

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
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>06/01/2021</u> and ending <u>05/31/2022</u>	
A	This return/report is for: ☒ 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
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>IBEW LOCAL UNION NO 252 DEF CONTRIB PLAN 401K PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>002</u>
1c	Effective date of plan <u>06/01/1993</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JT BOARD TRUSTEES IBEW LOCAL 252</u> <u>3135 S. STATE ST., SUITE 105</u> <u>ANN ARBOR, MI 48108-1653</u>
2b	Employer Identification Number (EIN) <u>38-6323896</u>
2c	Plan Sponsor's telephone number <u>734-663-2178</u>
2d	Business code (see instructions) <u>238210</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/01/2022	WILLIAM WHITE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor IBEW LOCAL 252 JOINT BOARD OF TRUSTEES 3135 S. STATE ST., SUITE 105 ANN ARBOR, MI 48108-1653		3b Administrator's EIN 38-6323896	
		3c Administrator's telephone number 734-663-2178	
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	1248
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)	1182
a(2) Total number of active participants at the end of the plan year		6a(2)	1184
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	67
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1251
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	3
f Total. Add lines 6d and 6e		6f	1254
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1184
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	69
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 2J			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022		
A Name of plan IBEW LOCAL UNION NO 252 DEF CONTRIB PLAN 401K PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 JT BOARD TRUSTEES IBEW LOCAL 252	D Employer Identification Number (EIN) 38-6323896	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

ANN ARBOR BENEFIT ADMINISTRATORS

38-2866123

(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?
13	NONE	37928	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONLIN, MCKENNEY & PHILBRICK

38-2772489

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	108182	Yes ☒ No ☐	Yes ☐ No ☒	2516	Yes ☒ No ☐

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

POLK AND ASSOCIATES, P.L.C.

38-3388760

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	28760	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)

ADP BROKER-DEALER

22-3319984

(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?
63 60 59	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ADP BROKER-DEALER

22-3319984

(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?
63	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ADP

22-1467904

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 64	NONE	71311	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)

ADP BROKER-DEALER

22-3319984

(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?
60 59	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

RBC WEALTH MANAGEMENT

38505 WOODWARD, STE 150
BLOOMFIELD HILLS, MI 48304-9904

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	81146	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAW OFFICE OF THOMAS D LUCZAK PLLC

