

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>04/01/2021</u> and ending <u>03/31/2022</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>U.A. LOCAL UNION NO. 614 PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1968</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>04/01/1968</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>04/01/1968</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>TRUSTEES - U.A. LOCAL UNION NO. 614 PENSION PLAN</u> <u>2001 CALDWELL DRIVE</u> <u>GOODLETTSVILLE, TN 37072</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>62-6085904</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>615-859-0131</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>238220</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>62-6085904</u>	2c Plan Sponsor's telephone number <u>615-859-0131</u>	2d Business code (see instructions) <u>238220</u>	
2b Employer Identification Number (EIN) <u>62-6085904</u>					
2c Plan Sponsor's telephone number <u>615-859-0131</u>					
2d Business code (see instructions) <u>238220</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.	01/13/2023	JEFF TAYLOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/13/2023	DAVID W. SINK JR.
	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.

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1332
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)	1291
a(2) Total number of active participants at the end of the plan year		6a(2)	1308
b Retired or separated participants receiving benefits.....		6b	14
c Other retired or separated participants entitled to future benefits		6c	30
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1352
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1352
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1105
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	121
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2C 2F 2G 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022	
A Name of plan U.A. LOCAL UNION NO. 614 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES - U.A. LOCAL UNION NO. 614 PENSION PLAN	D Employer Identification Number (EIN) 62-6085904

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

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	MR 60369 - 1	1352	04/01/2021	03/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	7280937
c	Additions: (1) Contributions deposited during the year	7c(1)	195271
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	140463
	(4) Transferred from separate account.....	7c(4)	2095872
	(5) Other (specify below)	7c(5)	0
	(6) Total additions	7c(6)	2431606
d	Total of balance and additions (add lines 7b and 7c(6))	7d	9712543
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	35025
	(2) Administration charge made by carrier.....	7e(2)	0
	(3) Transferred to separate account.....	7e(3)	0
	(4) Other (specify below)	7e(4)	0
	(5) Total deductions	7e(5)	35025
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	9677518

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE 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 04/01/2021 and ending 03/31/2022		
A Name of plan U.A. LOCAL UNION NO. 614 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES - U.A. LOCAL UNION NO. 614 PENSION PLAN	D Employer Identification Number (EIN) 62-6085904	

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)

HIGHLAND CAPITAL MANAGEMENT, LLC

27-5440911

(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 28 50	NONE	568505	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REGIONS BANK

250 RIVERCHASE PARKWAY
4TH FLOOR
BIRMINGHAM, AL 35244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	78721	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOUTHERN BENEFIT ADMINISTRATORS INC

62-1116095

(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?
14 16 17 50	NONE	65333	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)

NOVARA TESIJA & CATENACCI, PLLC

888 W BIG BEAVER RD
STE 600
TROY, MI 48084

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	53481	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REYNOLDS CONSULTING SERVICES

20-1899564

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 70	NONE	49875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEEDLES & ASSOICATES, LLC

51-0435869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	29697	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)

UNITED MEMBERS INSURANCE

6826 W LINEBAUGH AVE
TAMPA, MD 21771

(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?
22 23	NONE	12027	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EBERTS AND HARRISON, INC

1604 RIDGESIDE DR#203
MOUNT AIRY, MD 21771

(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?
22 23	NONE	5551	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT WEST LIFE AND ANNUITY INS CO

84-0467907

(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?
52 60 62 64 67 72	CONTRACT ADMINISTRATOR	175	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

PLAN ADMINISTRATOR

62-6085904

(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?
14	TAFT HARTLEY PLAN PAYMENT	0	Yes ☒ No ☐	Yes ☒ No ☐	261621	Yes ☐ No ☒

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

AMERICAN FUNDS

52-0792143

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

BARON

13-6891420

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

COLUMBIA

93-0577450

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

DODGE AND COX

94-6067274

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

EATON VANCE

04-6039283

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

HARRIS

52-2237782

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

INVESCO

76-0343427

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

PIMCO FUNDS

95-2632339

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

PUTNAM

04-3159710

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

RPYCE

13-3139046

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

THORNBURG

06-1158764

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

VANGUARD

23-1899003

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

VANGUARD

23-1999755

(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?
52	INVESTMENT ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

MASSACHUSETTS MUTUAL LIFE INS CO

04-1590850

(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?
52 72	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
UA LOCAL UNION NO. 614 PENSION FUND	14	261621
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MASSACHUSETTS MUTUAL LIFE INS CO 04-1590850	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS CO	67	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
UA LOCAL 614 CORE FUND 04-1590850	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS CO	72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SAGIC (60369) 04-1590850	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BARON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON GROWTH FUND 13-6891420	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ROYCE	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ROYCE TOTAL RETURN FUND 13-3139046	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PUTNAM	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PUTNAM STABLE VALUE FUND 04-3159710	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO REAL ESTATE FUND 76-0343427	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARRIS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK EQUITY & INCOME FUND 52-2257782	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD SMALL CAP INDEX FUND 23-1999755	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THORNBURG	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THORNBURG INTERNATIONAL EQUITY FD 06-1158764	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EATON VANCE	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EATON VANCE LARGE-CAP VALUE FUND 04-6039283	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INTERMEDIATE-TERM TREAS FD 23-1899003	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD SMALL CAP GROWTH INDEX FND 23-1999755	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD SMALL-CAP VALUE INDEX FUND 23-1999755	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS GRTH FUND OF AMERICA 52-0792143	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SAGIC (60369) 04-1590850	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SAGIC (60369) 04-1590850	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON GROWTH FUND 13-6891420	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BARON GROWTH FUND 13-6861420	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE TOTAL RETURN FUND 13-3139046	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE TOTAL RETURN FUND 13-3139046	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO REAL ESTATE FUND 76-0343427	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DODGE & COX INTL STOCK FUND 94-6067274	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK EQUITY & INCOME FUND 52-2257782	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UA LOCAL UNION NO. 614 PENSION FUND	14	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GREAT WEST LIFE & ANNUITY INSURANCE 84-0467907	PLAN RELATED EXPENSES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TOTAL RETURN FUND ADMIN (PIMCO) 95-2632339	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MASSMUTUAL DIVERSIFIED BOND FUND 04-3464165	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EATON VANCE LARGE-CAP VALUE FUND 04-6039283	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MASSMUTUAL DIVERSIFIED BOND FUND 04-3464165	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THORNBURG INTERNATIONAL EQUITY FD 06-1158764	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA SELIGMAN TECH AND INFO FD 93-0577450	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA SELIGMAN TECH AND INFO FD 93-0577450	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MM S&P 500 INDEX FD(NORTHERN TRUST) 04-3410047	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM S&P MID CAP INDEX FUND (NRTN TR) 45-5349772	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2010 FD 82-3355639	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2020 FD 82-3396442	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2030 FD 82-3430358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2040 FD 82-3451779	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSMUTUAL LIFE INSURANCE COMPANY	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2050 FD 82-3481715	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2060 FD 82-3525148	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT BLND FD 82-3533944	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MASSMUTUAL US GOVERNMENT MNY MKT FD 04-3212059	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS GRTH FUND OF AMERICA 52-0792143	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2010 FD 82-3355639	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2020 FD 82-3396442	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2030 FD 82-3430358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2040 FD 82-3451779	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2050 FD 82-3481715	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2060 FD 82-3525148	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT BLND FD 82-3533944	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM S&P 500 INDEX FD(NORTHERN TRUST) 04-3410047	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM S&P MID CAP INDEX FUND (NRTN TR) 45-5349772	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSMUTUAL LIFE INSURANCE COMPANY	72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2010 FD 82-3355639	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSMUTUAL LIFE INSURANCE COMPANY	72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2020 FD 82-3396442	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSMUTUAL LIFE INSURANCE COMPANY	72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2030 FD 82-3430358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSMUTUAL LIFE INSURANCE COMPANY	72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2040 FD 82-3451779	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSMUTUAL LIFE INSURANCE COMPANY	72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2050 FD 82-3481715	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSMUTUAL LIFE INSURANCE COMPANY	72	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE RETIREMENT 2060 FUND 82-3525148	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSMUTUAL LIFE INSURANCE COMPANY	72	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE RTMT BLND FD 82-3533944	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSMUTUAL LIFE INSURANCE COMPANY	72	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MASSMUTUAL US GOVERNMENT MNY MKT FD 04-3212059	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DODGE & COX	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DODGE & COX INTL STOCK FUND 94-6067274	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COLUMBIA	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA SELIGMAN TECH AND INFO FD 93-0577450	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PIMCO FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TOTAL RETURN FUND ADMIN (PIMCO) 95-2632339	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UA LOCAL UNION NO 614 PENSION PLAN	14	261621
(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.	
GREAT WEST LIFE ANNUITY INSURANCE 84-0467907	PLAN RELATED EXPENSES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INSURANCE	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SAGIC 60369 04-1590850	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE ANNUITY INSURANCE	67	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
UA LOCAL CORE FUND 84-0497907	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INS	72 52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MASS MUTUAL US GOV'T MONEY MKT FUND 04-3212059	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INS	72 52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MM S&P 500 INDEX FDNORTHERN TRUST 04-3410047	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASS MUTUAL LIFE INS	72 52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MASSMUTUAL DIVERSIFIED BOND FUND 04-3464165	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT-WEST LIFE & ANNUITY INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EATON VANCE LARGE-CAP VALUE FUND 04-6039283	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT-WEST LIFE & ANNUITY INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THORNBURG INTERNATIONAL EQUITY FD 06-1158764	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT-WEST LIFE & ANNUITY INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ROYCE TOTAL RETURN FUND 13-3139046	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT-WEST LIFE & ANNUITY INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON GROWTH 13-6891420	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM S&P MID CAP INDEX FUND NRTN TR 45-5349772	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT-WEST LIFE & ANNUITY INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS GRTH FUND OF AMERICA 52-0792143	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT-WEST LIFE & ANNUITY INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK EQUITY & INCOME FUND 52-2257782	BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT-WEST LIFE & ANNUITY INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO REAL ESTATE FUND 76-0343427	BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T. ROWE PRICE RTMT 2010 FD 82-3355639	BASIS POINTS*PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2020 FD 82-3396442	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2030 FD 82-3430358	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2040 FD 82-3451779	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2050 FD 82-3481715	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2060 FD 82-3525148	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT BLND FD 82-3533944	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT-WEST LIFE & ANNUITY INS. CO.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA SELIGMAN TECH AND INFO FD 93-0577450	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT-WEST LIFE & ANNUITY INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TOTAL RETURN FUND ADMIN PIMCO 95-2632339	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT-WEST LIFE & ANNUITY INS. CO.	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DODGE & COX INTL STOCK FUND 94-6067274	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS GRTH FUND OF AMERICA 52-0792143	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BARON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON GROWTH FUND 13-6891420	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COLUMBIA	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA SELIGMAN TECH AND INFO FD 93-0577450	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT-WEST LIFE & ANNUITY INS. CO.	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DODGE & COX INTL STOCK FUND 94-6067274	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT-WEST LIFE & ANNUITY INS. CO.	63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TOTAL RETURN FUND ADMIN PIMCO 95-2632339	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2021 This Form is Open to Public Inspection.	
For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022					
A Name of plan U.A. LOCAL UNION NO. 614 PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES - U.A. LOCAL UNION NO. 614 PENSION PLAN				D Employer Identification Number (EIN) 62-6085904	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL US PROPERTY ACCOUNT					
b Name of sponsor of entity listed in (a): PRINCIPAL FINANCIAL GROUP					
c EIN-PN 42-0127290-027		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10804455		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		

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

Schedule D (Form 5500) 2021 v. 201209

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022		
A Name of plan U.A. LOCAL UNION NO. 614 PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES - U.A. LOCAL UNION NO. 614 PENSION PLAN	D Employer Identification Number (EIN) 62-6085904	

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	435518	585537
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	455508	600046
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	433325	147792
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5275206	25350558
(2) U.S. Government securities	1c(2)	8724701	15103097
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	15664369	8713034
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	88784572	74757372
(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)	8422934	10804455
(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)	31350092	32185225
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	7883936	10558037

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	167430161	178805153

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	15568	16897
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	15568	16897

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	167414593	178788256
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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)	5851100	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5851100
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	7	
(B) U.S. Government securities	2b(1)(B)	301461	
(C) Corporate debt instruments	2b(1)(C)	458391	
(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)		759859
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	807556	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2267418	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3074974
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	155009691	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	151793291	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3216400
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	4588351	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		4588351

		(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)		2383011
(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)		-284906
c Other income.....	2c		294426
d Total income. Add all income amounts in column (b) and enter total.....	2d		19883215
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7637273	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		7637273
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)	92579	
(2) Contract administrator fees.....	2i(2)	55933	
(3) Investment advisory and management fees.....	2i(3)	697100	
(4) Other.....	2i(4)	26667	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		872279
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8509552
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		11373663
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: **NEEDLES & ASSOCIATES, LLC**

(2) EIN: **51-0435869**

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	

	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		1000000
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022

