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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                          |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| A                                                                                          | This return/report is for:<br><div><input type="checkbox"/> a multiemployer plan</div> <div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div> <div><input checked="" type="checkbox"/> a single-employer plan</div> <div><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is:<br><div><input type="checkbox"/> the first return/report</div> <div><input type="checkbox"/> the final return/report</div> <div><input type="checkbox"/> an amended return/report</div> <div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                                          |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                         |
| D                                                                                          | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558</div> <div><input type="checkbox"/> automatic extension</div> <div><input type="checkbox"/> the DFVC program</div> <div><input type="checkbox"/> special extension (enter description)</div>                                                                                                                                     |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                          |

|         |                                                                                                                                                                                                                                                                                                                        |    |                                                    |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                 |    |                                                    |
| 1a      | Name of plan<br>BUTLER BROTHERS PENSION PLAN FOR HOURLY WAGE EMPLOYEES                                                                                                                                                                                                                                                 | 1b | Three-digit plan number (PN) ▶ 002                 |
|         |                                                                                                                                                                                                                                                                                                                        | 1c | Effective date of plan<br>01/01/1950               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>BUTLER BROTHERS<br><br>33587 WALKER ROAD<br>AVON LAKE, OH 44012 | 2b | Employer Identification Number (EIN)<br>34-0691962 |
|         |                                                                                                                                                                                                                                                                                                                        | 2c | Plan Sponsor's telephone number<br>440-930-1000    |
|         |                                                                                                                                                                                                                                                                                                                        | 2d | Business code (see instructions)<br>326100         |
|         |                                                                                                                                                                                                                                                                                                                        |    |                                                    |

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. | 10/10/2023 | KRISTEN GAJEWSKI                                             |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <div style="display: flex; justify-content: space-between;"> <span><b>5</b></span> <span>429</span> </div>                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                               |  | <div style="display: flex; justify-content: space-between;"> <span><b>6a(1)</b></span> <span>0</span> </div>                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |  | <div style="display: flex; justify-content: space-between;"> <span><b>6a(2)</b></span> <span>0</span> </div>                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                   |  | <div style="display: flex; justify-content: space-between;"> <span><b>6b</b></span> <span>281</span> </div>                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                     |  | <div style="display: flex; justify-content: space-between;"> <span><b>6c</b></span> <span>17</span> </div>                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           |  | <div style="display: flex; justify-content: space-between;"> <span><b>6d</b></span> <span>298</span> </div>                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |  | <div style="display: flex; justify-content: space-between;"> <span><b>6e</b></span> <span>129</span> </div>                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <div style="display: flex; justify-content: space-between;"> <span><b>6f</b></span> <span>427</span> </div>                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <div style="display: flex; justify-content: space-between;"> <span><b>6g</b></span> <span></span> </div>                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                             |  | <div style="display: flex; justify-content: space-between;"> <span><b>6h</b></span> <span>0</span> </div>                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                  |  | <div style="display: flex; justify-content: space-between;"> <span><b>7</b></span> <span></span> </div>                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1I                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

**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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>BUTLER BROTHERS PENSION PLAN FOR HOURLY WAGE EMPLOYEES</u>                                                    | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>BUTLER BROTHERS</u>                                        | <b>D</b> Employer Identification Number (EIN)<br><u>34-0691962</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>                                                                                                                               |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                               |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b> <u>8252943</u>                                                      |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>8200418</u>                                                      |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <u>402</u> <u>7179851</u> <u>7179851</u>                                      |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | <u>27</u> <u>182280</u> <u>182280</u>                                         |
| <b>c</b> For active participants.....                                                                                                                                                                           | <u>0</u> <u>0</u> <u>0</u>                                                    |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>429</u> <u>7362131</u> <u>7362131</u>                                      |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                        | <b>4a</b>                                                                     |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b> <u>5.23</u> %                                                        |
| <b>6</b> Target normal cost .....                                                                                                                                                                               |                                                                               |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                       | <b>6a</b> <u>0</u>                                                            |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b> <u>168000</u>                                                       |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                        | <b>6c</b> <u>168000</u>                                                       |

**Statement by Enrolled Actuary**

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

|                                                                             |                               |                                        |
|-----------------------------------------------------------------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                            |                               | <u>08/18/2023</u>                      |
|                                                                             | Signature of actuary          | Date                                   |
| <u>ROBERT D. FICK</u>                                                       | Type or print name of actuary | <u>23-05435</u>                        |
|                                                                             |                               | Most recent enrollment number          |
| <u>BUCK GLOBAL, LLC</u>                                                     | Firm name                     | <u>412-281-2506</u>                    |
|                                                                             |                               | Telephone number (including area code) |
| <u>11 STANWIX STREET</u><br><u>SUITE 700</u><br><u>PITTSBURGH, PA 15222</u> | Address of the firm           |                                        |