87-3430280

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	33174	Yes ☒ No ☐	Yes ☒ No ☐	82	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
CONLIN, MCKENNEY & PHILBRICK	29	2516
(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.	
IBEW 252 PENALTY ACCOUNT 3135 S STATE ST., STE 105 ANN ARBOR, MI 48108	LIQUIDATED DAMAGES, WEIGHTED BASED ON EST % OF COLLECTIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS - CUSIP 02630T530 95-2769620	ANNUAL RATE 0.00100 AND 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS - CUSIP 02630T597 95-2769620	ANNUAL RATE 0.00100 AND 0.00250 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS - CUSIP 02630T662 95-2769620	ANNUAL RATE 0.00100 AND 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS - CUSIP 02630T738 95-2769620	ANNUAL RATE 0.00100 AND 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS - CUSIP 02630T795 95-2769620	ANNUAL RATE 0.00100 AND 0.00250 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS - CUSIP 02630T506 95-2769620	ANNUAL RATE 0.00100 AND 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS - CUSIP 02630T860 95-2769620	ANNUAL RATE 0.00100 AND 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS - CUSIP 02631C346 95-2769620	ANNUAL RATE 0.00100 AND 0.00250 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS - CUSIP 02630T233 95-2769620	ANNUAL RATE 0.00100 AND 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS - CUSIP 02630T399 95-2769620	ANNUAL RATE 0.00100 AND 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS - CUSIP 02630T464 95-2769620	ANNUAL RATE 0.00100 AND 0.00250 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS - CUSIP 298706847 95-2769620	ANNUAL RATE 0.00100 AND 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS - CUSIP 399874841 95-2769620	ANNUAL RATE 0.00100 AND 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS - CUSIP 140193848 95-2769620	ANNUAL RATE 0.00200 AND 0.00250 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	
(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.	
IVY FUNDS - CUSIP 466000635 6300 LAMAR AVENUE PO BOX 29217 SHAWNEE MISSION, KS 66201	ANNUAL RATE 0.0025 AND 0.00200 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	
(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.	
PUTNAM RETAIL MGMT-CUSIP 746444819 ONE POST OFFICE SQUARE BOSTON, MA 02109	ANNUAL RATES OF 0.005 AND 0.0025 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	
(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.	
PHOENIX-VIRTUS CUSIP 92828W387 56 PROSPECT STREET, PO BOX 150480 HARTFORD, CT 06115	ANNUAL RATE 0.0025 AND 0.00200 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63	
(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.	
HARBOR FUND DIST - CUSIP 411511827 ONE SEAGATE TOLEDO, OH 43604	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63	
(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.	
ALLIANZ GLOBAL - CUSIP 722005618 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63	
(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.	
ALLIANZ GLOBAL - CUSIP 693390726 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(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.	
BLACKROCK INVEST - CUSIP 09251M504 23-2784752	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(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.	
BLACKROCK INVEST - CUSIP 09251T509 23-2784752	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(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.	
BLACKROCK INVEST - CUSIP 09255V500 23-2784752	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(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.	
BLACKROCK INVEST - CUSIP 09260B556 23-2784752	ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(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.	
COLUMBIA - CUSIP 19763P192 ONE FINANCIAL CENTER MA5-515-14-01 BOSTON, MA 02111	ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(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.	
DODGE & COX, INC.-CUSIP 256210105 94-1441976	ANNUAL RATE 0.00080 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(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.	
EAGLE FUND - CUSIP 14214L486 59-2385219	ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(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.	
FRANKLIN TEMPLETON -CUSIP 353496847 100 FOUNTAIN PARKWAY ST PETERSBURG, FL 33716	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(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.	
FRANKLIN TEMPLETON -CUSIP 354713653 100 FOUNTAIN PARKWAY ST PETERSBURG, FL 33716	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(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.	
FRANKLIN TEMPLETON -CUSIP 880208855 100 FOUNTAIN PARKWAY ST PETERSBURG, FL 33716	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(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.	
FRANKLIN TEMPLETON -CUSIP 880208400 100 FOUNTAIN PARKWAY ST PETERSBURG, FL 33716	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(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.	
GOLDMAN SACHS - CUSIP 38144N361 71 SOUTH WACKER DRIVE, SUITE 500 CHICAGO, IL 60606	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(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.	
GOLDMAN SACHS - CUSIP 38144N569 71 SOUTH WACKER DRIVE, SUITE 500 CHICAGO, IL 60606	ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(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.	
GOLDMAN SACHS - CUSIP 38144N346 71 SOUTH WACKER DRIVE, SUITE 500 CHICAGO, IL 60606	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(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.	
FRANKLIN TEMPLETON -CUSIP 355148503 100 FOUNTAIN PARKWAY ST PETERSBURG, FL 33716	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(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.	
JP MORGAN INV MGMT CUSIP 4812C1710 13-3200244	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(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.	
LORD ABBETT DISTRIB-CUSIP 543916688 90 HUDSON ST JERSEY CITY, NJ 07032	ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(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.	
LORD ABBETT DISTRIB-CUSIP 54400A506 90 HUDSON ST JERSEY CITY, NJ 07032	ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS FUND DISTRIB - CUSIP 55273H536 04-2747644	ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS FUND DISTRIB - CUSIP -552746604 04-2747644	ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY - CUSIP 02507F423 44-0640487	ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY - CUSIP 02507F506 44-0640487	ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY - CUSIP 02507F563 44-0640487	ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY - CUSIP 02507F613 44-0640487	ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY - CUSIP 02507F654 44-0640487	ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY - CUSIP 02507F795 44-0640487	ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY - CUSIP 02507F845 44-0640487	ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY - CUSIP 02507F886 44-0640487	ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY - CUSIP 02507F191 44-0640487	ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LAW OFFICE OF THOMAS D LUCZAK PLLC	29	82
(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.	
IBEW 252 PENALTY ACCOUNT 3135 S STATE ST., STE 105 ANN ARBOR, MI 48108	LIQUIDATED DAMAGES, WEIGHTED BASED ON EST % OF COLLECTIONS	

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 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
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For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022		
A Name of plan IBEW LOCAL UNION NO 252 DEF CONTRIB PLAN 401K PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 JT BOARD TRUSTEES IBEW LOCAL 252	D Employer Identification Number (EIN) 38-6323896	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	41075	40155
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	416323	395734
(2) Participant contributions.....	1b(2)	198298	173302
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1045050	1457162
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	112919667	103347566
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	114620413	105413919