A Name of plan U.A. LOCAL UNION NO. 614 PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES - U.A. LOCAL UNION NO. 614 PENSION PLAN	D Employer Identification Number (EIN) 62-6085904

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 41-1590850		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	38

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	0	
b Enter the amount contributed by the employer to the plan for this plan year	6b	0	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	0	
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

U.A. LOCAL UNION NO. 614 PENSION PLAN

FINANCIAL STATEMENTS
March 31, 2022 and 2021

U.A. LOCAL UNION NO. 614 PENSION PLAN

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March 31, 2022 and 2021

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INDEPENDENT AUDITOR'S REPORT

Plan Participants and Board of Trustees
U.A. Local Union No. 614 Pension Plan
Goodlettsville, Tennessee

Opinion

We have audited the accompanying financial statements of the U.A. Local Union No. 614 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of March 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.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the U.A. Local Union No. 614 Pension Plan as of March 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit 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 the U.A. Local Union No. 614 Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the U.A. Local Union No. 614 Pension Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Responsibilities of Management for the Financial Statements (continued)

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of U.A. Local Union No. 614 Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about U.A. Local Union No. 614 Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and of reportable transactions, together referred to as “supplemental information,” are presented for purposes 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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



Broomfield, CO
November 30, 2022

U.A. LOCAL UNION NO. 614 PENSION PLAN

***Statements of Net Assets Available for Benefits
March 31, 2022 and 2021***

	<u>2022</u>	<u>2021</u>
<i>Assets</i>		
Accounts receivable		
Employers' contributions	\$ 600,046	\$ 455,508
Accrued income	147,792	220,695
Due from brokers	-	212,630
Total accounts receivable	<u>747,838</u>	<u>888,833</u>
Investments, at fair value		
Money market funds	25,350,558	5,275,206
Corporate bonds	8,713,034	15,664,369
Common stock	74,757,372	88,784,572
Municipal obligations	880,519	602,999
Government and agency obligations	15,103,097	8,724,701
Mutual funds	32,185,225	31,350,092
Pooled separate account	10,804,455	8,422,934
Investments, at contract value		
Stable value fund	<u>9,677,518</u>	<u>7,280,937</u>
Total investments	<u>177,471,778</u>	<u>166,105,810</u>
Cash	<u>585,537</u>	<u>435,518</u>
Total assets	<u>\$ 178,805,153</u>	<u>\$ 167,430,161</u>
 <i>Liabilities</i>		
Accounts payable	<u>\$ 16,897</u>	<u>\$ 15,567</u>
 <i>Net assets available for benefits</i>	<u><u>\$ 178,788,256</u></u>	<u><u>\$ 167,414,594</u></u>

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

U.A. LOCAL UNION NO. 614 PENSION PLAN

***Statements of Changes in Net Assets Available for Benefits
Years Ended March 31, 2022 and 2021***

	<u>2022</u>	<u>2021</u>
<i>Additions</i>		
Contributions		
Employers'	\$ 5,521,430	\$ 4,904,546
Reciprocity in	<u>329,670</u>	<u>111,043</u>
Total contributions	<u>5,851,100</u>	<u>5,015,589</u>
Investment earnings		
Interest	759,859	803,793
Equity Dividends	807,556	1,129,456
Mutual Fund Dividends	2,267,418	1,721,611
Pooled separate account	2,383,011	312,725
Net appreciation (depreciation) fair value	<u>7,519,845</u>	<u>39,845,097</u>
Total investment earnings	<u>13,737,689</u>	<u>43,812,682</u>
Other	<u>294,426</u>	<u>202,106</u>
Total additions	<u>\$ 19,883,215</u>	<u>\$ 49,030,377</u>
<i>Deductions</i>		
Benefit payments	\$ 7,637,273	\$ 7,599,383
Operating expenses (Note F)	<u>872,280</u>	<u>772,029</u>
Total deductions	<u>\$ 8,509,553</u>	<u>\$ 8,371,412</u>
Net increase (decrease)	11,373,662	40,658,965
<i>Net assets available for benefits</i>		
Beginning of year	<u>\$ 167,414,594</u>	<u>\$ 126,755,629</u>
End of year	<u><u>\$ 178,788,256</u></u>	<u><u>\$ 167,414,594</u></u>

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

U.A. LOCAL UNION NO. 614 PENSION PLAN

Notes to Financial Statements March 31, 2022 and 2021

NOTE A - DESCRIPTION OF PLAN

The following description of the U.A. Local Union No. 614 Pension Plan (Plan) provides only general information. Participants should refer to the Trust and Plan Documents for a complete description of the Plan's provisions.

- **General**

The Plan is a defined contribution, multiemployer plan that provides pension benefits to employees working within the jurisdiction of U.A. Local Union No. 614 who have had contributions remitted to the Plan on their behalf. The Plan is administered by a Board of Trustees with equal representation between union and management.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan has contracted with Southern Benefit Administrators, Inc. to manage daily operations, Regions Bank is the custodian of Plan assets, and Empower is the record keeper. The Plan became participant directed in November 2009.

- **Federal tax status**

The Plan obtained its latest determination letter on June 9, 2015, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan's administrator and the Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has evaluated the Plan's tax positions and concluded that the Plan has taken no uncertain tax positions that would require financial statement recognition or disclosure for the years ended March 31, 2022 and 2021

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the Plan is no longer subject to tax examinations by tax authorities for years preceding March 31, 2018.

U.A. LOCAL UNION NO. 614 PENSION PLAN

Notes to Financial Statements March 31, 2022 and 2021

NOTE A - DESCRIPTION OF PLAN (Continued)

- **Funding**

The Plan is funded by employers' contributions in accordance with formulas set forth in the applicable collective bargaining agreement(s). Additionally, the Plan has entered into reciprocal agreements with other plans, whereby, participants working out of jurisdiction can have pension contributions remitted to the Plan at the rate effective in the jurisdiction in which the hours are worked.

- **Participant accounts**

Participants' accounts are credited with contributions as received. Allocations of earnings less related expenses are applied as incurred (on an annual basis). Such allocations are based on individual participant earnings, account balances, or specific transactions, as applicable. Participants are vested fully and immediately in all contributions and earnings thereon.

The Plan accepts rollover contributions if the participant establishes to the satisfaction of the Trustees that the rollover contribution represents a qualified distribution from a qualified plan maintained by the former employer(s) of the participant.

- **Pension benefits**

Upon termination of service due to death, disability, or retirement, a participant may receive an amount equal to the value in the participants' account in a lump sum payment. For termination of service due to other reasons, a participant may receive the value of the account in accordance with the rules and regulations of the Plan.

- **Vesting**

Participants are vested immediately in their contributions, including employers' contributions as applicable, plus actual earnings thereon.

- **Priorities upon termination**

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of Plan assets to be used for or diverted to purposes other than the exclusive benefit of the participants. In the event the Plan terminates, participants are 100% vested in their accounts.

NOTE B – SUMMARY OF ACCOUNTING POLICIES

The following are significant accounting policies used by the Plan:

- **Basis of accounting**

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America and presented in a format to coincide with the Form 5500.

U.A. LOCAL UNION NO. 614 PENSION PLAN

***Notes to Financial Statements
March 31, 2022 and 2021***

NOTE B – SUMMARY OF ACCOUNTING POLICIES (Continued)

- **Use of estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts and disclosures. Actual results could differ from those estimates.

- **Investment valuation and income recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its investment custodian(s) and investment advisor(s).

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes gains and losses on investments bought and sold as well as held during the year.

- **Employer' contributions receivable**

Employers' contributions are recorded as income in the month the hours are worked. Employers' contributions receivable represents contributions applicable to work months prior to March 31, 2022 and 2021, but collected subsequent to those dates. Plan management believes these receivables to be fully collectible. The Board of Trustees has a policy of performing agreed-upon procedures on the payroll records of contributing employers on a regular basis. Delinquencies may arise from these procedures, but due to the uncertainty of collections, no estimates of amounts due will be accrued until settlements are reached. Consequently, no allowance for uncollectible receivables is recorded.

- **Payment of benefits**

Benefit payments to or on behalf of participants are recorded upon distribution.

- **Subsequent events**

Management has evaluated subsequent events through November 30, 2022, the date the financial statements were available to be issued. No subsequent events occurred requiring accrual or disclosure.

U.A. LOCAL UNION NO. 614 PENSION PLAN

Notes to Financial Statements *March 31, 2022 and 2021*

NOTE C - FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2022 and 2021.

Money market funds, mutual funds, common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Government and agency obligations: Valued using pricing models maximizing the use of observable inputs for similar securities.

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

U.A. LOCAL UNION NO. 614 PENSION PLAN

Notes to Financial Statements March 31, 2022 and 2021

NOTE C - FAIR VALUE MEASUREMENTS (Continued)

Pooled separate accounts: Valued at estimated fair value at the end of each month. Investment income and administrative expenses relating to the PSA's are allocated to investors based upon average monthly balances.

The methods described above may produce a fair value calculation not indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The Plan's investments have no unfunded commitment and can be redeemed at will by the Plan.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2022 and March 31, 2021:

Assets at fair value as of March 31, 2022

Description	Level 1	Level 2	Level 3	Total
Money market funds	\$ 25,350,558	\$ -	\$ -	\$ 25,350,558
Corporate bonds	-	8,713,034	-	8,713,034
Common stock	74,757,372	-	-	74,757,372
Municipal obligations	-	880,519	-	880,519
Government and agency obligations	-	15,103,097	-	15,103,097
Mutual funds	32,185,225	-	-	32,185,225
Total assets in fair value hierarchy	132,293,155	24,696,650	-	156,989,805
Investments measured at net asset value				10,804,455
Total investments at fair value	132,293,155	\$ 24,696,650	\$ -	\$ 167,794,260

Assets at fair value as of March 31, 2021

Description	Level 1	Level 2	Level 3	Total
Money market funds	\$ 5,275,206	\$ -	\$ -	\$ 5,275,206
Corporate bonds	-	15,664,369	-	15,664,369
Common stock	88,784,572	-	-	88,784,572
Municipal obligations	-	602,999	-	602,999
Government and agency obligations	-	8,724,701	-	8,724,701
Mutual funds	31,350,092	-	-	31,350,092
Total assets in fair value hierarchy	125,409,870	24,992,069	-	150,401,939
Investments measured at net asset value				8,422,934
Total investments at fair value	\$ 125,409,870	\$ 24,992,069	\$ -	\$ 158,824,873

U.A. LOCAL UNION NO. 614 PENSION PLAN

Notes to Financial Statements March 31, 2022 and 2021

NOTE C - FAIR VALUE MEASUREMENTS (Continued)

- **Stable value fund**

MassMutual Retirement Services (MMRS) SAGIC is a market value separate account investment option with a general investment account guarantee that provides a stated rate of return and insulates participants' accounts from daily fluctuations in the market. Under the terms of the SAGIC group annuity contract, participants may direct permitted withdrawal and/or transfer transactions of all or a portion of their balance in the SAGIC investment option at Contract Value. Contract Value represents contributions plus credited interest less participant withdrawals and fees. Contract Value is also often referred to as "Book Value." Liquidation value is the market value of the assets in the separate account. MMRS considers the SAGIC to be fully benefit-responsive notwithstanding the liquidation value events under the contract that limit the ability of the plan to transact at Contract Value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. Certain events may limit the ability of the Plan to transact at Contract Value. Such events include but may not be limited to the following: (1) the complete or partial termination of the Plan; (2) the establishment or activation of, or material change in, any Plan investment fund, or an amendment to the Plan or a change in the administration or operation of the Plan, including the removal of a group of employees from Plan coverage as a result of the sale or liquidation of a subsidiary or division or as a result of group layoffs or early retirement programs. Consult the Plan's group annuity contract for further information. Management believes that any events that would limit the Plan's ability to transact at contract value with participants are not probable of occurring.

NOTE D - RISKS AND UNCERTAINTIES

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

NOTE E - PARTY-IN-INTEREST TRANSACTIONS

Fees paid during the year for services such as administrative, consulting, investment, legal, audit, and other professional services rendered by parties-in-interest were reasonable and customary.

Certain Plan investments are mutual fund shares managed by Mass Mutual or its subsidiaries. Mass Mutual is the Trustee as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment management services are included in the net gain or loss of the investment rather than a direct payment.

U.A. LOCAL UNION NO. 614 PENSION PLAN

***Notes to Financial Statements
March 31, 2022 and 2021***

NOTE F - OPERATING EXPENSES

The following is a detailed summary of the Plan's administrative expenses for the fiscal years ended March 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Administrative	\$ 55,933	\$ 55,200
Consulting	9,400	9,400
Investment fees	647,225	584,055
Investment consulting	49,875	49,875
Legal fees	53,481	31,309
Audit fees	29,697	25,531
Insurance - bonding premiums	20,297	12,027
Meeting and conference expenses	1,982	1,406
Other	4,390	3,226
Total administrative expenses	<u>\$ 872,280</u>	<u>\$ 772,029</u>

NOTE G – AMENDMENTS

The following amendment was adopted during the Plan year.

Amendment #6: Effective September 10, 2021, the Plan of Benefits section was amended to state that participants must notify the Fund office within 60 days of a change in marital status so that all fund records may be updated and claims for benefits processed appropriately.