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

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

Schedule SB (Form 5500) 2022  
v. 220413

| Part II Beginning of Year Carryover and Prefunding Balances                                                                                                         |                       |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 58088                 | 177524                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 58088                 | 177524                 |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>7.99</u> % .....                                                                                | 4641                  | 14184                  |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.39</u> %..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 62729                 | 191708                 |

| Part III Funding Percentages                                                                                                                                              |           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 107.93 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 111.38 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 103.65 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %        |

| Part IV Contributions and Liquidity Shortfalls                                           |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 0                               |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

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

|                  |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                             |                                                                     |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Part V</b>    | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>                                                                                                                                                                                                                             |                                                                                                                                                                             |                                                                     |
| <b>21</b>        | Discount rate:                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | Segment rates:                                                                                                                                                                                                                                                                                         | <div style="display: flex; justify-content: space-around;"> <div>1st segment:<br/>4.75 %</div> <div>2nd segment:<br/>5.18 %</div> <div>3rd segment:<br/>5.92 %</div> </div> | <input type="checkbox"/> N/A, full yield curve used                 |
| <b>b</b>         | Applicable month (enter code).....                                                                                                                                                                                                                                                                     |                                                                                                                                                                             | <b>21b</b> 4                                                        |
| <b>22</b>        | Weighted average retirement age .....                                                                                                                                                                                                                                                                  |                                                                                                                                                                             | <b>22</b>                                                           |
| <b>23</b>        | Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                                                                                                     |                                                                                                                                                                             |                                                                     |
| <b>Part VI</b>   | <b>Miscellaneous Items</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |                                                                     |
| <b>24</b>        | Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                       |                                                                                                                                                                             |                                                                     |
| <b>25</b>        | Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                            |                                                                                                                                                                             |                                                                     |
| <b>26</b>        | Demographic and benefit information                                                                                                                                                                                                                                                                    |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                                                                                                                                                                      |                                                                                                                                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</b>         | Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                                                                                                                                                                |                                                                                                                                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b>        | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                                                                                                                                                             |                                                                                                                                                                             | <b>27</b>                                                           |
| <b>Part VII</b>  | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>                                                                                                                                                                                                                         |                                                                                                                                                                             |                                                                     |
| <b>28</b>        | Unpaid minimum required contributions for all prior years.....                                                                                                                                                                                                                                         |                                                                                                                                                                             | <b>28</b> 0                                                         |
| <b>29</b>        | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....                                                                                                                                                                             |                                                                                                                                                                             | <b>29</b> 0                                                         |
| <b>30</b>        | Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                                                                                                                                                                                                |                                                                                                                                                                             | <b>30</b> 0                                                         |
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b>                                                                                                                                                                                                                                                  |                                                                                                                                                                             |                                                                     |
| <b>31</b>        | Target normal cost and excess assets (see instructions):                                                                                                                                                                                                                                               |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | Target normal cost (line 6c).....                                                                                                                                                                                                                                                                      |                                                                                                                                                                             | <b>31a</b> 168000                                                   |
| <b>b</b>         | Excess assets, if applicable, but not greater than line 31a .....                                                                                                                                                                                                                                      |                                                                                                                                                                             | <b>31b</b> 168000                                                   |
| <b>32</b>        | Amortization installments:                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | Net shortfall amortization installment .....                                                                                                                                                                                                                                                           | Outstanding Balance 0                                                                                                                                                       | Installment 0                                                       |
| <b>b</b>         | Waiver amortization installment .....                                                                                                                                                                                                                                                                  | 0                                                                                                                                                                           | 0                                                                   |
| <b>33</b>        | If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....                                                                                                                             |                                                                                                                                                                             | <b>33</b>                                                           |
| <b>34</b>        | Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                                                                                                                                                       |                                                                                                                                                                             | <b>34</b> 0                                                         |
|                  | Carryover balance                                                                                                                                                                                                                                                                                      | Prefunding balance                                                                                                                                                          | Total balance                                                       |
| <b>35</b>        | Balances elected for use to offset funding requirement.....                                                                                                                                                                                                                                            | 0                                                                                                                                                                           | 0                                                                   |
| <b>36</b>        | Additional cash requirement (line 34 minus line 35) .....                                                                                                                                                                                                                                              |                                                                                                                                                                             | <b>36</b> 0                                                         |
| <b>37</b>        | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                                                                                                                                              |                                                                                                                                                                             | <b>37</b> 0                                                         |
| <b>38</b>        | Present value of excess contributions for current year (see instructions)                                                                                                                                                                                                                              |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | Total (excess, if any, of line 37 over line 36)                                                                                                                                                                                                                                                        |                                                                                                                                                                             | <b>38a</b> 0                                                        |
| <b>b</b>         | Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                                                                                                                                           |                                                                                                                                                                             | <b>38b</b> 0                                                        |
| <b>39</b>        | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                                                                                                                                                  |                                                                                                                                                                             | <b>39</b> 0                                                         |
| <b>40</b>        | Unpaid minimum required contributions for all years.....                                                                                                                                                                                                                                               |                                                                                                                                                                             | <b>40</b> 0                                                         |
| <b>Part IX</b>   | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>                                                                                                                                                                                                            |                                                                                                                                                                             |                                                                     |
| <b>41</b>        | If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |                                                                                                                                                                             |                                                                     |