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	42483	47651
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	127207	46732
k Total liabilities (add all amounts in lines 1g through 1j)	1k	169690	94383

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	114450723	105319536
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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)	4512352	
(B) Participants	2a(1)(B)	2111732	
(C) Others (including rollovers).....	2a(1)(C)	284077	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6908161
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-8064419
c Other income.....	2c		380572
d Total income. Add all income amounts in column (b) and enter total.....	2d		-775686
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7505641	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	490926	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		7996567
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)	157202	
(2) Contract administrator fees.....	2i(2)	37928	
(3) Investment advisory and management fees.....	2i(3)	152457	
(4) Other.....	2i(4)	11347	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		358934
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8355501
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-9131187
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: POLK AND ASSOCIATES, P.L.C.

(2) EIN: 38-3388760

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a	X		6457

	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?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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	
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.)	X		
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			
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 _____.			

**INTERNATIONAL BROTHERHOOD OF
ELECTRICAL WORKERS
LOCAL UNION NUMBER 252
DEFINED CONTRIBUTION/401(k) PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

**FOR THE YEARS ENDED
MAY 31, 2022 AND 2021**

**INTERNATIONAL BROTHERHOOD OF
ELECTRICAL WORKERS
LOCAL UNION NUMBER 252
DEFINED CONTRIBUTION/401(k) PLAN**

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
International Brotherhood of Electrical Workers
Local Union Number 252 Defined Contribution/401(k) Plan
Ann Arbor, Michigan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of International Brotherhood of Electrical Workers Local Union Number 252 Defined Contribution/401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA") as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the Statements of Net Assets Available for Benefits as of May 31, 2022 and 2021, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the International Brotherhood of Electrical Workers Local Union Number 252 Defined Contribution/401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of May 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section –

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of International Brotherhood of Electrical Workers Local Union Number 252 Defined Contribution/401(k) 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 International Brotherhood of Electrical Workers Local Union Number 252 Defined Contribution/401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are ready to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement 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 International Brotherhood of Electrical Workers Local Union Number 252 Defined Contribution/401(k) 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about International Brotherhood of Electrical Workers Local Union Number 252 Defined Contribution/401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

The supplemental schedules of Schedule H, line 4i – Schedule of Assets (Held At End of Year) and Schedule H, line 4a – Schedule of Delinquent Participant Contributions for the year ended May 31, 2022, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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 included in the supplemental schedules, other than that agree to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such

To the Board of Trustees
International Brotherhood of Electrical Workers
Local Union Number 252 Defined Contribution/401(k) Plan
October 15, 2022
Page 4

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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion -

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Polk and Associates, PLC
POLK AND ASSOCIATES, PLC

October 15, 2022

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NUMBER 252 DEFINED CONTRIBUTION/401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of May 31, 2022 AND 2021

<u>ASSETS</u>	<u>2022</u>	<u>2021</u>
Investments at Fair Value	\$ 104,804,728	\$ 113,964,717
Receivables:		
Employer Contributions Receivable	395,734	416,323
Employee Contributions Receivable	<u>173,302</u>	<u>198,298</u>
Total Receivables	569,036	614,621
Cash	<u>40,155</u>	<u>41,075</u>
Total Assets	<u>105,413,919</u>	<u>114,620,413</u>
<u>LIABILITIES</u>		
Accounts Payable	47,651	42,483
Reciprocal Payments Payable	<u>46,732</u>	<u>127,207</u>
Total Liabilities	<u>94,383</u>	<u>169,690</u>
Net Assets Available for Benefits	<u>\$ 105,319,536</u>	<u>\$ 114,450,723</u>

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NUMBER 252 DEFINED CONTRIBUTION/401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended May 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Additions (Subtractions) to Net Assets Available for Benefits:		
Employer Contribution	\$ 4,512,352	\$ 4,249,268
Salary Reduction Contribution	2,111,732	2,003,486
Rollover Contributions	284,077	-
Other Income	380,572	333,108
Investment Income:		
Interest and Dividends	6,377,610	3,733,926
Net Appreciation (Depreciation) in Fair Value of Investments	(14,442,029)	22,707,496
Net Investment Income (Loss)	(8,064,419)	26,441,422
Total Additions (Subtractions)	(775,686)	33,027,284
Deductions From Assets Available for Benefits:		
Benefits Paid	7,505,641	12,646,673
Reciprocity Payments	490,926	471,188
Administrative Expenses	358,934	337,907
Total Deductions	8,355,501	13,455,768
Increase (Decrease) in Net Assets Available for Benefits	(9,131,187)	19,571,516
Net Assets Available for Benefits:		
Beginning of Year	114,450,723	94,879,207
End of Year	<u>\$ 105,319,536</u>	<u>\$ 114,450,723</u>