Participants should refer to the Plan Documents and / or Summary Plan Description for a complete description of the Plan's provisions.

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

March 31, 2022

		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					
(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value	
	Money market funds						
*	Fidelity Institutional Money Mkt	N/A	N/A	N/A	\$ 25,350,558	\$ 25,350,558	
	Common stock						
	ABBVIE INC	N/A	N/A	N/A	207,304	379,337	
	ACCENTURE PLC	N/A	N/A	N/A	61,021	101,169	
	ADOBE INC	N/A	N/A	N/A	228,552	337,614	
	ADVANCE AUTO PARTS INC	N/A	N/A	N/A	335,157	347,693	
	ADVANCED MICRO DEVICES INC	N/A	N/A	N/A	305,707	653,307	
	ALPHABET INC	N/A	N/A	N/A	1,148,011	2,181,325	
	ALPHABET INC	N/A	N/A	N/A	353,814	1,115,321	
	AMAZON COM INCORPORATED	N/A	N/A	N/A	818,641	2,360,204	
	AMERICAN ELEC PWR INC	N/A	N/A	N/A	205,881	283,347	
	AMERICAN EXPRESS CO	N/A	N/A	N/A	299,806	465,630	
	AMERICAN INTERNATIONAL GROUP INC	N/A	N/A	N/A	269,596	416,793	
	AMERICAN TOWER CORP	N/A	N/A	N/A	188,457	253,732	
	AMERIPRISE FINANCIAL INC	N/A	N/A	N/A	223,488	348,418	
	AMGEN INC	N/A	N/A	N/A	290,056	308,804	
	APPLE INC	N/A	N/A	N/A	938,086	4,834,427	
	ARCH CAPITAL GROUP LTD	N/A	N/A	N/A	264,487	269,457	
	ARISTA NETWORKS INCORPORATED	N/A	N/A	N/A	276,788	293,109	
	AT&T INC	N/A	N/A	N/A	453,145	321,604	
	AUTODESK INC	N/A	N/A	N/A	234,584	270,938	
	AVALARA INC	N/A	N/A	N/A	189,166	187,278	
	AXON ENTERPRISE INC	N/A	N/A	N/A	292,307	341,570	
	BANK OF AMERICA CORP	N/A	N/A	N/A	420,846	762,529	
	BERKSHIRE HATHAWAY INC	N/A	N/A	N/A	206,032	405,847	
	BK NOVA SCOTIA HALIFAX	N/A	N/A	N/A	129,881	150,612	
	BLACKROCK INC	N/A	N/A	N/A	411,521	435,577	
	BOEING CO	N/A	N/A	N/A	313,724	363,850	
	BOOKING HOLDINGS INC	N/A	N/A	N/A	187,505	293,556	
	BOSTON PROPERTIES INC	N/A	N/A	N/A	310,230	385,112	
	BRISTOL-MYERS SQUIBB CO	N/A	N/A	N/A	264,329	418,462	
	BROADCOM INC	N/A	N/A	N/A	431,057	709,649	
	CAPRI HOLDINGS LTD	N/A	N/A	N/A	26,011	38,543	
	CARRIER GLOBAL CORP	N/A	N/A	N/A	154,312	204,810	
	CATERPILLAR INC DEL	N/A	N/A	N/A	328,098	340,915	
	CHENIERE ENERGY INC	N/A	N/A	N/A	270,258	424,130	
	CHEVRON CORP	N/A	N/A	N/A	621,061	868,535	
	CHUBB LIMITED	N/A	N/A	N/A	256,232	374,325	
	CIGNA CORP	N/A	N/A	N/A	324,726	462,447	
	CITIGROUP INC	N/A	N/A	N/A	318,978	310,788	
	CITIZENS FINANCIAL GROUP INC	N/A	N/A	N/A	275,975	280,185	
	CME GROUP INC	N/A	N/A	N/A	229,324	316,354	
	COMCAST CORP	N/A	N/A	N/A	372,895	383,924	
	CONOCOPHILLIPS	N/A	N/A	N/A	329,199	690,000	
	CORNING INC	N/A	N/A	N/A	210,057	303,769	
	COSTAR GROUP INC	N/A	N/A	N/A	413,938	330,719	
	COSTCO WHOLESALE CORP	N/A	N/A	N/A	209,247	399,064	

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

March 31, 2022

		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value			
(b) Identity of issue, borrower, lessor, or (a) similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
CROWDSTRIKE HOLDINGS INC	N/A	N/A	N/A	247,837	241,159
CUMMINS INC	N/A	N/A	N/A	292,428	379,454
CVS HEALTH CORPORATION	N/A	N/A	N/A	308,633	454,433
DATADOG INC	N/A	N/A	N/A	164,574	156,469
DAVITA INC	N/A	N/A	N/A	522,286	494,291
DEERE & CO	N/A	N/A	N/A	396,586	427,508
DELL TECHNOLOGIES INC	N/A	N/A	N/A	222,804	319,710
DUKE ENERGY CORP	N/A	N/A	N/A	254,283	375,178
EATON CORP PLC	N/A	N/A	N/A	188,238	423,410
ELEVANCE HEALTH INC	N/A	N/A	N/A	346,639	692,620
ELI LILLY & CO	N/A	N/A	N/A	218,729	435,855
ENVISTA HOLDINGS CORP	N/A	N/A	N/A	300,796	342,431
ESTEE LAUDER COS INC	N/A	N/A	N/A	192,388	320,248
EXACT SCIENCES CORP	N/A	N/A	N/A	310,324	226,611
EXELON CORP	N/A	N/A	N/A	208,889	387,232
EXXON MOBIL CORP	N/A	N/A	N/A	418,824	582,260
FIDELITY NATIONAL INFORMATION SER	N/A	N/A	N/A	199,011	170,714
FMC CORPORATION	N/A	N/A	N/A	153,576	185,514
FORD MOTOR CO	N/A	N/A	N/A	327,762	430,190
FOX CORP	N/A	N/A	N/A	33,507	30,221
GAMING AND LEISURE PROPERTIES INC	N/A	N/A	N/A	325,405	343,528
GARTNER INC	N/A	N/A	N/A	311,851	280,207
GENERAL MOTORS CO	N/A	N/A	N/A	265,023	284,747
GOLDMAN SACHS GROUP INC	N/A	N/A	N/A	161,134	234,041
HEWLETT PACKARD ENTERPRISE CO	N/A	N/A	N/A	268,355	320,999
HILTON WORLDWIDE HOLDINGS INC	N/A	N/A	N/A	205,190	386,937
HOME DEPOT INC	N/A	N/A	N/A	461,027	670,200
HONEYWELL INTL INC	N/A	N/A	N/A	285,877	359,973
HORIZON THERAPEUTICS PLC	N/A	N/A	N/A	165,116	482,598
INGREDION INC	N/A	N/A	N/A	188,318	189,116
JACKSON FINANICAL INC	N/A	N/A	N/A	2,709	3,848
JAZZ PHARMACEUTICALS PLC	N/A	N/A	N/A	358,781	415,639
JOHNSON & JOHNSON	N/A	N/A	N/A	599,277	788,674
JP MORGAN CHASE & CO	N/A	N/A	N/A	467,914	888,806
KNIGHT-SWIFT TRANSPORTATION	N/A	N/A	N/A	163,077	165,004
KRAFT HEINZ COMPANY	N/A	N/A	N/A	348,559	343,875
KROGER COMPANY	N/A	N/A	N/A	330,285	476,171
L3HARRIS TECHNOLOGIES INC	N/A	N/A	N/A	259,214	357,797
LABRATORY CORPORATION OF AMERIC	N/A	N/A	N/A	284,861	384,944
LINCOLN NATL CORP IND	N/A	N/A	N/A	136,594	166,668
LITHIA MOTORS INC CL A	N/A	N/A	N/A	438,695	414,166
LYONDELLBASELL INDUSTRIES N V	N/A	N/A	N/A	305,857	345,475
MARATHON OIL CORP	N/A	N/A	N/A	445,658	390,712
MARVELL TECHNOLOGY INC	N/A	N/A	N/A	353,305	286,840
MASTERCARD INC	N/A	N/A	N/A	666,160	838,056
MEDTRONIC PLC	N/A	N/A	N/A	381,959	377,230
META PLATFORMS INC	N/A	N/A	N/A	1,094,940	1,246,550
METLIFE INC	N/A	N/A	N/A	326,735	351,400
MICRON TECHNOLOGY INC	N/A	N/A	N/A	54,655	162,011

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

March 31, 2022

(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value						
(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
	MICROSOFT CORP	N/A	N/A	N/A	1,221,257	4,007,722
	MKS INSTRUMENTS INC	N/A	N/A	N/A	327,687	330,000
	MOLSON COORS BREWING CO	N/A	N/A	N/A	391,706	415,296
	MORGAN STANLEY	N/A	N/A	N/A	348,405	305,900
	NETFLIX.COM INC	N/A	N/A	N/A	243,088	250,600
	NEW RELIC INC	N/A	N/A	N/A	268,899	166,932
	NEWMONT MINING CORPORATION	N/A	N/A	N/A	171,751	213,721
	NEXTERA ENERGY INC	N/A	N/A	N/A	202,198	340,534
	NIKE INC	N/A	N/A	N/A	156,045	265,083
	NORFOLK SOUTHERN CORP	N/A	N/A	N/A	159,937	484,874
	NRG ENERGY INC	N/A	N/A	N/A	336,609	311,100
	NVIDIA CORP	N/A	N/A	N/A	464,961	1,124,729
	OCCIDENTAL PETE CORP DEL	N/A	N/A	N/A	196,937	161,142
	OKTA INC	N/A	N/A	N/A	379,809	218,892
	OLIN CORP	N/A	N/A	N/A	422,796	682,149
	ORACLE CORP	N/A	N/A	N/A	216,935	325,956
	PAYPAL HOLDINGS INC	N/A	N/A	N/A	223,565	231,416
	PEPSICO INC	N/A	N/A	N/A	525,317	689,940
	PLANET FITNESS INC CL A	N/A	N/A	N/A	295,630	303,621
	PROCTER & GAMBLE CO	N/A	N/A	N/A	356,983	657,040
	PROLOGIS INC	N/A	N/A	N/A	79,904	214,768
	PULTE GROUP INC	N/A	N/A	N/A	210,662	294,976
	PURE STORAGE INC	N/A	N/A	N/A	294,870	396,567
	QORVO INC	N/A	N/A	N/A	405,042	289,153
	QUALCOMM INC	N/A	N/A	N/A	154,446	307,321
	RAYTHEON TECHNOLOGIES CORP	N/A	N/A	N/A	328,341	465,134
	REALTY INCOME TRUST	N/A	N/A	N/A	353,124	367,983
	ROYALTY PHARMA PLC	N/A	N/A	N/A	343,568	342,342
	SEA LTD	N/A	N/A	N/A	96,885	35,937
	SIX FLAGS ENTERTAINMENT CORP	N/A	N/A	N/A	289,944	291,233
	SKYWORKS SOLUTIONS INC	N/A	N/A	N/A	201,815	246,568
	STARBUCKS CORP	N/A	N/A	N/A	202,190	254,716
	SYNCHRONY FINANCIAL	N/A	N/A	N/A	334,826	237,404
	TAPESTRY INC	N/A	N/A	N/A	395,166	360,801
	TARGET CORP	N/A	N/A	N/A	133,538	331,063
	TESLA INCORPORATED	N/A	N/A	N/A	176,063	1,201,524
	TEXAS INSTRUMENTS INC	N/A	N/A	N/A	194,919	348,612
	THERMO FISHER SCIENTIFIC INC	N/A	N/A	N/A	329,622	354,390
	TRUIST FINANCIAL CORP	N/A	N/A	N/A	259,889	332,262
	TWILIO INC	N/A	N/A	N/A	311,700	188,378
	UBER TECHNOLOGIES INC	N/A	N/A	N/A	400,535	344,383
	UNITED AIRLINES HOLDINGS INC	N/A	N/A	N/A	378,191	349,091
	UNITED PARCEL SERVICE INC	N/A	N/A	N/A	119,689	234,619
	UNITEDHEALTH GROUP INC	N/A	N/A	N/A	511,658	729,257
	UNIVERSAL DISPLAY CORP	N/A	N/A	N/A	306,482	253,096
	US BANCORP	N/A	N/A	N/A	279,585	336,971
	VEEVA SYSTEMS INC	N/A	N/A	N/A	373,798	265,150
	VERIZON COMMUNICATIONS INC	N/A	N/A	N/A	456,193	421,783
	VERTEX PHARMACEUTICALS INC	N/A	N/A	N/A	319,256	338,478