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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>BUTLER BROTHERS PENSION PLAN FOR HOURLY WAGE EMPLOYEES</u>                                                                                                                                                                                   | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>002</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BUTLER BROTHERS</u>                                                                                                                                                                                  | <b>D</b> Employer Identification Number (EIN)<br><u>34-0691962</u>                                                                                                                                                                                                           |                                                                                           |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       | 94522                 | 68708           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   | 8158420               | 5668203         |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 8252942               | 5736911         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 8252942 | 5736911 |
|-----------------------------------------------------------|-----------|---------|---------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> |            |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | -1560803  |
| (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) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -1560803  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 757169     |           |
| (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)  |            | 757169    |
| 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)  | 10164      |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 8301       |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  |            |           |
| (4) Other .....                                                                                 | 2i(4)  | 179594     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 198059    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 955228    |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -2516031  |
| 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: PLANTE MORAN, PLLC

(2) EIN: 38-1357951

**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>b</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.) |     |    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |     |    |          |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |     |    |          |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |     |    |          |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |     |    |          |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   |     |    |          |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     |     |    |          |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     |    |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |          |

**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 483792.

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under 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).<br><br>► <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

|                                                                                         |                                                                    |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>BUTLER BROTHERS PENSION PLAN FOR HOURLY WAGE EMPLOYEES</u>  | <b>B</b> Three-digit plan number (PN) ►<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BUTLER BROTHERS</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-0691962</u> |

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

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>80-0709115</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>0</u> |

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

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

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

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

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

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

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

Schedule R (Form 5500) 2022  
v. 220413

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

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                           |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |

|                                          | Beginning of Year<br>1/1/2022 | End of Year<br>12/31/2022 |
|------------------------------------------|-------------------------------|---------------------------|
| <b><u>ASSETS</u></b>                     |                               |                           |
| A. NON-INTEREST BEARING CASH             | 0.00                          | 0.00                      |
| B. RECEIVABLES                           |                               |                           |
| (1) EMPLOYER CONTRIBUTIONS               | 0.00                          | 0.00                      |
| (2) PARTICIPANT CONTRIBUTIONS            | 0.00                          | 0.00                      |
| (3) OTHER                                |                               |                           |
| 120020 DIVIDENDS RECEIVABLE              | 0.00                          | 20,820.79                 |
| C. GENERAL INVESTMENTS                   |                               |                           |
| (1) INTEREST BEARING CASH                | 0.00                          | 0.00                      |
| (2) U.S. GOVERNMENT SECURITIES           | 0.00                          | 0.00                      |
| (3) CORPORATE DEBT INSTRUMENTS           |                               |                           |
| (A) PREFERRED                            | 0.00                          | 0.00                      |
| (B) ALL OTHER                            | 0.00                          | 0.00                      |
| (4) CORPORATE STOCKS                     |                               |                           |
| (A) PREFERRED                            | 0.00                          | 0.00                      |
| (B) COMMON                               | 0.00                          | 0.00                      |
| (5) PARTNERSHIP/JOINT VENTURE INTERESTS  | 0.00                          | 0.00                      |
| (6) REAL ESTATE                          | 0.00                          | 0.00                      |
| (7) LOANS OTHER THAN PARTICIPANT         | 0.00                          | 0.00                      |
| (8) PARTICIPANT LOANS                    | 0.00                          | 0.00                      |
| VALUE OF INTEREST IN:                    |                               |                           |
| (9) COMMON/COLLECTIVE TRUSTS             | 0.00                          | 0.00                      |
| (10) POOLED SEPARATE ACCOUNTS            | 0.00                          | 0.00                      |
| (11) MASTER TRUST INVESTMENT ACCTS       | 0.00                          | 0.00                      |
| (12) 103-12 INVESTMENT ENTITIES          | 0.00                          | 0.00                      |
| (13) REGISTERED INVESTMENT COMPANIES     | 0.00                          | 0.00                      |
| (14) VALUE OF FUNDS IN INSURANCE CO ACCT | 0.00                          | 0.00                      |
| (15) OTHER                               | 0.00                          | 0.00                      |
| D. EMPLOYER RELATED INVESTMENTS          |                               |                           |
| (1) EMPLOYER SECURITIES                  | 0.00                          | 0.00                      |
| (2) EMPLOYER REAL PROPERTY               | 0.00                          | 0.00                      |
| E. BUILDINGS/OTHER PROPERTY USED BY PLAN |                               |                           |
| <b>F. TOTAL ASSETS</b>                   | <b>0.00</b>                   | <b>20,820.79</b>          |
| <b><u>LIABILITIES</u></b>                |                               |                           |
| G. BENEFIT CLAIMS PAYABLE                | 0.00                          | 0.00                      |
| H. OPERATING PAYABLES                    | 0.00                          | 0.00                      |
| I. ACQUISITION INDEBTEDNESS              |                               |                           |
| J. OTHER LIABILITIES                     | 0.00                          | 0.00                      |
| <b>K. TOTAL LIABILITIES</b>              | <b>0.00</b>                   | <b>0.00</b>               |
| <b>L. TOTAL NET ASSETS</b>               | <b>0.00</b>                   | <b>20,820.79</b>          |