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NUMBER 252 DEFINED CONTRIBUTION/401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
For the Years Ended May 31, 2022 and 2021

1. DESCRIPTION OF THE PLAN

The following brief description of the International Brotherhood of Electrical Workers Local Union Number 252 Defined Contribution/401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Organization

The Plan, a defined contribution plan effective June 1, 1993, was amended effective September 1, 1995 to be a defined contribution/401(k) plan covering eligible employees of contractors who are members of the South Central Division, Michigan Chapter, of the National Electrical Contractors Association, Inc. (the "Association"). Eligible employees are covered by the collective bargaining agreement (the "Agreement") between IBEW Local Union Number 252 (the "Union") and the Association. As of July 1, 2003, parties who provide administrative services to the Plan as third party administrators may, upon invitation of the Trustees, become parties to the plan. An employee becomes a participant in the Plan on the first working day on which the employer is obligated to make contributions to the Plan on behalf of the employee pursuant to the Agreement.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974.

The operation and administration of the Plan is the joint responsibility of a Board of Trustees consisting of Association and Union Trustees. State Street Bank and Trust Company (the "Custodian") holds the Plan's assets and serves as the Plan's investment manager. Automatic Data Processing, Inc. serves as the Plan's record-keeper.

Contributions

Employer contributions are made according to the rate and terms outlined in the Agreement. The basic contribution rates per hour worked under the Agreement were \$4.22 and \$4.13 for Inside, \$1.17 and \$1.14 for Residential, and \$0.87 and \$0.84 for Telecommunications at May 31, 2022 and 2021, respectively. There is a premium paid for working the second and third shifts. Employers can also make discretionary contributions for non-bargained employees at the rate specified in the Plan. Employees may contribute up to the maximum salary reduction contribution allowed by the Internal Revenue Code each calendar year. The Plan was amended on September 1, 1998 to accept rollover contributions from other qualified plans. The Plan was amended in 2003 to allow participants who have attained age 50 before the close of the plan year to make catch-up contributions in accordance with the limits of the Internal Revenue Code. The Plan was amended in 2020 to permit employers to make contributions to the Plan on behalf of Plan participants of up to 40 hours per week even when they are not working in covered employment under the following circumstances: the employee is either (1) furloughed without being terminated as an employee, or (2) laid off without being terminated as an employee.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NUMBER 252 DEFINED CONTRIBUTION/401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
For the Years Ended May 31, 2022 and 2021

1. DESCRIPTION OF THE PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the employer's contribution and Plan earnings and charged with an allocation of administrative expenses. Employer contributions are allocated to the account of the participant for whom the contribution was made. Administrative expenses are allocated evenly among all participants with account balances in the Plan except for fees specifically related to a particular participant (QDRO and hardship distribution legal fees).

Vesting

A participant's individual account balance is one hundred percent vested and nonforfeitable at all times.

Payment of Benefits

Upon termination of service, attainment of age 52, death, or any other distributive event as defined in the Plan document, participants or their beneficiaries shall receive a lump-sum amount equal to the value of their account. The Plan was amended effective September 1, 1998 to allow hardship distributions as defined by I.R.S. Code 213(d). The Plan was amended effective January 6, 2004 to allow distributions from deferral contributions following a period of six consecutive weeks of unemployment.

The Plan was amended to modify conditions under which distributions can be made. This provision was applicable during the period beginning March 27, 2020, which is the date of the enactment of the CARES Act, and ending December 30, 2020. Upon the application of the participant, the Plan could distribute up to the lesser of \$100,000 or the participant's total account balance. The participant must have represented that they qualified for a Coronavirus-Related Distribution to the Plan's recordkeeper. Any participant that received a Coronavirus-Related Distribution has three years from the distribution date to make a repayment contribution up to the amount of their distribution and thus have the distribution classified as a rollover rather than a taxable event.

The definition of a hardship distribution was amended in 2020. The twelve-month prohibition on elective deferrals following hardship withdrawals was eliminated in 2020. Required minimum distributions were not required in calendar year 2020.