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

March 31, 2022

		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				
(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
	VISA INC	N/A	N/A	N/A	754,034	914,801
	WALT DISNEY CO	N/A	N/A	N/A	395,650	440,284
	WELLS FARGO CO	N/A	N/A	N/A	549,881	508,830
	WELLTOWER INC	N/A	N/A	N/A	358,009	423,016
	WESTROCK COMPANY	N/A	N/A	N/A	196,585	237,972
	ZSCALER INC	N/A	N/A	N/A	168,080	271,199
	AEGON N V ORD AMER REG ADR	N/A	N/A	N/A	35,958	28,566
	ALIBABA GROUP HOLDING ADR	N/A	N/A	N/A	80,456	48,960
	ANHEUSER-BUSCH INBEV NV SPN ADR	N/A	N/A	N/A	214,662	120,120
	ARCELORMITTAL S A	N/A	N/A	N/A	52,025	49,616
	ATLAS COPCO AB	N/A	N/A	N/A	60,589	59,685
	BAIDU INC ADR	N/A	N/A	N/A	95,098	59,535
	BARRICK GOLD CORP	N/A	N/A	N/A	55,489	99,347
	BP PLC SPONSORED ADR	N/A	N/A	N/A	186,595	138,180
	COPA HOLDINGS SA CL A	N/A	N/A	N/A	76,800	50,184
	CREDIT SUISSE GROUP	N/A	N/A	N/A	131,181	69,080
	CRH PLC ADR ONE ADR REPSTG ONE OR	N/A	N/A	N/A	87,034	100,150
	DAIMLER TRUCK HOLDINGS AG REG SH	N/A	N/A	N/A	54,080	22,560
	DEUTSCHE BANK AG	N/A	N/A	N/A	55,242	42,378
	DIAGEO PLC SPONSORED ADR NEW	N/A	N/A	N/A	163,079	243,768
	FERRARI NV NEW	N/A	N/A	N/A	68,846	65,427
	GSK PLC	N/A	N/A	N/A	58,865	71,874
	HONDA MOTOR CO LTD ADR	N/A	N/A	N/A	205,628	165,321
	ICON PLC	N/A	N/A	N/A	66,891	74,182
	ING GROEP N V	N/A	N/A	N/A	122,743	78,747
	INTERCONTINENTAL HOTELS ADR	N/A	N/A	N/A	202,907	211,966
	IQIYI INC	N/A	N/A	N/A	27,617	5,675
	iSHARES MSCI EMERGING MKT IN	N/A	N/A	N/A	150,286	142,223
	JD.COM INC	N/A	N/A	N/A	41,999	78,125
	KONINKLIJKE PHILIPS ELECTRS N V SPO	N/A	N/A	N/A	189,123	154,177
	KYOCERA CORP	N/A	N/A	N/A	200,598	190,230
	LINDE PLC	N/A	N/A	N/A	35,519	63,886
	LVMH MOET HENNESSY LOUIS VUITTON	N/A	N/A	N/A	99,659	85,548
	MERCEDES-BENZ GROUP AG	N/A	N/A	N/A	135,937	112,160
	MOWI ASA	N/A	N/A	N/A	23,478	36,335
	NATIONAL GRID GROUP PLC SPONSORE	N/A	N/A	N/A	59,407	84,557
	NEWS CORP	N/A	N/A	N/A	47,934	66,434
	NIPPON TELEG & TEL CORP	N/A	N/A	N/A	101,289	128,084
	NOVARTIS AG ADR	N/A	N/A	N/A	55,823	52,650
	NXP SEMICONDUCTOR NV	N/A	N/A	N/A	55,310	101,794
	OVINTIV INC	N/A	N/A	N/A	107,274	119,495
	PRUDENTIAL PLC SPON ADR	N/A	N/A	N/A	85,578	51,765
	ROYAL CARIBBEAN CRUISES LTD	N/A	N/A	N/A	284,431	188,505
	SAP SE	N/A	N/A	N/A	149,131	155,344
	SENSATA TECHNOLOGIES HOLDING PLC	N/A	N/A	N/A	68,383	66,105
	SHELL PLC	N/A	N/A	N/A	119,105	98,874
	SIEMENS AG SPONS ADR	N/A	N/A	N/A	153,836	155,565
	SMITH AND NEPHEW PLC SPON ADR	N/A	N/A	N/A	48,515	44,660
	SOFTBANK GROUP CORP	N/A	N/A	N/A	51,507	49,082

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		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				
(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
	SONY GROUP CORPORATION - ADR	N/A	N/A	N/A	196,509	410,840
	STMICROELECTRONICS NV-NY SHS	N/A	N/A	N/A	139,959	265,803
	TAIWAN SEMICONDUCTOR MFG	N/A	N/A	N/A	91,972	182,455
	TENARIS SA	N/A	N/A	N/A	111,813	102,238
	TORONTO DOMINION BK ONT NEW (USE	N/A	N/A	N/A	103,115	142,956
	UBS GROUP AG	N/A	N/A	N/A	249,995	251,089
	UNILEVER PLC	N/A	N/A	N/A	121,959	100,254
	VODAFONE GROUP PLC	N/A	N/A	N/A	58,534	33,220
	YUM CHINA HOLDINGS INC	N/A	N/A	N/A	72,407	64,396
	Total common stock				\$ 52,443,661	\$ 74,757,372
Corporate bonds						
	AGREE LP	2.000% Due 06-15-28		100,000	99,265	90,757
	AGREE LP	2.600% Due 06-15-33		28,000	27,758	24,664
	AGRIUM INC	3.150% Due 10-01-22		200,000	205,190	198,581
	AMALGAMATED FIN CORP	3.250% Due 11-15-31		119,000	119,000	114,422
	ARES CAPITAL CORP	2.875% Due 06-15-28		50,000	51,348	44,345
	ATHENE GLOBAL FUNDING VR 144A	0.950% Due 01-08-24		200,000	199,930	192,637
	BAIN CAPITAL SPECIALTY F	2.950% Due 03-10-26		274,000	272,404	256,836
	BAIN CAPITAL SPECIALTY F	2.550% Due 10-13-26		68,000	67,274	61,403
	BANK OF AMERICA CORP	4.450% Due 03-03-26		257,000	263,384	265,956
	BANK OF AMERICA CORP	3.248% Due 10-21-27		160,000	176,646	159,513
	BANKUNITED INC	5.125% Due 06-11-30		40,000	39,615	41,181
	BLUE OWL FINANCE LLC 144A	3.125% Due 06-10-31		167,000	164,879	141,740
	CITIGROUP INC	3.047% Due 06-09-27		276,000	276,000	270,792
	CITIGROUP INC	2.666% Due 01-29-31		125,000	125,000	115,826
	COSTCO WHOLESALE CORP	1.375% Due 06-20-27		150,000	149,663	139,641
	CUSTOMERS BANCORP INC VR	2.875% Due 08-15-31		89,000	89,000	84,598
	ENSTAR FINANCE LLC	5.500% Due 01-15-42		160,000	160,000	152,000
	FINIAL HOLDINGS INC	7.125% Due 10-15-23		45,000	52,693	47,670
	FIRST HORIZON NATIONAL	3.550% Due 05-26-23		64,000	63,978	64,399
	FORTIVE CORP	0.000% Due 06-10-22		260,000	259,335	259,335
	FS KKR CAPITAL CORP	3.400% Due 01-15-26		230,000	227,309	222,051
	GA GLOBAL FUNDING TRUST VR 144A	2.777% Due 09-13-24		275,000	275,000	271,719
	GLENCORE FUNDING LLC	1.625% Due 04-27-26		100,000	99,895	92,344
	GLENCORE FUNDING LLC	2.850% Due 04-27-31		68,000	67,924	62,055
	HERCULES CAPITAL INC	2.625% Due 09-16-26		135,000	134,654	124,152
	HERCULES CAPITAL INC	3.375% Due 01-20-27		133,000	132,045	125,036
	HIGHMARK INC	1.450% Due 05-10-26		150,000	149,799	139,537
	ING GROEP NV	1.130% Due 10-02-23		100,000	100,000	100,582
	JOHNSON CONTROLS INTL	0.000% Due 04-06-22		250,000	249,869	250,000
	JPMORGAN CHASE & CO	1.045% Due 11-19-26		350,000	350,000	323,946
	KYNDRYL HOLDINGS INC 144A	2.050% Due 10-15-26		27,000	26,965	24,138
	LIBERTY MUTUAL GROUP INC	4.300% Due 02-01-61		125,000	125,000	99,350
	MAIN STREET CAPITAL CORP	5.200% Due 05-01-24		147,000	151,685	150,120
	MICRON TECHNOLOGY INC	4.185% Due 02-15-27		120,000	121,049	123,141
	MORGAN STANLEY	4.100% Due 05-22-23		83,000	84,633	84,524
	NATIONAL RURAL UTIL COOP	3.050% Due 04-25-27		210,000	209,570	207,628
	NORTHROP GRUMMAN CORP	3.200% Due 02-01-27		80,000	79,871	80,480

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	OWL ROCK CAPITAL CORP	5.250% Due 04-15-24		160,000	171,640	163,645
	OWL ROCK CORE INCOME COR 144A	3.125% Due 09-23-26		271,000	270,290	245,185
	OWL ROCK TECHNOLOGY FINA	4.750% Due 12-15-25		275,000	301,656	271,785
	OWL ROCK TECHNOLOGY FINA	3.750% Due 06-17-26		150,000	148,998	143,567
	OWL ROCK TECHNOLOGY FINA	2.500% Due 01-15-27		139,000	137,616	125,717
	PENNANTPARK INVESTMENT C	4.000% Due 11-01-26		135,000	134,239	128,298
	PIEDMONT HEALTHCARE INC	2.044% Due 01-01-32		67,000	67,000	58,858
	PIEDMONT OPERATING PARTN	3.150% Due 08-15-30		138,000	136,946	129,023
	PIONEER NATURAL RESOURCE	1.900% Due 08-15-30		56,000	55,555	49,649
	PRINCIPAL LFE GLB FND II	1.500% Due 11-17-26		135,000	134,212	124,346
	ROPER TECHNOLOGIES INC	1.000% Due 09-15-25		215,000	214,716	199,736
	SBL HOLDINGS INC	6.500% Due 11-13-26		190,000	190,000	173,375
	SECURITY BENEFIT GL FUND	1.250% Due 05-17-24		250,000	251,000	239,091
	SIX STREET SPECIALTY	3.875% Due 11-01-24		126,000	134,709	125,685
	STORE CAPITAL CORP	2.700% Due 12-01-31		54,000	53,934	47,620
	TRINITY CAPITAL INC/MD	4.250% Due 12-15-26		83,000	83,000	79,243
	TRITON CONTAINER	1.150% Due 06-07-24		250,000	249,735	237,372
	TRUIST FINANCIAL CORP VR	2.677% Due 06-09-25		134,000	134,000	132,979
	UNUM GROUP	6.750% Due 12-15-28		213,000	271,743	244,613
	VIRGINIA ELECTRIC POWER	0.000% Due 04-22-22		260,000	259,843	260,000
	WALMART INC	1.050% Due 09-17-26		40,000	39,924	37,239
	WATSON PHARM INC	3.250% Due 10-01-22		225,000	222,296	225,207
	WESTLAKE CHEMICAL CORP	3.375% Due 06-15-30		33,000	32,864	32,153
	WP CAREY INC	2.400% Due 02-01-31		35,000	34,685	31,546
	Total corporate bonds				\$ 9,178,231	\$ 8,713,034
Municipal obligations						
	METRO GOVT NASH & DAVD CNTY TN V	6.568% Due 07-01-37		43,000	57,820	56,318
	MIAMI-DADE CNTY FLA AVIATION	3.732% Due 10-01-37		100,000	100,000	100,615
	SAN FRANCISCO CA CITY & CNTY PUB U	3.700% Due 11-01-32		165,000	165,000	169,199
	UNIV OF NC CHAPEL HIL	1.998% Due 12-01-22		202,000	204,101	202,685
	UNIV OF TEXAS TX PERM UNIV FND REV	3.376% Due 07-01-47		45,000	45,000	43,190
	VIRGINIA PORT AUTH PORT FAC	4.478% Due 07-01-45		110,000	110,000	116,164
	WASHINGTON ST	4.636% Due 08-01-22		190,000	208,067	192,348
	Total municipal bonds				\$ 889,988	\$ 880,519
Government and agency obligations						
	AQFIT 2021-A A	1.540% Due 07-17-46		255,184	255,151	243,254
	AVIS BUDGET RENTAL 21-1A B	1.641% Due 08-20-27		150,000	149,961	137,002
	BBIRD 2021-1A A	2.443% Due 07-15-46		310,975	310,966	284,419
	BCP TRUST 21-330N B VR	4.015% Due 06-15-38		169,000	167,746	165,200
	BHG 2021 A	1.420% Due 11-17-33		216,840	216,636	206,483
	BX 2021-ACNT B	4.068% Due 11-15-26		275,000	274,329	270,701
	CAFL 2021-2 B	2.376% Due 06-15-31		150,000	149,989	132,006
	CBSLT 2021-BGS A	1.170% Due 09-25-51		259,876	259,819	243,190
	CLIF 2021-1A A	1.640% Due 02-18-46		267,564	267,559	243,172
	CLIF 2022-1A A1	2.720% Due 01-18-47		294,040	293,892	277,609
	CRDBL 2021-1A A	2.390% Due 04-15-26		500,000	505,449	483,095
	CROP 2021-T1 A	2.430% Due 11-15-27		350,000	349,992	335,074