|                                      | Amount    | Total     |
|--------------------------------------|-----------|-----------|
| <b><u>INCOME</u></b>                 |           |           |
| <b>A. CONTRIBUTIONS</b>              |           |           |
| (1) RECEIVED OR RECEIVABLE FROM:     |           |           |
| (A) EMPLOYERS                        | 0.00      |           |
| (B) PARTICIPANTS                     | 0.00      |           |
| (C) OTHERS                           | 0.00      |           |
| (2) NONCASH CONTRIBUTIONS            | 0.00      |           |
| (3) TOTAL CONTRIBUTIONS              |           | 0.00      |
| <b>B. EARNINGS ON INVESTMENTS</b>    |           |           |
| (1) INTEREST                         |           |           |
| (A) INTEREST-BEARING CASH            | 0.00      |           |
| (B) U.S. GOVERNMENT SECURITIES       | 0.00      |           |
| (C) CORP DEBT INSTRUMENTS            | 0.00      |           |
| (D) LOANS OTHER THAN PARTICIPANT     | 0.00      |           |
| (E) PARTICIPANT LOANS                | 0.00      |           |
| (F) OTHER INTEREST                   | 0.00      |           |
| (G) TOTAL INTEREST                   |           | 0.00      |
| (2) DIVIDENDS                        |           |           |
| (A) PREFERRED STOCK                  | 0.00      |           |
| (B) COMMON STOCK                     | 20,820.79 |           |
| (C) REGISTERED INV COMPANIES         | 0.00      |           |
| (D) TOTAL DIVIDENDS                  |           | 20,820.79 |
| (3) RENTS                            |           | 0.00      |
| (4) NET GAIN(LOSS) ON SALE OF ASSETS |           |           |
| (A) AGGREGATE PROCEEDS               | 274.99    |           |
| (B) LESS AGGREGATE CARRYING AMT      | 0.00      |           |
| (C) NET AMOUNT                       |           | 274.99    |
| (5) UNREALIZED APPR (DEPR) OF ASSETS |           |           |
| (A) REAL ESTATE                      | 0.00      |           |
| (B) OTHER                            | 0.00      |           |
| (C) TOTAL U/R APPR OF ASSETS         |           | 0.00      |
| NET GAIN (LOSS) FROM:                |           |           |
| (6) COMMON/COLLECTIVE TRUSTS         |           | 0.00      |
| (7) POOLED SEPARATE ACCOUNTS         |           | 0.00      |
| (8) MASTER TRUSTS                    |           | 0.00      |
| (9) 103-12 INVESTMENT ENTITIES       |           | 0.00      |

|                                             | Amount | Total            |
|---------------------------------------------|--------|------------------|
| (10) REGISTERED INVESTMENT COMPANIES        |        | 0.00             |
| C. OTHER INCOME                             |        | 0.00             |
| D. TOTAL INCOME                             |        | 21,095.78        |
| <b><u>EXPENSES</u></b>                      |        |                  |
| E. BENEFIT PAYMENTS                         |        |                  |
| (1) PARTICIPANTS OR BENEFICIARIES           | 0.00   |                  |
| (2) INSURANCE CARRIERS                      | 0.00   |                  |
| (3) OTHER                                   | 266.75 |                  |
| (4) TOTAL PAYMENTS                          |        | 266.75           |
| F. CORRECTIVE DISTRIBUTIONS                 |        | 0.00             |
| G. DEEMED DIST OF PARTICIPANT LOANS         |        | 0.00             |
| H. INTEREST EXPENSE                         |        | 0.00             |
| I. ADMINISTRATIVE EXPENSES                  |        |                  |
| (1) PROFESSIONAL FEES                       | 0.00   |                  |
| (2) CONTRACT ADMIN FEES                     | 0.00   |                  |
| (3) INVESTMENT ADVISORS/MANAGER FEES        | 0.00   |                  |
| (4) OTHER                                   | 8.24   |                  |
| (5) TOTAL ADMIN EXPENSES                    |        | 8.24             |
| J. TOTAL EXPENSES                           |        | 274.99           |
| <b><u>NET INCOME AND RECONCILIATION</u></b> |        |                  |
| K. NET INCOME (LOSS)                        |        | 20,820.79        |
| L. TRANSFERS OF ASSETS                      |        |                  |
| (1) TO THE PLAN                             |        | 0.00             |
| (2) FROM THE PLAN                           |        | 0.00             |
| M. NET ASSETS - BEGINNING OF PERIOD         |        | 0.00             |
| RECEIVED PRIOR TRUSTEE/CUSTODIAN            |        | 0.00             |
| NET TRANSFERS                               |        | 0.00             |
| <b>N. NET ASSETS - END OF PERIOD</b>        |        | <b>20,820.79</b> |