The Plan was amended in 2021 to allow participants (a) who have been participants in the Plan for a period of at least 60 months, and (b) who have attained age 59 ½, to receive in-service distributions of all or part of their account balance in the Plan.

Investment Options

Upon enrollment in the Plan, a participant may self-direct contributions to a limited choice of investment options chosen by the Board of Trustees of the Plan. Participants may change their investment options during the year.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NUMBER 252 DEFINED CONTRIBUTION/401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
For the Years Ended May 31, 2022 and 2021

1. DESCRIPTION OF THE PLAN (CONTINUED)

Reciprocal Payments

Contributions collected from contractors, who are members of the Association on behalf of employees of other electrical unions, are paid to the applicable local benefit offices under terms of the International Reciprocity Agreement.

Date of Management's Review

Subsequent events were evaluated through October 15, 2022, which is the date the financial statements were available to be issued.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles require the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Contractor Contributions Receivable

Contributions are recorded when reported and paid by the participating contractor or other contributing entity. Those amounts received during the month after year end are recorded as a receivable. Contributions which are more than one-month delinquent as of year-end are fully reserved and are recorded as received. The Plan follows an established collection protocol that has been approved by the Trustees of the Plan.

Concentration Of Credit Risk

The Plan covers eligible employees of contractors who are members of the Association who operate in Washtenaw, Jackson, and parts of Livingston and Ingham Counties.

Investment Valuation

The Plan's investments are stated at fair value as determined by the Custodian based on the quoted market value of the underlying assets as of the closing date. Investment transactions are recorded as of the trade date.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NUMBER 252 DEFINED CONTRIBUTION/401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
For the Years Ended May 31, 2022 and 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Adoption of New Accounting Pronouncements

The Plan has adopted Statements on Auditing Standards (SASs) No. 134 through No. 140. SAS No. 134 changes the form and content for all auditors' reports under GAAS. SAS No. 135 amends AU-C, Communication with Those Charged with Governance. SAS No. 136 requires enhanced audit quality and a revised auditors' report on ERISA plan financial statements to provide better insight into the responsibilities of both management and the auditor. SAS No. 137 clarifies that the auditor is required to apply procedures only to other information included in annual reports. SAS No. 138 eliminates inconsistencies between the AICPA Professional Standards and the definition of materiality used by the US judicial system and other US standard setters and regulators. SAS No. 139 includes technical corrections to align with new auditor reporting language for statements prepared following special purpose frameworks. SAS No. 140 amends the auditing standards to incorporate changes from SAS No. 134 and No. 137.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NUMBER 252 DEFINED CONTRIBUTION/401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
For the Years Ended May 31, 2022 and 2021

3. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

		Fair Value Measurements at Reporting Date Using:
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)
	<u>Fair Value</u>	<u>(Level 1)</u>
<u>May 31, 2022</u>		
Cash Equivalents	\$ 1,457,162	\$ 1,457,162
Mutual Funds		
Diversified Emerging Markets	189,620	189,620
Foreign Large Blend	204,582	204,582
Foreign Large Growth	404,853	404,853
High Yield Bond	146,400	146,400
Inflation Protected Bond	546,221	546,221
Intermediate-Term Bond	452,139	452,139
Large Blend	1,338,456	1,338,456
Large Growth	903,830	903,830
Large Value	294,890	294,890
Mid-Cap Blend	339,373	339,373
Mid-Cap Growth	1,103,360	1,103,360
Mid-Cap Value	552,188	552,188
Risk Based	572,432	572,432
Small Growth	481,250	481,250
Small Value	1,329,610	1,329,610
Short-Term Bond	220,626	220,626
Tactical Allocation	170,405	170,405
Target Date	94,097,331	94,097,331
Total	<u>\$ 104,804,728</u>	<u>\$ 104,804,728</u>

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NUMBER 252 DEFINED CONTRIBUTION/401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
For the Years Ended May 31, 2022 and 2021