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	FG C09016	3.500% Due 10-01-42		10,376	10,192	10,599
	FG C91065	6.000% Due 07-15-27		40,162	43,476	42,892
	FG G13840	5.500% Due 09-15-24		590	604	595
	FG G13884	4.500% Due 06-15-25		25,648	26,281	26,344
	FG G30701	5.000% Due 11-01-31		63,849	70,872	67,854
	FG J07908	5.000% Due 05-15-23		33,788	34,718	34,501
	FG J34676	3.000% Due 07-01-31		87,807	92,636	88,602
	FHLMC MF KG01	2.939% Due 04-25-29		249,000	256,466	251,497
	FHMS K068 A2	3.244% Due 08-25-27		267,000	275,001	273,304
	FHMS K088 A2	3.690% Due 01-25-29		129,000	132,864	135,799
	FHMS KC03 A2	3.499% Due 01-25-26		264,000	269,296	265,947
	FHMS KG01 A7	2.875% Due 04-25-26		275,000	283,239	275,830
	FHMS KJ 17 A2	2.982% Due 11-25-25		189,976	193,775	189,481
	FHR 2017 72 GH	2.500% Due 08-25-47		40,405	40,077	39,246
	FHR 2526 FA	1.264% Due 11-15-32		61,826	60,513	61,998
	FHR 3342 PZ	5.000% Due 06-15-37		51,045	53,565	53,863
	FHR 3372 F	0.784% Due 10-15-37		14,647	14,354	14,824
	FHR 3708 PE	3.500% Due 07-15-40		29,282	30,088	29,672
	FHR 4022 PA	3.000% Due 03-15-27		92,522	93,996	93,327
	FHR 4098 HA	2.000% Due 05-15-41		149,885	148,691	145,790
	FHR 4388 MC	2.500% Due 07-15-44		59,935	60,000	58,461
	FHR 4546 TH	2.500% Due 12-15-45		67,085	63,897	64,328
	FHR 4635 PH	2.750% Due 12-15-46		47,101	47,102	45,604
	FHR 4682 LD	2.750% Due 05-15-47		18,720	18,018	18,233
	FN 109720	3.420% Due 10-25-25		135,000	138,122	135,966
	FN 2015 2PA	2.250% Due 03-25-44		79,251	78,397	77,493
	FN 889579	6.000% Due 05-01-38		9,838	10,762	10,992
	FN 955287	4.500% Due 01-25-23		27,289	27,733	27,959
	FN 990974	6.000% Due 09-25-23		12,701	13,082	12,958
	FN A57986	2.500% Due 09-01-31		114,205	117,702	113,066
	FN AD4398	4.000% Due 06-01-25		52,145	54,265	53,670
	FN AL4778	4.000% Due 10-25-32		38,972	40,955	40,116
	FN AN9038	3.460% Due 05-01-28		55,000	61,325	56,058
	FN AQ4539	2.500% Due 11-25-27		131,458	132,608	131,075
	FN BL0484	4.220% Due 11-01-28		242,000	256,501	249,662
	FN MA1517	3.000% Due 07-01-28		89,963	91,734	90,927
	FN MA2798	2.500% Due 10-25-31		8,696	8,669	8,500
	FN MA3030	3.000% Due 06-01-27		90,266	90,266	91,019
	FN MA3040	3.500% Due 06-25-47		64,559	66,374	64,100
	FNA 2015-M11 A2	2.921% Due 04-25-25		275,000	291,844	274,115
	FNMA MA1167	2.500% Due 09-25-27		35,733	34,963	35,412
	FNR 2003-130 FA	1.981% Due 01-25-34		72,216	71,945	72,131
	FNR 2007-68 FA	0.518% Due 07-25-37		12,421	12,048	12,426
	FNR 2010-64 KA	4.500% Due 06-25-40		12,341	12,717	12,528
	FNR 2011-15 AF	0.678% Due 03-25-41		12,639	12,319	12,742
	FNR 2012-50 HE	2.500% Due 03-25-42		41,462	42,084	40,283
	FNR 2012-96 MH	3.000% Due 05-25-42		28,752	28,896	28,578
	FNR 2016 31 PC	3.000% Due 03-25-45		46,713	45,521	45,215
	FNR 2017 56 PA	3.000% Due 12-25-45		58,011	57,340	57,725

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	FNR 2018 1 HB	2.500% Due 01-20-48		200,000	191,313	190,543
	FNR 2018 59D	3.000% Due 04-20-48		96,694	91,618	97,108
	FSMT 2021-9INV A1	2.500% Due 09-25-41		254,966	263,372	246,031
	G2 4194	5.500% Due 07-20-38		21,475	22,790	23,252
	G2 4309	6.000% Due 04-15-32		5,169	5,318	5,533
	G2 4496	5.000% Due 07-20-39		54,782	60,029	60,103
	G2 4877	3.500% Due 12-20-25		22,380	22,688	22,451
	G2 MA0756	2.500% Due 02-20-28		56,607	55,704	56,030
	GN 2019-PJ2 A1	4.000% Due 11-25-49		18,646	19,059	18,671
	GN 582153	6.000% Due 06-15-32		3,400	3,498	3,631
	GN 737261	4.000% Due 05-15-25		23,232	23,769	23,952
	GN 782119	6.000% Due 08-15-36		25,658	27,475	28,782
	GNMA 4195	6.000% Due 07-20-38		7,382	7,374	8,198
	GNR 2013-8 BE	1.750% Due 11-20-42		11,613	11,326	11,054
	GNR 2016-104 MA	3.000% Due 11-20-45		3,899	4,001	3,849
	GNR 2017 134PT	2.500% Due 09-20-47		217,748	214,073	212,300
	GNR 2018-115 BP	3.500% Due 11-20-47		34,239	33,875	34,535
	GNR 2019-133 EB	2.000% Due 04-20-49		258,000	238,650	237,325
	GNR 2019-162 GA	3.000% Due 10-20-49		18,888	19,030	18,650
	JACK 2022-1A A2II Q (FMAN)	4.136% Due 02-25-32		300,000	300,000	285,702
	MFT 2021-2A B	1.060% Due 09-15-31		300,000	299,995	290,608
	MNW OWNER TRUST 21 1WA	1.140% Due 01-20-41		234,151	233,785	222,016
	NAVTR 2021-1 A	2.771% Due 11-15-46		244,792	244,781	225,705
	ONDK 2021-1A A	1.590% Due 05-17-27		300,000	299,993	284,745
	ONDK 2021-1A B	2.280% Due 05-17-27		100,000	99,985	94,304
	OPTN 2021 C A	2.180% Due 10-08-31		300,000	299,965	282,676
	PROG 2021-SFR7 A	1.692% Due 08-17-40		250,000	249,993	224,271
	PROVINCE OF QUEBEC	2.500% Due 04-20-26		283,000	282,154	280,552
	SBAP 2006-20E 1	5.870% Due 05-01-26		106,577	113,005	109,605
	SBAP 2006-20I 1	5.540% Due 09-01-26		47,980	50,431	49,009
	SBAP 2013-20 E 1	2.070% Due 05-01-33		55,194	55,056	53,289
	SBIC 2015-10A CL 1	2.517% Due 03-10-25		21,027	20,428	20,502
	SBIC 2019-10B 1	2.283% Due 09-10-29		372,529	372,529	361,640
	SCFET 2021-1A A3	0.830% Due 08-20-28		140,000	139,998	136,750
	SE 2021 1A A M	2.670% Due 02-20-32		250,083	249,477	239,470
	SPRO 2022-1A A2 Q (JAJQ)	3.127% Due 01-25-52		400,000	400,000	372,344
	STWD 2022-FL3 A	1.400% Due 11-15-38		275,000	275,000	275,000
	TAL 2020-1A B	3.290% Due 09-20-45		244,325	244,271	235,622
	TCF 2020-1A A	2.110% Due 09-20-45		218,125	220,622	201,277
	TMCL 2020-2A A	2.100% Due 09-20-45		171,539	171,488	161,432
	TMCL 2020-2A B	3.340% Due 09-20-45		85,818	85,809	82,785
	TMCL 2021-2A B	2.820% Due 04-20-46		92,667	92,634	85,345
	TMCL 2021-3A A	1.940% Due 08-20-46		262,167	262,121	238,061
	TMCL 2021-3A B	2.430% Due 08-20-46		185,900	185,813	166,240
	TMCL 21-1A	2.620% Due 02-20-46		251,167	251,090	227,546
	TRP 2021-2 A	2.150% Due 06-19-51		292,274	292,154	270,433
	TRP LLC 21 1 B 144A	3.060% Due 06-17-27		100,000	99,971	92,743
	TVA	2.875% Due 02-01-27		140,000	139,892	141,964
	UPSPT 2021-ST6 A	1.850% Due 08-20-27		156,828	156,828	151,478

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

March 31, 2022

		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					
(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value	
	US TREASURY N/B	0.250% Due 09-30-25		185,000	181,705	171,089	
	US TREASURY N/B	1.125% Due 02-15-31		71,000	68,285	64,141	
	US TREASURY N/B	1.250% Due 08-15-31		175,000	173,864	159,168	
	VCC 2021-3 A	1.960% Due 10-25-51		338,852	337,491	321,565	
	WEN 2021-1A A2I Q (MJSD)	2.370% Due 06-15-51		176,665	173,788	157,506	
Total government and agency obligations					\$ 15,758,745	\$ 15,103,097	
Mutual funds							
	American Fds Grth Fnd America	N/A	N/A	N/A	3,752,528	4,056,279	
	Baron Growth Fund	N/A	N/A	N/A	1,483,168	1,636,997	
	Columbia Seligman Tech Info Fund	N/A	N/A	N/A	7,927,973	8,461,178	
	Dodge & Cox International Stock Fund	N/A	N/A	N/A	774,643	793,823	
	Eaton Vance Large-Cap Value Fd	N/A	N/A	N/A	1,055,814	1,243,223	
	Invesco Real Estate Fund	N/A	N/A	N/A	929,151	965,979	
*	MassMutual Diversified Bond Fd	N/A	N/A	N/A	958,375	887,556	
*	MM S&P 500 Index Fd(Nrthrn Tr)	N/A	N/A	N/A	3,382,926	3,557,759	
*	MM S&P Md Cp Indx Fd (Nrtn Tr)	N/A	N/A	N/A	1,313,102	1,291,805	
*	MM Slct T.Rowe Pr Rtmt 2010 Fd	N/A	N/A	N/A	109,457	101,763	
*	MM Slct T.Rowe Pr Rtmt 2020 Fd	N/A	N/A	N/A	54,006	49,704	
*	MM Slct T.Rowe Pr Rtmt 2030 Fd	N/A	N/A	N/A	692,864	740,417	
*	MM Slct T.Rowe Pr Rtmt 2040 Fd	N/A	N/A	N/A	1,497,204	1,614,401	
*	MM Slct T.Rowe Pr Rtmt 2050 Fd	N/A	N/A	N/A	1,536,027	1,580,393	
*	MM Slct T.Rowe Pr Rtmt 2060 Fd	N/A	N/A	N/A	74,972	68,453	
*	MM Slct T.Rowe Pr Rtmt Blnd Fd	N/A	N/A	N/A	117,596	111,711	
	Oakmark Equity & Income Fund	N/A	N/A	N/A	501,597	495,421	
	PIMCO Total return Fund	N/A	N/A	N/A	102,966	91,275	
	Royce Total Return Fund	N/A	N/A	N/A	649,867	548,047	
	Thornburg Intl Equity Fd	N/A	N/A	N/A	932,291	862,520	
	Vanguard Interm-Term Treas Fd	N/A	N/A	N/A	822,510	756,719	
	Vanguard Sm Cap Grwth Indx Fnd	N/A	N/A	N/A	480,406	503,386	
	Vanguard Small Cap Index Fund	N/A	N/A	N/A	618,492	657,446	
	Vanguard Small-Cap Val Indx Fd	N/A	N/A	N/A	1,041,604	1,108,970	
Total mutual funds					\$ 30,809,539	\$ 32,185,225	
Pooled separate account							
	Principal U.S. Property Account	N/A	N/A	N/A	\$ 10,804,455	\$ 10,804,455	
Stable value fund							
	Mass Mutual SAGIC Core Bond Fund	N/A	N/A	N/A	\$ 9,677,518	\$ 9,677,518	
Total assets (held at end of year)					\$ 154,912,695	\$ 177,471,778	

* Denotes party in interest

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4j

Schedule of Reportable Transactions

Year Ended March 31, 2022

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Regions Bank	Regions Trust Cash Sweep	\$ 55,755,245	\$ -	\$ -	\$ -	\$ 55,755,245	\$ 55,755,245	\$ -
Regions Bank	Regions Trust Cash Sweep	-	55,062,105	-	-	55,062,105	55,062,105	-

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

March 31, 2022

(c) Description of investment including maturity
date, rate of interest, collateral, par, or maturity value