DFE & Participating Plan Report for 5500 Schedule D

Report ID: M1107E

Status: FINAL

MAERSK SAVINGS PLAN - NYYP10200102

1/1/2022 - 12/31/2022

JOHN HANCOCK TRUST COMPANY  
LLC

| Security ID | DFE Name                                     | Sponsor Entity | Entity Code | Dollar Value of Interest in DFE |
|-------------|----------------------------------------------|----------------|-------------|---------------------------------|
| 996115960   | EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01 | NEW YORK LIFE  | C           | 0.00                            |



## 5500 Dividends Earned

Report ID: M2530E

Status: REVISED

MAERSK SAVINGS PLAN - NYF10200102

1/1/2022 - 12/31/2022

JOHN HANCOCK TRUST COMPANY LLC

| Security ID | Security Description | Tran Code | Transaction Description | Pay Date | Dividend Amount | Ccy Gain/Loss |
|-------------|----------------------|-----------|-------------------------|----------|-----------------|---------------|
|-------------|----------------------|-----------|-------------------------|----------|-----------------|---------------|

### COMMON STOCK

|                             |           |
|-----------------------------|-----------|
| TOTAL RECEIVED              | 0.00      |
| LESS RECEIVABLE BOP         | 0.00      |
| PLUS RECEIVABLE EOP         | 20,820.79 |
| TOTAL COMMON STOCK          | 20,820.79 |
| GRAND TOTAL RECEIVED        | 0.00      |
| LESS RECEIVABLE BOP         | 0.00      |
| PLUS RECEIVABLE EOP         | 20,820.79 |
| LESS CURRENCY GAIN/LOSS     | 0.00      |
| GRAND TOTAL DIVIDEND EARNED | 20,820.79 |



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

MAERSK SAVINGS PLAN - NYYP10200102

1/1/2022 - 12/31/2022

JOHN HANCOCK TRUST COMPANY LLC

| Tran Count | Security ID | Security Description | Shares | Cost of Acquisitions | Proceeds of Dispositions | Cost of Assets Disposed | Gain/Loss |
|------------|-------------|----------------------|--------|----------------------|--------------------------|-------------------------|-----------|
| 5% VALUE : |             | 0.00                 |        |                      |                          |                         |           |