3. FAIR VALUE MEASUREMENTS (CONTINUED)

		Fair Value Measurements at Reporting Date Using:
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)
<u>May 31, 2021</u>		
Cash Equivalents	\$ 1,045,050	\$ 1,045,050
Mutual Funds		
Diversified Emerging Markets	342,243	342,243
Foreign Large Blend	205,513	205,513
Foreign Large Growth	527,176	527,176
High Yield Bond	150,748	150,748
Inflation Protected Bond	441,304	441,304
Intermediate-Term Bond	467,805	467,805
Large Blend	1,222,738	1,222,738
Large Growth	1,139,950	1,139,950
Large Value	593,214	593,214
Mid-Cap Blend	352,872	352,872
Mid-Cap Growth	1,185,652	1,185,652
Mid-Cap Value	306,227	306,227
Risk Based	490,468	490,468
Small Growth	693,053	693,053
Small Value	1,218,539	1,218,539
Short-Term Bond	16,099	16,099
Tactical Allocation	171,379	171,379
Target Date	103,213,316	103,213,316
World Bond	181,372	181,372
Total	<u>\$ 113,964,717</u>	<u>\$ 113,964,717</u>

FASB ASC 820 Fair Value Measurements and Disclosures, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels.

Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority.

Following is a description of the valuation methodologies used for assets measured at fair value:

Level 1 Fair Value Measurements

The fair values of mutual funds if based on quoted net asset values of the shares held by the Plan at year-end.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NUMBER 252 DEFINED CONTRIBUTION/401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
For the Years Ended May 31, 2022 and 2021

3. FAIR VALUE MEASUREMENTS (CONTINUED)

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended May 31, 2022 and 2021, are reported in net appreciation in fair value of investments.

4. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan may be terminated at any time under the provisions outlined in the Plan agreement. Upon termination, all existing obligations shall be paid or discharged and the assets of the Plan liquidated. Thereafter, after provision for any future estimated expenses to be incurred, the Trustees shall distribute the remainder of Plan assets to its participants.

5. SUMMARY OF INFORMATION CERTIFIED BY THE CUSTODIAN OF THE PLAN (UNAUDITED)

The following is a summary of the unaudited information regarding the Plan, for the years ended May 31, 2022 and 2021, included in the Plan's financial statements and supplemental schedules, that was provided by the Custodian and furnished to the Plan administrator. The Custodian has certified to the completeness and accuracy of the information. All investments are participant directed.

	<u>2022</u>	<u>2021</u>
Investments at Fair Value:		
Mutual Funds	\$ 104,804,728	\$ 113,964,717
Total	<u>\$ 104,804,728</u>	<u>\$ 113,964,717</u>
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ (14,442,029)	\$ 22,707,496
Interest and Dividends	\$ 6,377,610	\$ 3,733,926

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NUMBER 252 DEFINED CONTRIBUTION/401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
For the Years Ended May 31, 2022 and 2021

6. RISKS AND UNCERTAINTIES

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

In January 2020, the World Health Organization declared COVID-19 to constitute a “Public Health Emergency of International Concern” which continues to spread throughout the world and has adversely impacted global commercial activity and contributed to significant declines and volatility in financial markets. The coronavirus outbreak and government responses are creating disruption in global supply chains and adversely impacting many industries. The outbreak could have a continued material adverse impact on economic and market conditions and trigger a period of global economic slowdown. The duration of any business disruptions and related financial impact cannot be reasonably estimated at this time. Our opinion is not modified with respect to this matter.

7. PENALTY ACCOUNT

Liquidated damages from all plans related to the International Brotherhood of Electrical Workers Local Number 252 are accumulated and used to finance collection efforts of unpaid fringes. This account has not been included in the activity of the Plan.

8. TAX STATUS

The Internal Revenue Service has determined and informed the Custodians by a letter dated June 24, 1997, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). All amendments to the Plan through January 27, 2015 were given a favorable determination by the Internal Revenue Service by a letter dated August 31, 2015. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Trustees have performed an analysis of the Plan's tax positions for all open tax years as of May 31, 2022 and have concluded that no provisions for income tax are required. The Trustees are not aware of any events that are reasonably possible to occur in the next twelve months that would result in the amount of any unrecognized tax benefits significantly increasing or decreasing for the Trust. However, the Trustees' conclusions regarding tax positions taken may be subject to review and adjustment at a later date based on factors including, but not limited to, new tax laws and accounting regulations and interpretations thereof. The Plan's tax returns generally remain subject to routine audits by taxing jurisdictions for the last three years.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NUMBER 252 DEFINED CONTRIBUTION/401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
For the Years Ended May 31, 2022 and 2021

9. RELATED PARTY TRANSACTION

The Plan receives rebates of the 12b-1 fees charged to participants by various mutual fund managers that it then uses to pay administrative fees. Rebates received by the Plan for investment management services totaled \$380,572 and \$333,108 for the years ending May 31, 2022 and 2021, respectively. Employees of the plan administrator and the International Brotherhood of Electrical Workers Local Union Number 252 are participants in the

Plan. Counsel for the Plan advises that there is an exemption from otherwise potentially applicable “prohibited transaction” prohibition in ERISA at 29 USC 1108(b)(2) and an exemption from a similar prohibition in the Internal Revenue Code at IRC 4975(d)(2) for the related party transaction described herein, since the relevant services are necessary for the operation of the Plan and the compensation for such services is reasonable in amount.