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
	Money market funds					
*	Fidelity Institutional Money Mkt	N/A	N/A	N/A	\$ 25,350,558	\$ 25,350,558
	Common stock					
	ABBVIE INC	N/A	N/A	N/A	207,304	379,337
	ACCENTURE PLC	N/A	N/A	N/A	61,021	101,169
	ADOBE INC	N/A	N/A	N/A	228,552	337,614
	ADVANCE AUTO PARTS INC	N/A	N/A	N/A	335,157	347,693
	ADVANCED MICRO DEVICES INC	N/A	N/A	N/A	305,707	653,307
	ALPHABET INC	N/A	N/A	N/A	1,148,011	2,181,325
	ALPHABET INC	N/A	N/A	N/A	353,814	1,115,321
	AMAZON COM INCORPORATED	N/A	N/A	N/A	818,641	2,360,204
	AMERICAN ELEC PWR INC	N/A	N/A	N/A	205,881	283,347
	AMERICAN EXPRESS CO	N/A	N/A	N/A	299,806	465,630
	AMERICAN INTERNATIONAL GROUP INC	N/A	N/A	N/A	269,596	416,793
	AMERICAN TOWER CORP	N/A	N/A	N/A	188,457	253,732
	AMERIPRISE FINANCIAL INC	N/A	N/A	N/A	223,488	348,418
	AMGEN INC	N/A	N/A	N/A	290,056	308,804
	APPLE INC	N/A	N/A	N/A	938,086	4,834,427
	ARCH CAPITAL GROUP LTD	N/A	N/A	N/A	264,487	269,457
	ARISTA NETWORKS INCORPORATED	N/A	N/A	N/A	276,788	293,109
	AT&T INC	N/A	N/A	N/A	453,145	321,604
	AUTODESK INC	N/A	N/A	N/A	234,584	270,938
	AVALARA INC	N/A	N/A	N/A	189,166	187,278
	AXON ENTERPRISE INC	N/A	N/A	N/A	292,307	341,570
	BANK OF AMERICA CORP	N/A	N/A	N/A	420,846	762,529
	BERKSHIRE HATHAWAY INC	N/A	N/A	N/A	206,032	405,847
	BK NOVA SCOTIA HALIFAX	N/A	N/A	N/A	129,881	150,612
	BLACKROCK INC	N/A	N/A	N/A	411,521	435,577
	BOEING CO	N/A	N/A	N/A	313,724	363,850
	BOOKING HOLDINGS INC	N/A	N/A	N/A	187,505	293,556
	BOSTON PROPERTIES INC	N/A	N/A	N/A	310,230	385,112
	BRISTOL-MYERS SQUIBB CO	N/A	N/A	N/A	264,329	418,462
	BROADCOM INC	N/A	N/A	N/A	431,057	709,649
	CAPRI HOLDINGS LTD	N/A	N/A	N/A	26,011	38,543
	CARRIER GLOBAL CORP	N/A	N/A	N/A	154,312	204,810
	CATERPILLAR INC DEL	N/A	N/A	N/A	328,098	340,915
	CHENIERE ENERGY INC	N/A	N/A	N/A	270,258	424,130
	CHEVRON CORP	N/A	N/A	N/A	621,061	868,535
	CHUBB LIMITED	N/A	N/A	N/A	256,232	374,325
	CIGNA CORP	N/A	N/A	N/A	324,726	462,447
	CITIGROUP INC	N/A	N/A	N/A	318,978	310,788
	CITIZENS FINANCIAL GROUP INC	N/A	N/A	N/A	275,975	280,185
	CME GROUP INC	N/A	N/A	N/A	229,324	316,354
	COMCAST CORP	N/A	N/A	N/A	372,895	383,924
	CONOCOPHILLIPS	N/A	N/A	N/A	329,199	690,000
	CORNING INC	N/A	N/A	N/A	210,057	303,769
	COSTAR GROUP INC	N/A	N/A	N/A	413,938	330,719
	COSTCO WHOLESALE CORP	N/A	N/A	N/A	209,247	399,064

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

March 31, 2022

(c) Description of investment including maturity
date, rate of interest, collateral, par, or maturity value

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
	CROWDSTRIKE HOLDINGS INC	N/A	N/A	N/A	247,837	241,159
	CUMMINS INC	N/A	N/A	N/A	292,428	379,454
	CVS HEALTH CORPORATION	N/A	N/A	N/A	308,633	454,433
	DATADOG INC	N/A	N/A	N/A	164,574	156,469
	DAVITA INC	N/A	N/A	N/A	522,286	494,291
	DEERE & CO	N/A	N/A	N/A	396,586	427,508
	DELL TECHNOLOGIES INC	N/A	N/A	N/A	222,804	319,710
	DUKE ENERGY CORP	N/A	N/A	N/A	254,283	375,178
	EATON CORP PLC	N/A	N/A	N/A	188,238	423,410
	ELEVANCE HEALTH INC	N/A	N/A	N/A	346,639	692,620
	ELI LILLY & CO	N/A	N/A	N/A	218,729	435,855
	ENVISTA HOLDINGS CORP	N/A	N/A	N/A	300,796	342,431
	ESTEE LAUDER COS INC	N/A	N/A	N/A	192,388	320,248
	EXACT SCIENCES CORP	N/A	N/A	N/A	310,324	226,611
	EXELON CORP	N/A	N/A	N/A	208,889	387,232
	EXXON MOBIL CORP	N/A	N/A	N/A	418,824	582,260
	FIDELITY NATIONAL INFORMATION SER	N/A	N/A	N/A	199,011	170,714
	FMC CORPORATION	N/A	N/A	N/A	153,576	185,514
	FORD MOTOR CO	N/A	N/A	N/A	327,762	430,190
	FOX CORP	N/A	N/A	N/A	33,507	30,221
	GAMING AND LEISURE PROPERTIES INC	N/A	N/A	N/A	325,405	343,528
	GARTNER INC	N/A	N/A	N/A	311,851	280,207
	GENERAL MOTORS CO	N/A	N/A	N/A	265,023	284,747
	GOLDMAN SACHS GROUP INC	N/A	N/A	N/A	161,134	234,041
	HEWLETT PACKARD ENTERPRISE CO	N/A	N/A	N/A	268,355	320,999
	HILTON WORLDWIDE HOLDINGS INC	N/A	N/A	N/A	205,190	386,937
	HOME DEPOT INC	N/A	N/A	N/A	461,027	670,200
	HONEYWELL INTL INC	N/A	N/A	N/A	285,877	359,973
	HORIZON THERAPEUTICS PLC	N/A	N/A	N/A	165,116	482,598
	INGREDION INC	N/A	N/A	N/A	188,318	189,116
	JACKSON FINANCIAL INC	N/A	N/A	N/A	2,709	3,848
	JAZZ PHARMACEUTICALS PLC	N/A	N/A	N/A	358,781	415,639
	JOHNSON & JOHNSON	N/A	N/A	N/A	599,277	788,674
	JP MORGAN CHASE & CO	N/A	N/A	N/A	467,914	888,806
	KNIGHT-SWIFT TRANSPORTATION	N/A	N/A	N/A	163,077	165,004
	KRAFT HEINZ COMPANY	N/A	N/A	N/A	348,559	343,875
	KROGER COMPANY	N/A	N/A	N/A	330,285	476,171
	L3HARRIS TECHNOLOGIES INC	N/A	N/A	N/A	259,214	357,797
	LABRATORY CORPORATION OF AMERIC	N/A	N/A	N/A	284,861	384,944
	LINCOLN NATL CORP IND	N/A	N/A	N/A	136,594	166,668
	LITHIA MOTORS INC CL A	N/A	N/A	N/A	438,695	414,166
	LYONDELLBASELL INDUSTRIES N V	N/A	N/A	N/A	305,857	345,475
	MARATHON OIL CORP	N/A	N/A	N/A	445,658	390,712
	MARVELL TECHNOLOGY INC	N/A	N/A	N/A	353,305	286,840
	MASTERCARD INC	N/A	N/A	N/A	666,160	838,056
	MEDTRONIC PLC	N/A	N/A	N/A	381,959	377,230
	META PLATFORMS INC	N/A	N/A	N/A	1,094,940	1,246,550
	METLIFE INC	N/A	N/A	N/A	326,735	351,400
	MICRON TECHNOLOGY INC	N/A	N/A	N/A	54,655	162,011

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

March 31, 2022

(c) Description of investment including maturity
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(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
	MICROSOFT CORP	N/A	N/A	N/A	1,221,257	4,007,722
	MKS INSTRUMENTS INC	N/A	N/A	N/A	327,687	330,000
	MOLSON COORS BREWING CO	N/A	N/A	N/A	391,706	415,296
	MORGAN STANLEY	N/A	N/A	N/A	348,405	305,900
	NETFLIX.COM INC	N/A	N/A	N/A	243,088	250,601
	NEW RELIC INC	N/A	N/A	N/A	268,899	166,932
	NEWMONT MINING CORPORATION	N/A	N/A	N/A	171,751	213,721
	NEXTERA ENERGY INC	N/A	N/A	N/A	202,198	340,534
	NIKE INC	N/A	N/A	N/A	156,045	265,083
	NORFOLK SOUTHERN CORP	N/A	N/A	N/A	159,937	484,874
	NRG ENERGY INC	N/A	N/A	N/A	336,609	311,100
	NVIDIA CORP	N/A	N/A	N/A	464,961	1,124,729
	OCCIDENTAL PETE CORP DEL	N/A	N/A	N/A	196,937	161,142
	OKTA INC	N/A	N/A	N/A	379,809	218,892
	OLIN CORP	N/A	N/A	N/A	422,796	682,149
	ORACLE CORP	N/A	N/A	N/A	216,935	325,956
	PAYPAL HOLDINGS INC	N/A	N/A	N/A	223,565	231,416
	PEPSICO INC	N/A	N/A	N/A	525,317	689,940
	PLANET FITNESS INC CL A	N/A	N/A	N/A	295,630	303,621
	PROCTER & GAMBLE CO	N/A	N/A	N/A	356,983	657,040
	PROLOGIS INC	N/A	N/A	N/A	79,904	214,768
	PULTE GROUP INC	N/A	N/A	N/A	210,662	294,976
	PURE STORAGE INC	N/A	N/A	N/A	294,870	396,567
	QORVO INC	N/A	N/A	N/A	405,042	289,153
	QUALCOMM INC	N/A	N/A	N/A	154,446	307,321
	RAYTHEON TECHNOLOGIES CORP	N/A	N/A	N/A	328,341	465,134
	REALTY INCOME TRUST	N/A	N/A	N/A	353,124	367,983
	ROYALTY PHARMA PLC	N/A	N/A	N/A	343,568	342,342
	SEA LTD	N/A	N/A	N/A	96,885	35,937
	SIX FLAGS ENTERTAINMENT CORP	N/A	N/A	N/A	289,944	291,233
	SKYWORKS SOLUTIONS INC	N/A	N/A	N/A	201,815	246,568
	STARBUCKS CORP	N/A	N/A	N/A	202,190	254,716
	SYNCHRONY FINANCIAL	N/A	N/A	N/A	334,826	237,404
	TAPESTRY INC	N/A	N/A	N/A	395,166	360,801
	TARGET CORP	N/A	N/A	N/A	133,538	331,063
	TESLA INCORPORATED	N/A	N/A	N/A	176,063	1,201,524
	TEXAS INSTRUMENTS INC	N/A	N/A	N/A	194,919	348,612
	THERMO FISHER SCIENTIFIC INC	N/A	N/A	N/A	329,622	354,390
	TRUIST FINANCIAL CORP	N/A	N/A	N/A	259,889	332,262
	TWILIO INC	N/A	N/A	N/A	311,700	188,378
	UBER TECHNOLOGIES INC	N/A	N/A	N/A	400,535	344,383
	UNITED AIRLINES HOLDINGS INC	N/A	N/A	N/A	378,191	349,091
	UNITED PARCEL SERVICE INC	N/A	N/A	N/A	119,689	234,619
	UNITEDHEALTH GROUP INC	N/A	N/A	N/A	511,658	729,257
	UNIVERSAL DISPLAY CORP	N/A	N/A	N/A	306,482	253,096
	US BANCORP	N/A	N/A	N/A	279,585	336,971
	VEEVA SYSTEMS INC	N/A	N/A	N/A	373,798	265,150
	VERIZON COMMUNICATIONS INC	N/A	N/A	N/A	456,193	421,783
	VERTEX PHARMACEUTICALS INC	N/A	N/A	N/A	319,256	338,478

