value of Assets (Schedule MB, line 2a)	The current value of assets shown on Schedule MB, Line 2a excludes $119,711,701 attributable to the Canadian Plan.
Actuarial Value of Assets	Smoothed Market Value with phase-in (IRS Method 16 of Revenue Procedure 2000-40) – the market value of assets less unrecognized returns in each of the last three years. Unrecognized return is equal to the difference between actual market return and the expected return (at the actuarially assumed rate) on the market value, and is recognized over a four-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Entry Age Normal Actuarial Cost Method. Entry Age is the age at which the participant would have commenced participation if the Plan had always been in existence. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by salary up to the Plan maximum, with Normal Cost determined as if the current benefit accrual rate had always been in effect. Employees are counted as 'active' if employed on the valuation date.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit K.
Current Liability Assumptions	*Interest:* 2.43%, within the permissible range prescribed under IRC Section 431(c)(6)(E) *Mortality:* Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally using scale MP-2019 (previously, MP-2018)
Estimated Rate of Investment Return	*On actuarial value of assets (Schedule MB, line 6g):* 11.34%, for the Plan Year ending December 31, 2020 *On current (market) value of assets (Schedule MB, line 6h):* 13.15%, for the Plan Year ending December 31, 2020

Section 3: Certificate of Actuarial Valuation

FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary, Steven Loomis, ASA, FCA, MAAA, EA.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.95% to 2.43% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumptions were changed: • Mortality improvement scale, previously SSA-2018 • Administrative expenses, previously $1,500,000

Exhibit E: Schedule of Projection of Expected Benefit Payments

(Schedule MB, Line 8b(1))

Plan Year	Expected Annual Benefit Payments
2021	$75,497,505
2022	78,095,905
2023	80,185,663
2024	81,825,046
2025	83,130,703
2026	84,013,898
2027	84,525,364
2028	84,669,209
2029	84,527,828
2030	84,152,802

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
[ ] a single-employer plan [ ] a DFE (specify) _____

B This return/report is: [ ] the first return/report [ ] the final return/report
[X] 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 ▶ [X]

D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program
[ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ [ ]

Part II Basic Plan Information - enter all requested information

1a Name of plan
UNITED ASSN FULL-TIME SAL OFF & EMP OF LOCL UNIONS COUNCILS, ST & PROV PEN PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 12/28/1966

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
U A LOCAL UNION OFFICERS & EMPLOYEES PENSION FUND

THREE PARK PLACE

ANNAPOLIS MD 21401-3687

2b Employer Identification Number (EIN) 52-1178032

2c Plan Sponsor's telephone number 410-269-2000

2d Business code (see instructions) 525100

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	Mark McManus	11/04/2022	MARK MCMANUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Patrick H. Kellett	11/04/2022	PATRICK H. KELLETT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2021) v. 210624**

118401 12-30-21

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	5,568
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	**6a(1)**	1,670
a (2) Total number of active participants at the end of the plan year	**6a(2)**	1,768
b Retired or separated participants receiving benefits	**6b**	2,626
c Other retired or separated participants entitled to future benefits	**6c**	622
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	5,016
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	581
f Total. Add lines **6d** and **6e**	**6f**	5,597
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	319

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) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] 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) [X] 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) [X] **R** (Retirement Plan Information)
- (2) [X] **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) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information - Small Plan)
- (3) [X] 1 **A** (Insurance Information)
- (4) [X] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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
UNITED ASSN FULL-TIME SAL OFF & EMP OF LOCL UNIONS

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
U A LOCAL UNION OFFICERS & EMPLOYEE PENSION FUND

D Employer Identification Number (EIN)
52-1178032

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 01 Day 01 Year 2021		
b	Assets		
(1)	Current value of assets	**1b(1)**	1,008,897,073
(2)	Actuarial value of assets for funding standard account	**1b(2)**	938,545,756
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	1,049,120,187
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	995,622,982
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	1,769,129,809
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	58,208,935
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	75,524,773
(3)	Expected plan disbursements for the plan year	**1d(3)**	76,926,653

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 Steven R. Loomis

Signature of actuary

10/10/2022
Date

Steven R. Loomis, ASA, FCA, MAAA
Type or print name of actuary

2006253
Most recent enrollment number

Segal
Firm name

216-687-4400
Telephone number (including area code)

1111 Superior Avenue, Suite 2340
Cleveland OH 44114-2568
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	1,008,897,073
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		3,188	1,062,560,028
(2) For terminated vested participants		660	127,435,905
(3) For active participants:			
(a) Non-vested benefits			38,416,231
(b) Vested benefits			540,717,645
(c) Total active		1,747	579,133,876
(4) Total		5,595	1,769,129,809
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	57.02%

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/15/2021	58,213,654	0			

j If box h is checked, enter period of use of shortfall method **5j**

k Has a change been made in funding method for this plan year? ..... ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ..... ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability ..... **6a** 2.43 %

		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	7P		7P	
(2) Females	**6c(2)**	7FP		7FP	
d Valuation liability interest rate	**6d**	7.25 %		7.25 %	
e Expense loading	**6e**	7.2 %	☐ N/A	%	☒ N/A
f Salary scale	**6f**	4.50 %	☐ N/A		

g Estimated investment return on actuarial value of assets for year ending on the valuation date ..... **6g** 11.3 %

h Estimated investment return on current value of assets for year ending on the valuation date ..... **6h** 13.1 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
3	12,300,112	1,279,150
1	-28,983,145	-3,014,103
4	-2,368,091	-246,270

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval **8a**

b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule. ..... ☒ Yes ☐ No

b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule. ..... ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ..... ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ..... ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..... **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ..... ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) ..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension ..... **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ..... ☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) **8e**

9 Funding standard account statement for this plan year:				
Charges to funding standard account:				
a Prior year funding deficiency, if any			9a	0
b Employer's normal cost for plan year as of valuation date			9b	20,050,779
c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	379,766,706		47,615,454
(2) Funding waivers	9c(2)	0		0
(3) Certain bases for which the amortization period has been extended	9c(3)	0		0
d Interest as applicable on lines 9a, 9b, and 9c			9d	4,905,802
e Total charges. Add lines 9a through 9d			9e	72,572,035
Credits to funding standard account:				
f Prior year credit balance, if any			9f	121,540,881
g Employer contributions. Total from column (b) of line 3			9g	58,213,654
		Outstanding balance		
h Amortization credits as of valuation date	9h	147,651,394		17,095,234
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			9i	11,985,509
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	9j(1)	270,448,133		
(2) "RPA '94" override (90% current liability FFL)	9j(2)	689,050,032		
(3) FFL credit			9j(3)	0
k (1) Waived funding deficiency			9k(1)	0
(2) Other credits			9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			9l	208,835,278
m Credit balance: If line 9l is greater than line 9e, enter the difference			9m	136,263,243
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			9n	

9o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		☒ Yes ☐ No