10. LIABILITY TO TERMINATED EMPLOYEES

At May 31, 2022 and 2021, the Plan owed \$0 to terminated employees.

11. PLAN AMENDMENTS

In recognition of the adverse impact which the 2020 COVID-19 health crisis has had upon construction projects within the geographic jurisdiction of IBEW 252, the employers who are subject to various collective bargaining agreements with IBEW Local Union No. 252, the Plan’s participants and to the Plan, to permit employers to make contributions to the Plan on behalf of Plan participants of up to 40 hours per week even when they are not working in covered employment under certain circumstances as mentioned in note 1.

The Plan was amended in 2021 to allow participants (a) who have been participants in the Plan for a period of at least 60 months, and (b) who have attained age 59 ½, to receive in-service distributions of all or part of their account balance in the Plan as mentioned in note 1. The Plan was amended in 2021 to allow qualified disclaimers of a beneficiary’s interest in the Plan, before the beneficiary receives such interest. The Plan was amended in 2021 to allow certain qualifying “working owners” of an employer to participate in the Plan, regardless of the form of the entity of the employer.

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NUMBER 252 DEFINED CONTRIBUTION/401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
For the Years Ended May 31, 2022 and 2021**

12. ADMINISTRATIVE EXPENSES

Administrative expenses incurred by the Plan for the years ended May 31, 2022 and 2021 are as follows:

	<u>2022</u>	<u>2021</u>
Third Party Administrator	\$ 37,928	\$ 28,638
Plan Audit	28,760	27,940
Consulting	81,146	73,132
Investment Management	71,311	70,013
Insurance	8,866	3,853
Legal Services	128,442	128,863
Miscellaneous	2,481	5,468
Total	<u>\$ 358,934</u>	<u>\$ 337,907</u>

SUPPLEMENTAL SCHEDULES

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NUMBER 252 DEFINED CONTRIBUTION/401(k) PLAN
EIN 38-6323896, PLAN NUMBER 002

SCHEDULE H, ITEM 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
May 31, 2022

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost**	Current Value
	Vanguard	Treasury Money Market	NR	1,457,162
	American Century	One Choice 2025 Portfolio	NR	656,295
	American Century	One Choice 2030 Portfolio	NR	741,918
	American Century	One Choice 2035 Portfolio	NR	760,583
	American Century	One Choice 2040 Portfolio	NR	326,659
	American Century	One Choice 2045 Portfolio	NR	166,277
	American Century	One Choice 2050 Portfolio	NR	252,624
	American Century	One Choice 2055 Portfolio	NR	322,242
	American Century	One Choice 2060 Portfolio	NR	396,203
	American Century	One Choice In Retirement Portfolio	NR	909,179
	American Funds	Capital Income Builder	NR	117,855
	American Funds	Euro Pacific Growth Fund	NR	404,853
	American Funds	2010 Target Retirement Date	NR	22
	American Funds	2015 Target Retirement Date	NR	915,568
	American Funds	2020 Target Retirement Date	NR	5,935,330
	American Funds	2025 Target Retirement Date	NR	9,689,648
	American Funds	2030 Target Retirement Date	NR	15,527,781
	American Funds	2035 Target Retirement Date	NR	14,586,291

* Denotes Party in Interest.