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

March 31, 2022

(c) Description of investment including maturity
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(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
	VISA INC	N/A	N/A	N/A	754,034	914,801
	WALT DISNEY CO	N/A	N/A	N/A	395,650	440,284
	WELLS FARGO CO	N/A	N/A	N/A	549,881	508,830
	WELLTOWER INC	N/A	N/A	N/A	358,009	423,016
	WESTROCK COMPANY	N/A	N/A	N/A	196,585	237,972
	ZSCALER INC	N/A	N/A	N/A	168,080	271,199
	AEGON N V ORD AMER REG ADR	N/A	N/A	N/A	35,958	28,566
	ALIBABA GROUP HOLDING ADR	N/A	N/A	N/A	80,456	48,960
	ANHEUSER-BUSCH INBEV NV SPN ADR	N/A	N/A	N/A	214,662	120,120
	ARCELORMITTAL S A	N/A	N/A	N/A	52,025	49,616
	ATLAS COPCO AB	N/A	N/A	N/A	60,589	59,685
	BAIDU INC ADR	N/A	N/A	N/A	95,098	59,535
	BARRICK GOLD CORP	N/A	N/A	N/A	55,489	99,347
	BP PLC SPONSORED ADR	N/A	N/A	N/A	186,595	138,180
	COPA HOLDINGS SA CL A	N/A	N/A	N/A	76,800	50,184
	CREDIT SUISSE GROUP	N/A	N/A	N/A	131,181	69,080
	CRH PLC ADR ONE ADR REPSTG ONE OR	N/A	N/A	N/A	87,034	100,150
	DAIMLER TRUCK HOLDINGS AG REG SH	N/A	N/A	N/A	54,080	22,560
	DEUTSCHE BANK AG	N/A	N/A	N/A	55,242	42,378
	DIAGEO PLC SPONSORED ADR NEW	N/A	N/A	N/A	163,079	243,768
	FERRARI NV NEW	N/A	N/A	N/A	68,846	65,427
	GSK PLC	N/A	N/A	N/A	58,865	71,874
	HONDA MOTOR CO LTD ADR	N/A	N/A	N/A	205,628	165,321
	ICON PLC	N/A	N/A	N/A	66,891	74,182
	ING GROEP N V	N/A	N/A	N/A	122,743	78,747
	INTERCONTINENTAL HOTELS ADR	N/A	N/A	N/A	202,907	211,966
	IQIYI INC	N/A	N/A	N/A	27,617	5,675
	iSHARES MSCI EMERGING MKT IN	N/A	N/A	N/A	150,286	142,223
	JD.COM INC	N/A	N/A	N/A	41,999	78,125
	KONINKLIJKE PHILIPS ELECTRS N V SPO	N/A	N/A	N/A	189,123	154,177
	KYOCERA CORP	N/A	N/A	N/A	200,598	190,230
	LINDE PLC	N/A	N/A	N/A	35,519	63,886
	LVMH MOET HENNESSY LOUIS VUITTON	N/A	N/A	N/A	99,659	85,548
	MERCEDES-BENZ GROUP AG	N/A	N/A	N/A	135,937	112,160
	MOWI ASA	N/A	N/A	N/A	23,478	36,335
	NATIONAL GRID GROUP PLC SPONSORE	N/A	N/A	N/A	59,407	84,557
	NEWS CORP	N/A	N/A	N/A	47,934	66,434
	NIPPON TELEG & TEL CORP	N/A	N/A	N/A	101,289	128,084
	NOVARTIS AG ADR	N/A	N/A	N/A	55,823	52,650
	NXP SEMICONDUCTOR NV	N/A	N/A	N/A	55,310	101,794
	OVINTIV INC	N/A	N/A	N/A	107,274	119,495
	PRUDENTIAL PLC SPON ADR	N/A	N/A	N/A	85,578	51,765
	ROYAL CARIBBEAN CRUISES LTD	N/A	N/A	N/A	284,431	188,505
	SAP SE	N/A	N/A	N/A	149,131	155,344
	SENSATA TECHNOLOGIES HOLDING PLC	N/A	N/A	N/A	68,383	66,105
	SHELL PLC	N/A	N/A	N/A	119,105	98,874
	SIEMENS AG SPONS ADR	N/A	N/A	N/A	153,836	155,565
	SMITH AND NEPHEW PLC SPON ADR	N/A	N/A	N/A	48,515	44,660
	SOFTBANK GROUP CORP	N/A	N/A	N/A	51,507	49,082

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(c) Description of investment including maturity
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(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
	SONY GROUP CORPORATION - ADR	N/A	N/A	N/A	196,509	410,840
	STMICROELECTRONICS NV-NY SHS	N/A	N/A	N/A	139,959	265,803
	TAIWAN SEMICONDUCTOR MFG	N/A	N/A	N/A	91,972	182,455
	TENARIS SA	N/A	N/A	N/A	111,813	102,238
	TORONTO DOMINION BK ONT NEW (USE	N/A	N/A	N/A	103,115	142,956
	UBS GROUP AG	N/A	N/A	N/A	249,995	251,089
	UNILEVER PLC	N/A	N/A	N/A	121,959	100,254
	VODAFONE GROUP PLC	N/A	N/A	N/A	58,534	33,220
	YUM CHINA HOLDINGS INC	N/A	N/A	N/A	72,407	64,396
	Total common stock				\$ 52,443,661	\$ 74,757,372
	Corporate bonds					
	AGREE LP	2.000% Due 06-15-28		100,000	99,265	90,757
	AGREE LP	2.600% Due 06-15-33		28,000	27,758	24,664
	AGRIUM INC	3.150% Due 10-01-22		200,000	205,190	198,581
	AMALGAMATED FIN CORP	3.250% Due 11-15-31		119,000	119,000	114,422
	ARES CAPITAL CORP	2.875% Due 06-15-28		50,000	51,348	44,345
	ATHENE GLOBAL FUNDING VR 144A	0.950% Due 01-08-24		200,000	199,930	192,637
	BAIN CAPITAL SPECIALTY F	2.950% Due 03-10-26		274,000	272,404	256,836
	BAIN CAPITAL SPECIALTY F	2.550% Due 10-13-26		68,000	67,274	61,403
	BANK OF AMERICA CORP	4.450% Due 03-03-26		257,000	263,384	265,956
	BANK OF AMERICA CORP	3.248% Due 10-21-27		160,000	176,646	159,513
	BANKUNITED INC	5.125% Due 06-11-30		40,000	39,615	41,181
	BLUE OWL FINANCE LLC 144A	3.125% Due 06-10-31		167,000	164,879	141,740
	CITIGROUP INC	3.047% Due 06-09-27		276,000	276,000	270,792
	CITIGROUP INC	2.666% Due 01-29-31		125,000	125,000	115,826
	COSTCO WHOLESALE CORP	1.375% Due 06-20-27		150,000	149,663	139,641
	CUSTOMERS BANCORP INC VR	2.875% Due 08-15-31		89,000	89,000	84,598
	ENSTAR FINANCE LLC	5.500% Due 01-15-42		160,000	160,000	152,000
	FINIAL HOLDINGS INC	7.125% Due 10-15-23		45,000	52,693	47,670
	FIRST HORIZON NATIONAL	3.550% Due 05-26-23		64,000	63,978	64,399
	FORTIVE CORP	0.000% Due 06-10-22		260,000	259,335	259,335
	FS KKR CAPITAL CORP	3.400% Due 01-15-26		230,000	227,309	222,051
	GA GLOBAL FUNDING TRUST VR 144A	2.777% Due 09-13-24		275,000	275,000	271,719
	GLENORE FUNDING LLC	1.625% Due 04-27-26		100,000	99,895	92,344
	GLENORE FUNDING LLC	2.850% Due 04-27-31		68,000	67,924	62,055
	HERCULES CAPITAL INC	2.625% Due 09-16-26		135,000	134,654	124,152
	HERCULES CAPITAL INC	3.375% Due 01-20-27		133,000	132,045	125,036
	HIGHMARK INC	1.450% Due 05-10-26		150,000	149,799	139,537
	ING GROEP NV	1.130% Due 10-02-23		100,000	100,000	100,582
	JOHNSON CONTROLS INTL	0.000% Due 04-06-22		250,000	249,869	250,000
	JPMORGAN CHASE & CO	1.045% Due 11-19-26		350,000	350,000	323,946
	KYNDRYL HOLDINGS INC 144A	2.050% Due 10-15-26		27,000	26,965	24,138
	LIBERTY MUTUAL GROUP INC	4.300% Due 02-01-61		125,000	125,000	99,350
	MAIN STREET CAPITAL CORP	5.200% Due 05-01-24		147,000	151,685	150,120
	MICRON TECHNOLOGY INC	4.185% Due 02-15-27		120,000	121,049	123,141
	MORGAN STANLEY	4.100% Due 05-22-23		83,000	84,633	84,524
	NATIONAL RURAL UTIL COOP	3.050% Due 04-25-27		210,000	209,570	207,628

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	NORTHROP GRUMMAN CORP	3.200% Due 02-01-27		80,000	79,871	80,480
	OWL ROCK CAPITAL CORP	5.250% Due 04-15-24		160,000	171,640	163,645
	OWL ROCK CORE INCOME COR 144A	3.125% Due 09-23-26		271,000	270,290	245,185
	OWL ROCK TECHNOLOGY FINA	4.750% Due 12-15-25		275,000	301,656	271,785
	OWL ROCK TECHNOLOGY FINA	3.750% Due 06-17-26		150,000	148,998	143,567
	OWL ROCK TECHNOLOGY FINA	2.500% Due 01-15-27		139,000	137,616	125,717
	PENNANTPARK INVESTMENT C	4.000% Due 11-01-26		135,000	134,239	128,298
	PIEDMONT HEALTHCARE INC	2.044% Due 01-01-32		67,000	67,000	58,858
	PIEDMONT OPERATING PARTN	3.150% Due 08-15-30		138,000	136,946	129,023
	PIONEER NATURAL RESOURCE	1.900% Due 08-15-30		56,000	55,555	49,649
	PRINCIPAL LFE GLB FND II	1.500% Due 11-17-26		135,000	134,212	124,346
	ROPER TECHNOLOGIES INC	1.000% Due 09-15-25		215,000	214,716	199,736
	SBL HOLDINGS INC	6.500% Due 11-13-26		190,000	190,000	173,375
	SECURITY BENEFIT GL FUND	1.250% Due 05-17-24		250,000	251,000	239,091
	SIX STREET SPECIALTY	3.875% Due 11-01-24		126,000	134,709	125,685
	STORE CAPITAL CORP	2.700% Due 12-01-31		54,000	53,934	47,620
	TRINITY CAPITAL INC/MD	4.250% Due 12-15-26		83,000	83,000	79,243
	TRITON CONTAINER	1.150% Due 06-07-24		250,000	249,735	237,372
	TRUIST FINANCIAL CORP VR	2.677% Due 06-09-25		134,000	134,000	132,979
	UNUM GROUP	6.750% Due 12-15-28		213,000	271,743	244,613
	VIRGINIA ELECTRIC POWER	0.000% Due 04-22-22		260,000	259,843	260,000
	WALMART INC	1.050% Due 09-17-26		40,000	39,924	37,239
	WATSON PHARM INC	3.250% Due 10-01-22		225,000	222,296	225,207
	WESTLAKE CHEMICAL CORP	3.375% Due 06-15-30		33,000	32,864	32,153
	WP CAREY INC	2.400% Due 02-01-31		35,000	34,685	31,546
	Total corporate bonds				\$ 9,178,231	\$ 8,713,034
	Municipal obligations					
	METRO GOVT NASH & DAVID CNTY TN V	6.568% Due 07-01-37		43,000	57,820	56,318
	MIAMI-DADE CNTY FLA AVIATION	3.732% Due 10-01-37		100,000	100,000	100,615
	SAN FRANCISCO CA CITY & CNTY PUB U	3.700% Due 11-01-32		165,000	165,000	169,199
	UNIV OF NC CHAPEL HIL	1.998% Due 12-01-22		202,000	204,101	202,685
	UNIV OF TEXAS TX PERM UNIV FND REV	3.376% Due 07-01-47		45,000	45,000	43,190
	VIRGINIA PORT AUTH PORT FAC	4.478% Due 07-01-45		110,000	110,000	116,164
	WASHINGTON ST	4.636% Due 08-01-22		190,000	208,067	192,348
	Total municipal bonds				\$ 889,988	\$ 880,519
	Government and agency obligations					
	AQFIT 2021-A A	1.540% Due 07-17-46		255,184	255,151	243,254
	AVIS BUDGET RENTAL 21-1A B	1.641% Due 08-20-27		150,000	149,961	137,002
	BBIRD 2021-1A A	2.443% Due 07-15-46		310,975	310,966	284,419
	BCP TRUST 21-330N B VR	4.015% Due 06-15-38		169,000	167,746	165,200
	BHG 2021 A	1.420% Due 11-17-33		216,840	216,636	206,483
	BX 2021-ACNT B	4.068% Due 11-15-26		275,000	274,329	270,701
	CAFL 2021-2 B	2.376% Due 06-15-31		150,000	149,989	132,006
	CBSLT 2021-BGS A	1.170% Due 09-25-51		259,876	259,819	243,190
	CLIF 2021-1A A	1.640% Due 02-18-46		267,564	267,559	243,172
	CLIF 2022-1A A1	2.720% Due 01-18-47		294,040	293,892	277,609