** NR - Cost basis not required. All investments are participant directed.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NUMBER 252 DEFINED CONTRIBUTION/401(k) PLAN
EIN 38-6323896, PLAN NUMBER 002

SCHEDULE H, ITEM 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
May 31, 2022

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost**	Current Value
	American Funds	2040 Target Retirement Date	NR	18,910,196
	American Funds	2045 Target Retirement Date	NR	12,207,510
	American Funds	2050 Target Retirement Date	NR	8,302,201
	American Funds	2055 Target Retirement Date	NR	2,080,497
	American Funds	2060 Target Retirement Date	NR	1,410,308
	American Funds	The Growth Fund of America	NR	465,454
	Blackrock	Equity Dividend Fund	NR	294,890
	Blackrock	Global Allocation Fund, Inc	NR	119,691
	Blackrock	Inflation Protected Bond Portfolio	NR	546,221
	Blackrock	Mid Cap Dividend Fund	NR	521,284
	Dodge & Cox	Income Fund	NR	288,797
	Franklin	Income Fund	NR	188,034
	Franklin	Small Cap Growth Fund	NR	481,250
	Franklin	Small Cap Value Fund	NR	583,470
	Goldman Sachs	Emerging Markets Equity Insights Fund	NR	189,620
	Goldman Sachs	Growth Opportunities Fund	NR	544,337
	Goldman Sachs	Mid Cap Value Fund	NR	30,905

* Denotes Party in Interest.

** NR - Cost basis not required. All investments are participant directed.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NUMBER 252 DEFINED CONTRIBUTION/401(k) PLAN
EIN 38-6323896, PLAN NUMBER 002
SCHEDULE H, ITEM 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
May 31, 2022

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost**	Current Value
	Harbor	Harbor Capital Appreciation	NR	438,376
	Ivy	High Income Fund	NR	28,546
	JP Morgan	Mid Cap Growth Select	NR	559,022
	Lord Abbett	Short Duration Income Fund	NR	220,626
	Lord Abbett	Value Opportunities Fund	NR	339,373
	Metlife	Rel Stable Value	NR	746,140
	MFS	Consevative Allocation Fund	NR	264,706
	MFS	Research International Fund	NR	204,581
	PIMCO	All Asset Fund	NR	170,405
	PIMCO	Total Return Fund	NR	163,342
	Vangaurd	500 Index Fund	NR	1,338,456
				<u>\$ 104,804,728</u>

* Denotes Party in Interest.

** NR - Cost basis not required. All investments are participant directed.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NUMBER 252 DEFINED CONTRIBUTION/401(k) PLAN
EIN 38-6323896, PLAN NUMBER 002
SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
May 31, 2022

<u>Employer</u>	Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Cochran Electric Co.	\$ 436	\$ 436	\$ -	\$ -	\$ -
Laibe Electric Co.	2,411	2,411	-	-	-
Shaw Electric Company	3,610	3,610	-	-	-
Total	<u>\$ 6,457</u>	<u>\$ 6,457</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>6/01/2021</u> and ending <u>05/31/2022</u>	
A	This return/report is for: ☒ 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 ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here ☒
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan IBEW LOCAL UNION NO 252 DEF CONTRIB PLAN 401K PLAN	1b Three-digit plan number (PN) ▶ 002 1c Effective date of plan 06/01/1993
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) JT BOARD TRUSTEES IBEW LOCAL 252 3135 S. STATE ST., SUITE 105 ANN ARBOR MI 48108-1653	2b Employer Identification Number (EIN) 38-6323896 2c Plan Sponsor's telephone number 734-663-2178 2d Business code (see instructions) 238210

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	<i>William A. White</i>	11/29/2022	WILLIAM WHITE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			ERIC MALEY
	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)

2021 Form 5500 e-file Signature Authorization

JT BOARD TRUSTEES IBEW LOCAL 252
IBEW LOCAL UNION NO 252 DEF CONTRIB PLAN 401K PLAN 002
3135 S. STATE ST., SUITE 105
ANN ARBOR, MI 48108-1653

Employer Identification Number: **-***3896

Client Identification Number: 2366

You, as plan administrator, are authorizing that Polk and Associates, P.L.C. electronically file the 2021 Form 5500 for IBEW LOCAL UNION NO 252 DEF CONTRIB PLAN 401K PLAN as an EFAST2 Service Provider.

Authorization

As plan administrator for IBEW LOCAL UNION NO 252 DEF CONTRIB PLAN 401K PLAN, I authorize Polk and Associates, P.L.C. to electronically file Form 5500 for the tax year 2021. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization William A. White

Date: 12/01/2022

2366 JT BOARD TRUSTEES IBEW LOCAL 252

12/1/2022 10:27 AM

38-6323896

Federal Statements

FYE: 5/31/2022 IBEW LOCAL UNION NO 252 DEF CONTRIB PLAN 401K PLAN
Plan: 002

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
		SEE AUDIT REPORT	\$	\$