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	CRDBL 2021-1A A	2.390% Due 04-15-26		500,000	505,449	483,095
	CROP 2021-T1 A	2.430% Due 11-15-27		350,000	349,992	335,074
	FG C09016	3.500% Due 10-01-42		10,376	10,192	10,599
	FG C91065	6.000% Due 07-15-27		40,162	43,476	42,892
	FG G13840	5.500% Due 09-15-24		590	604	595
	FG G13884	4.500% Due 06-15-25		25,648	26,281	26,344
	FG G30701	5.000% Due 11-01-31		63,849	70,872	67,854
	FG J07908	5.000% Due 05-15-23		33,788	34,718	34,501
	FG J34676	3.000% Due 07-01-31		87,807	92,636	88,602
	FHLMC MF KG01	2.939% Due 04-25-29		249,000	256,466	251,497
	FHMS K068 A2	3.244% Due 08-25-27		267,000	275,001	273,304
	FHMS K088 A2	3.690% Due 01-25-29		129,000	132,864	135,799
	FHMS KC03 A2	3.499% Due 01-25-26		264,000	269,296	265,947
	FHMS KG01 A7	2.875% Due 04-25-26		275,000	283,239	275,830
	FHMS KJ 17 A2	2.982% Due 11-25-25		189,976	193,775	189,481
	FHR 2017 72 GH	2.500% Due 08-25-47		40,405	40,077	39,246
	FHR 2526 FA	1.264% Due 11-15-32		61,826	60,513	61,998
	FHR 3342 PZ	5.000% Due 06-15-37		51,045	53,565	53,863
	FHR 3372 F	0.784% Due 10-15-37		14,647	14,354	14,824
	FHR 3708 PE	3.500% Due 07-15-40		29,282	30,088	29,672
	FHR 4022 PA	3.000% Due 03-15-27		92,522	93,996	93,327
	FHR 4098 HA	2.000% Due 05-15-41		149,885	148,691	145,790
	FHR 4388 MC	2.500% Due 07-15-44		59,935	60,000	58,461
	FHR 4546 TH	2.500% Due 12-15-45		67,085	63,897	64,328
	FHR 4635 PH	2.750% Due 12-15-46		47,101	47,102	45,604
	FHR 4682 LD	2.750% Due 05-15-47		18,720	18,018	18,233
	FN 109720	3.420% Due 10-25-25		135,000	138,122	135,966
	FN 2015 2PA	2.250% Due 03-25-44		79,251	78,397	77,493
	FN 889579	6.000% Due 05-01-38		9,838	10,762	10,992
	FN 955287	4.500% Due 01-25-23		27,289	27,733	27,959
	FN 990974	6.000% Due 09-25-23		12,701	13,082	12,958
	FN A57986	2.500% Due 09-01-31		114,205	117,702	113,066
	FN AD4398	4.000% Due 06-01-25		52,145	54,265	53,670
	FN AL4778	4.000% Due 10-25-32		38,972	40,955	40,116
	FN AN9038	3.460% Due 05-01-28		55,000	61,325	56,058
	FN AQ4539	2.500% Due 11-25-27		131,458	132,608	131,075
	FN BL0484	4.220% Due 11-01-28		242,000	256,501	249,662
	FN MA1517	3.000% Due 07-01-28		89,963	91,734	90,927
	FN MA2798	2.500% Due 10-25-31		8,696	8,669	8,500
	FN MA3030	3.000% Due 06-01-27		90,266	90,266	91,019
	FN MA3040	3.500% Due 06-25-47		64,559	66,374	64,100
	FNA 2015-M11 A2	2.921% Due 04-25-25		275,000	291,844	274,115
	FNMA MA1167	2.500% Due 09-25-27		35,733	34,963	35,412
	FNR 2003-130 FA	1.981% Due 01-25-34		72,216	71,945	72,131
	FNR 2007-68 FA	0.518% Due 07-25-37		12,421	12,048	12,426
	FNR 2010-64 KA	4.500% Due 06-25-40		12,341	12,717	12,528
	FNR 2011-15 AF	0.678% Due 03-25-41		12,639	12,319	12,742
	FNR 2012-50 HE	2.500% Due 03-25-42		41,462	42,084	40,283
	FNR 2012-96 MH	3.000% Due 05-25-42		28,752	28,896	28,578

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	FNR 2016 31 PC	3.000% Due 03-25-45		46,713	45,521	45,215
	FNR 2017 56 PA	3.000% Due 12-25-45		58,011	57,340	57,725
	FNR 2018 1 HB	2.500% Due 01-20-48		200,000	191,313	190,543
	FNR 2018 59D	3.000% Due 04-20-48		96,694	91,618	97,108
	FSMT 2021-9INV A1	2.500% Due 09-25-41		254,966	263,372	246,031
	G2 4194	5.500% Due 07-20-38		21,475	22,790	23,252
	G2 4309	6.000% Due 04-15-32		5,169	5,318	5,533
	G2 4496	5.000% Due 07-20-39		54,782	60,029	60,103
	G2 4877	3.500% Due 12-20-25		22,380	22,688	22,451
	G2 MA0756	2.500% Due 02-20-28		56,607	55,704	56,030
	GN 2019-PJ2 A1	4.000% Due 11-25-49		18,646	19,059	18,671
	GN 582153	6.000% Due 06-15-32		3,400	3,498	3,631
	GN 737261	4.000% Due 05-15-25		23,232	23,769	23,952
	GN 782119	6.000% Due 08-15-36		25,658	27,475	28,782
	GNMA 4195	6.000% Due 07-20-38		7,382	7,374	8,198
	GNR 2013-8 BE	1.750% Due 11-20-42		11,613	11,326	11,054
	GNR 2016-104 MA	3.000% Due 11-20-45		3,899	4,001	3,849
	GNR 2017 134PT	2.500% Due 09-20-47		217,748	214,073	212,300
	GNR 2018-115 BP	3.500% Due 11-20-47		34,239	33,875	34,535
	GNR 2019-133 EB	2.000% Due 04-20-49		258,000	238,650	237,325
	GNR 2019-162 GA	3.000% Due 10-20-49		18,888	19,030	18,650
	JACK 2022-1A A2II Q (FMAN)	4.136% Due 02-25-32		300,000	300,000	285,702
	MFT 2021-2A B	1.060% Due 09-15-31		300,000	299,995	290,608
	MNW OWNER TRUST 21 1WA	1.140% Due 01-20-41		234,151	233,785	222,016
	NAVTR 2021-1 A	2.771% Due 11-15-46		244,792	244,781	225,705
	ONDK 2021-1A A	1.590% Due 05-17-27		300,000	299,993	284,745
	ONDK 2021-1A B	2.280% Due 05-17-27		100,000	99,985	94,304
	OPTN 2021 C A	2.180% Due 10-08-31		300,000	299,965	282,676
	PROG 2021-SFR7 A	1.692% Due 08-17-40		250,000	249,993	224,271
	PROVINCE OF QUEBEC	2.500% Due 04-20-26		283,000	282,154	280,552
	SBAP 2006-20E 1	5.870% Due 05-01-26		106,577	113,005	109,605
	SBAP 2006-20I 1	5.540% Due 09-01-26		47,980	50,431	49,009
	SBAP 2013-20 E 1	2.070% Due 05-01-33		55,194	55,056	53,289
	SBIC 2015-10A CL 1	2.517% Due 03-10-25		21,027	20,428	20,502
	SBIC 2019-10B 1	2.283% Due 09-10-29		372,529	372,529	361,640
	SCFET 2021-1A A3	0.830% Due 08-20-28		140,000	139,998	136,750
	SE 2021 1A A M	2.670% Due 02-20-32		250,083	249,477	239,470
	SPRO 2022-1A A2 Q (JAJQ)	3.127% Due 01-25-52		400,000	400,000	372,344
	STWD 2022-FL3 A	1.400% Due 11-15-38		275,000	275,000	275,000
	TAL 2020-1A B	3.290% Due 09-20-45		244,325	244,271	235,622
	TCF 2020-1A A	2.110% Due 09-20-45		218,125	220,622	201,277
	TMCL 2020-2A A	2.100% Due 09-20-45		171,539	171,488	161,432
	TMCL 2020-2A B	3.340% Due 09-20-45		85,818	85,809	82,785
	TMCL 2021-2A B	2.820% Due 04-20-46		92,667	92,634	85,345
	TMCL 2021-3A A	1.940% Due 08-20-46		262,167	262,121	238,061
	TMCL 2021-3A B	2.430% Due 08-20-46		185,900	185,813	166,240
	TMCL 21-1A	2.620% Due 02-20-46		251,167	251,090	227,546
	TRP 2021-2 A	2.150% Due 06-19-51		292,274	292,154	270,433
	TRP LLC 21 1 B 144A	3.060% Due 06-17-27		100,000	99,971	92,743

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	TVA	2.875% Due 02-01-27		140,000	139,892	141,964
	UPSPT 2021-ST6 A	1.850% Due 08-20-27		156,828	156,828	151,478
	US TREASURY N/B	0.250% Due 09-30-25		185,000	181,705	171,089
	US TREASURY N/B	1.125% Due 02-15-31		71,000	68,285	64,141
	US TREASURY N/B	1.250% Due 08-15-31		175,000	173,864	159,168
	VCC 2021-3 A	1.960% Due 10-25-51		338,852	337,491	321,565
	WEN 2021-1A A2I Q (MJSD)	2.370% Due 06-15-51		176,665	173,788	157,506
Total government and agency obligations					\$ 15,758,745	\$ 15,103,097
Mutual funds						
	American Fds Grth Fnd America	N/A	N/A	N/A	3,752,528	4,056,279
	Baron Growth Fund	N/A	N/A	N/A	1,483,168	1,636,997
	Columbia Seligman Tech Info Fund	N/A	N/A	N/A	7,927,973	8,461,178
	Dodge & Cox International Stock Fund	N/A	N/A	N/A	774,643	793,823
	Eaton Vance Large-Cap Value Fd	N/A	N/A	N/A	1,055,814	1,243,223
	Invesco Real Estate Fund	N/A	N/A	N/A	929,151	965,979
*	MassMutual Diversified Bond Fd	N/A	N/A	N/A	958,375	887,556
*	MM S&P 500 Index Fd(Nrthrn Tr)	N/A	N/A	N/A	3,382,926	3,557,759
*	MM S&P Md Cp Indx Fd (Nrtm Tr)	N/A	N/A	N/A	1,313,102	1,291,805
*	MM Slct T.Rowe Pr Rtmt 2010 Fd	N/A	N/A	N/A	109,457	101,763
*	MM Slct T.Rowe Pr Rtmt 2020 Fd	N/A	N/A	N/A	54,006	49,704
*	MM Slct T.Rowe Pr Rtmt 2030 Fd	N/A	N/A	N/A	692,864	740,417
*	MM Slct T.Rowe Pr Rtmt 2040 Fd	N/A	N/A	N/A	1,497,204	1,614,401
*	MM Slct T.Rowe Pr Rtmt 2050 Fd	N/A	N/A	N/A	1,536,027	1,580,393
*	MM Slct T.Rowe Pr Rtmt 2060 Fd	N/A	N/A	N/A	74,972	68,453
*	MM Slct T.Rowe Pr Rtmt Blnd Fd	N/A	N/A	N/A	117,596	111,711
	Oakmark Equity & Income Fund	N/A	N/A	N/A	501,597	495,421
	PIMCO Total return Fund	N/A	N/A	N/A	102,966	91,275
	Royce Total Return Fund	N/A	N/A	N/A	649,867	548,047
	Thornburg Intl Equity Fd	N/A	N/A	N/A	932,291	862,520
	Vanguard Interm-Term Treas Fd	N/A	N/A	N/A	822,510	756,719
	Vanguard Sm Cap Grwth Indx Fnd	N/A	N/A	N/A	480,406	503,386
	Vanguard Small Cap Index Fund	N/A	N/A	N/A	618,492	657,446
	Vanguard Small-Cap Val Indx Fd	N/A	N/A	N/A	1,041,604	1,108,970
Total mutual funds					\$ 30,809,539	\$ 32,185,225
Pooled separate account						
	Principal U.S. Property Account	N/A	N/A	N/A	\$ 10,804,455	\$ 10,804,455
Stable value fund						
	Mass Mutual SAGIC Core Bond Fund	N/A	N/A	N/A	\$ 9,677,518	\$ 9,677,518
Total assets (held at end of year)					\$ 154,912,695	\$ 177,471,778

* Denotes party in interest

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4j

Schedule of Reportable Transactions

Year Ended March 31, 2022

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Regions Bank	Regions Trust Cash Sweep	\$ 55,755,245	\$ -	\$ -	\$ -	\$ 55,755,245	\$ 55,755,245	\$ -
Regions Bank	Regions Trust Cash Sweep	-	55,062,105	-	-	55,062,105	55,062,105	-

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		04/01/2021	and ending
		03/31/2022	
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		
B This return/report is:	☐ the first return/report	☐ a DFE (specify) _____	
	☐ an amended return/report	☐ the final 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		1b Three-digit plan number (PN) ▶	001
U.A. Local Union No. 614 Pension Plan		1c Effective date of plan	
		04/01/1968	
2a Plan sponsor's name (employer, if for a single-employer plan)	2b Employer Identification Number (EIN)		
Mailing address (include room, apt., suite no. and street, or P.O. Box)	62-6085904		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2c Plan Sponsor's telephone number		
Trustees - U.A. Local Union No. 614	(615) 859-0131		
Pension Plan	2d Business code (see instructions)		
2001 Caldwell Drive	238220		
Goodlettsville	TN 37072		

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		1-13-23	Jeff Taylor
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		1-13-23	David W. Sink Jr.
	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