\*\*\* NO ACTIVITY FOR THIS PERIOD \*\*\*

| Security ID                                   | Security Description                                         | Shares      | Cost              | Market Value      | Unrealized Gain/Loss |
|-----------------------------------------------|--------------------------------------------------------------|-------------|-------------------|-------------------|----------------------|
| <b>U. S. GOVERNMENT SECURITIES</b>            |                                                              |             |                   |                   |                      |
| 912810SL3                                     | U S TREASURY BOND 2.000% 02/15/2050 DD 02/15/20              | 235,000.000 | 174,331.45        | 156,697.27        | -17,634.18           |
| 912810TA6                                     | U S TREASURY BOND 1.750% 08/15/2041 DD 08/15/21              | 160,000.000 | 144,493.68        | 110,306.25        | -34,187.43           |
| <b>TOTAL U. S. GOVERNMENT SECURITIES</b>      |                                                              |             | <b>318,825.13</b> | <b>267,003.52</b> | <b>-51,821.61</b>    |
| <b>CORPORATE DEBT INSTRUMENTS - PREFERRED</b> |                                                              |             |                   |                   |                      |
| 00440EAW7                                     | CHUBB INA HOLDINGS INC 4.350% 11/03/2045 DD 11/03/15         | 30,000.000  | 37,215.89         | 26,139.20         | -11,076.69           |
| 00817YAZ1                                     | AETNA INC 3.875% 08/15/2047 DD 08/10/17                      | 70,000.000  | 78,130.85         | 54,141.15         | -23,989.70           |
| 010392FL7                                     | ALABAMA POWER CO 4.150% 08/15/2044 DD 08/26/14               | 50,000.000  | 58,638.42         | 41,879.48         | -16,758.94           |
| 023135BF2                                     | AMAZON.COM INC 3.875% 08/22/2037 DD 02/22/18                 | 25,000.000  | 29,421.15         | 22,301.33         | -7,119.82            |
| 023135CJ3                                     | AMAZON.COM INC 3.950% 04/13/2052 DD 04/13/22                 | 90,000.000  | 89,623.80         | 75,185.93         | -14,437.87           |
| 037735CY1                                     | APPALACHIAN POWER CO 3.700% 05/01/2050 DD 05/14/20           | 90,000.000  | 97,186.43         | 66,040.65         | -31,145.78           |
| 037833CH1                                     | APPLE INC 4.250% 02/09/2047 DD 02/09/17                      | 40,000.000  | 50,121.05         | 36,956.23         | -13,164.82           |
| 037833DW7                                     | APPLE INC 2.650% 05/11/2050 DD 05/11/20                      | 30,000.000  | 29,613.80         | 20,014.75         | -9,599.05            |
| 037833EL0                                     | APPLE INC 2.850% 08/05/2061 DD 08/05/21                      | 70,000.000  | 70,476.95         | 45,456.35         | -25,020.60           |
| 049560AM7                                     | ATMOS ENERGY CORP 4.125% 10/15/2044 DD 10/15/14              | 45,000.000  | 52,532.42         | 36,996.62         | -15,535.80           |
| 049560AQ8                                     | ATMOS ENERGY CORP 4.125% 03/15/2049 DD 03/04/19              | 25,000.000  | 29,823.88         | 20,597.53         | -9,226.35            |
| 059165EL0                                     | BALTIMORE GAS AND ELECTRIC CO 3.200% 09/15/2049 DD 09/12/19  | 30,000.000  | 31,446.76         | 21,336.76         | -10,110.00           |
| 06051GHA0                                     | BANK OF AMERICA CORP VAR RT 01/23/2049 DD 01/23/18           | 170,000.000 | 199,149.09        | 132,408.07        | -66,741.02           |
| 06051GHS1                                     | BANK OF AMERICA CORP VAR RT 03/15/2050 DD 03/15/19           | 35,000.000  | 43,451.50         | 28,915.48         | -14,536.02           |
| 06051GHZ5                                     | BANK OF AMERICA CORP VAR RT 02/13/2031 DD 02/13/20           | 55,000.000  | 55,195.66         | 44,831.81         | -10,363.85           |
| 06051GKK4                                     | BANK OF AMERICA CORP VAR RT 02/04/2033 DD 02/04/22           | 185,000.000 | 147,332.15        | 149,616.46        | 2,284.31             |
| 06051GKL2                                     | BANK OF AMERICA CORP VAR RT 03/08/2037 DD 03/08/22           | 85,000.000  | 85,000.00         | 70,606.51         | -14,393.49           |
| 084659AP6                                     | BERKSHIRE HATHAWAY ENERGY CO 3.800% 07/15/2048 DD 01/05/18   | 45,000.000  | 50,556.26         | 34,760.80         | -15,795.46           |
| 084659AV3                                     | BERKSHIRE HATHAWAY ENERGY CO 3.700% 07/15/2030 DD 01/15/21   | 20,000.000  | 22,109.34         | 18,373.04         | -3,736.30            |
| 110122DS4                                     | BRISTOL-MYERS SQUIBB CO 2.550% 11/13/2050 DD 11/13/20        | 95,000.000  | 90,237.65         | 60,086.38         | -30,151.27           |
| 110122DW5                                     | BRISTOL-MYERS SQUIBB CO 3.700% 03/15/2052 DD 03/02/22        | 80,000.000  | 79,653.60         | 61,909.31         | -17,744.29           |
| 11135FAQ4                                     | BROADCOM INC 4.150% 11/15/2030 DD 05/08/20                   | 91,000.000  | 101,025.77        | 81,654.60         | -19,371.17           |
| 12189LAC5                                     | BURLINGTON NORTHERN SANTA FE L 5.050% 03/01/2041 DD 09/10/10 | 55,000.000  | 71,559.84         | 53,957.90         | -17,601.94           |
| 12189LAP6                                     | BURLINGTON NORTHERN SANTA FE L 5.150% 09/01/2043 DD 08/22/13 | 90,000.000  | 120,878.69        | 88,372.29         | -32,506.40           |
| 125523BK5                                     | CIGNA GROUP/THE 3.875% 10/15/2047 DD 04/15/20                | 70,000.000  | 78,473.38         | 54,664.36         | -23,809.02           |
| 12661PAE9                                     | CSL FINANCE PLC 144A 4.750% 04/27/2052 DD 04/27/22           | 45,000.000  | 44,871.30         | 40,613.87         | -4,257.43            |
| 13034VAD6                                     | CALIFORNIA INSTITUTE OF TECHNO 3.650% 09/01/2119 DD 11/25/19 | 45,000.000  | 52,679.73         | 28,917.42         | -23,762.31           |
| 161175BV5                                     | CHARTER COMMUNICATIONS OPERATI 3.700% 04/01/2051 DD 04/17/20 | 105,000.000 | 101,879.15        | 64,239.75         | -37,639.40           |
| 166756AH9                                     | CHEVRON USA INC 2.343% 08/12/2050 DD 08/12/20                | 45,000.000  | 41,399.14         | 28,149.92         | -13,249.22           |
| 166764CA6                                     | CHEVRON CORP 3.078% 05/11/2050 DD 05/11/20                   | 20,000.000  | 21,190.47         | 14,593.29         | -6,597.18            |
| 16876BAA0                                     | CHILDREN'S HOSPITAL CORP/THE 4.115% 01/01/2047 DD            | 45,000.000  | 55,748.81         | 38,353.65         | -17,395.16           |

# Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

MAERSK-BARROW HANLEY - NYF10200202

1/1/2022 - 12/31/2022

Status: FINAL

**JOHN HANCOCK TRUST COMPANY  
LLC**

| Security ID | Security Description                                        | Shares      | Cost       | Market Value | Unrealized Gain/Loss |
|-------------|-------------------------------------------------------------|-------------|------------|--------------|----------------------|
|             | 01/31/17                                                    |             |            |              |                      |
| 171239AJ5   | CHUBB INA HOLDINGS INC 3.050% 12/15/2061 DD 11/18/21        | 75,000.000  | 76,878.02  | 48,974.14    | -27,903.88           |
| 172967NF4   | CITIGROUP INC VAR RT 11/03/2042 DD 11/03/21                 | 180,000.000 | 178,752.06 | 125,008.84   | -53,743.22           |
| 195869AQ5   | COLONIAL PIPELINE CO 144A 4.250% 04/15/2048 DD 03/29/18     | 35,000.000  | 41,324.83  | 27,448.47    | -13,876.36           |
| 20030NDH1   | COMCAST CORP 3.750% 04/01/2040 DD 03/27/20                  | 165,000.000 | 185,205.99 | 136,867.82   | -48,338.17           |
| 202795JJ0   | COMMONWEALTH EDISON CO 3.650% 06/15/2046 DD 06/27/16        | 30,000.000  | 33,329.65  | 22,936.20    | -10,393.45           |
| 202795JS0   | COMMONWEALTH EDISON CO 3.000% 03/01/2050 DD 02/25/20        | 90,000.000  | 91,665.15  | 61,739.08    | -29,926.07           |
| 209111FF5   | CONSOLIDATED EDISON CO OF NEW 4.625% 12/01/2054 DD 11/24/14 | 35,000.000  | 43,854.34  | 29,944.52    | -13,909.82           |
| 210518DD5   | CONSUMERS ENERGY CO 4.350% 04/15/2049 DD 11/13/18           | 25,000.000  | 31,438.37  | 21,840.10    | -9,598.27            |
| 22822VAM3   | CROWN CASTLE INC 5.200% 02/15/2049 DD 02/11/19              | 35,000.000  | 45,058.27  | 31,676.72    | -13,381.55           |
| 251526CK3   | DEUTSCHE BANK AG/NEW YORK NY VAR RT 05/28/2032 DD 05/28/21  | 150,000.000 | 117,039.00 | 114,093.53   | -2,945.47            |
| 26441CBU8   | DUKE ENERGY CORP 5.000% 08/15/2052 DD 08/11/22              | 50,000.000  | 49,791.50  | 44,657.50    | -5,134.00            |
| 26442CAR5   | DUKE ENERGY CAROLINAS LLC 3.875% 03/15/2046 DD 03/11/16     | 120,000.000 | 135,581.32 | 95,036.14    | -40,545.18           |
| 26444HAA9   | DUKE ENERGY FLORIDA LLC 3.400% 10/01/2046 DD 09/09/16       | 75,000.000  | 79,395.85  | 54,276.94    | -25,118.91           |
| 29364WBB3   | ENTERGY LOUISIANA LLC 4.200% 09/01/2048 DD 08/14/18         | 25,000.000  | 29,837.64  | 20,563.47    | -9,274.17            |
| 29446MAC6   | EQUINOR ASA 3.250% 11/18/2049 DD 11/18/19                   | 85,000.000  | 90,368.49  | 62,272.14    | -28,096.35           |
| 29446MAH5   | EQUINOR ASA 3.700% 04/06/2050 DD 04/06/20                   | 80,000.000  | 91,913.99  | 63,592.65    | -28,321.34           |
| 30161NAY7   | EXELON CORP 4.700% 04/15/2050 DD 04/01/20                   | 25,000.000  | 31,492.18  | 22,026.79    | -9,465.39            |
| 30231GAZ5   | EXXON MOBIL CORP 3.095% 08/16/2049 DD 08/16/19              | 90,000.000  | 91,561.47  | 64,958.71    | -26,602.76           |
| 30231GBM3   | EXXON MOBIL CORP 3.452% 04/15/2051 DD 04/15/20              | 115,000.000 | 125,089.76 | 86,504.28    | -38,585.48           |
| 30303M8J4   | META PLATFORMS INC 4.450% 08/15/2052 DD 08/09/22            | 90,000.000  | 88,371.30  | 72,049.27    | -16,322.03           |
| 341081FQ5   | FLORIDA POWER & LIGHT CO 3.950% 03/01/2048 DD 02/28/18      | 35,000.000  | 41,652.18  | 28,935.14    | -12,717.04           |
| 341081FX0   | FLORIDA POWER & LIGHT CO 3.150% 10/01/2049 DD 09/13/19      | 25,000.000  | 26,642.10  | 18,148.51    | -8,493.59            |
| 373334JW2   | GEORGIA POWER CO 4.300% 03/15/2042 DD 03/06/12              | 45,000.000  | 51,373.43  | 38,866.72    | -12,506.71           |
| 38141GZN7   | GOLDMAN SACHS GROUP INC/THE VAR RT 02/24/2043 DD 01/24/22   | 40,000.000  | 40,000.00  | 29,583.21    | -10,416.79           |
| 437076BA9   | HOME DEPOT INC/THE 4.200% 04/01/2043 DD 04/05/13            | 60,000.000  | 72,609.75  | 52,814.39    | -19,795.36           |
| 437076BD3   | HOME DEPOT INC/THE 4.875% 02/15/2044 DD 09/10/13            | 65,000.000  | 85,961.55  | 62,513.95    | -23,447.60           |
| 45866FAX2   | INTERCONTINENTAL EXCHANGE INC 4.950% 06/15/2052 DD 05/23/22 | 110,000.000 | 94,210.60  | 106,750.55   | 12,539.95            |
| 46647PAK2   | JPMORGAN CHASE & CO VAR RT 07/24/2048 DD 07/24/17           | 35,000.000  | 41,457.38  | 27,804.48    | -13,652.90           |
| 46647PBE5   | JPMORGAN CHASE & CO VAR RT 10/15/2030 DD 09/12/19           | 30,000.000  | 30,854.20  | 25,226.52    | -5,627.68            |
| 46647PBM7   | JPMORGAN CHASE & CO VAR RT 04/22/2041 DD 04/22/20           | 30,000.000  | 31,155.61  | 21,932.04    | -9,223.57            |
| 46647PCD6   | JPMORGAN CHASE & CO VAR RT 04/22/2042 DD 04/22/21           | 145,000.000 | 151,798.15 | 105,733.26   | -46,064.89           |
| 46647PCR5   | JPMORGAN CHASE & CO VAR RT 11/08/2032 DD 11/08/21           | 95,000.000  | 95,771.46  | 75,351.78    | -20,419.68           |
| 46647PCU8   | JPMORGAN CHASE & CO VAR RT 01/25/2033 DD 01/25/22           | 65,000.000  | 65,000.00  | 53,010.25    | -11,989.75           |
| 48305QAD5   | KAISER FOUNDATION HOSPITALS 4.150% 05/01/2047 DD 05/03/17   | 30,000.000  | 37,107.43  | 25,600.85    | -11,506.58           |
| 50249AAJ2   | LYB INTERNATIONAL FINANCE III 3.625% 04/01/2051 DD 10/08/20 | 55,000.000  | 58,452.62  | 37,086.55    | -21,366.07           |
| 540424AR9   | LOEWS CORP 4.125% 05/15/2043 DD 05/07/13                    | 60,000.000  | 69,355.17  | 48,995.77    | -20,359.40           |
| 548661EF0   | LOWE'S COS INC 4.450% 04/01/2062 DD 03/24/22                | 50,000.000  | 49,962.50  | 39,192.68    | -10,769.82           |

# Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

MAERSK-BARROW HANLEY - NYF10200202

1/1/2022 - 12/31/2022

JOHN HANCOCK TRUST COMPANY  
LLC

| Security ID | Security Description                                         | Shares      | Cost       | Market Value | Unrealized Gain/Loss |
|-------------|--------------------------------------------------------------|-------------|------------|--------------|----------------------|
| 55608JBG2   | MACQUARIE GROUP LTD 144A VAR RT 11/09/2033 DD 08/09/22       | 50,000.000  | 50,000.00  | 47,266.66    | -2,733.34            |
| 575767AN8   | MASSACHUSETTS MUTUAL LIFE 144A 3.729% 10/15/2070 DD 10/11/19 | 46,000.000  | 51,152.93  | 30,405.92    | -20,747.01           |
| 57636QAT1   | MASTERCARD INC 2.950% 03/15/2051 DD 03/04/21                 | 95,000.000  | 98,685.40  | 67,813.87    | -30,871.53           |
| 58013MFK5   | MCDONALD'S CORP 3.625% 09/01/2049 DD 08/12/19                | 80,000.000  | 88,606.73  | 60,550.13    | -28,056.60           |
| 59156RBN7   | METLIFE INC 4.050% 03/01/2045 DD 03/05/15                    | 45,000.000  | 53,656.32  | 37,808.96    | -15,847.36           |
| 595620AR6   | MIDAMERICAN ENERGY CO 3.950% 08/01/2047 DD 02/01/17          | 25,000.000  | 29,458.47  | 20,501.35    | -8,957.12            |
| 59562VBD8   | BERKSHIRE HATHAWAY ENERGY CO 5.150% 11/15/2043 DD 11/08/13   | 80,000.000  | 103,371.86 | 76,518.86    | -26,853.00           |
| 61747YEL5   | MORGAN STANLEY VAR RT 01/21/2033 DD 01/24/22                 | 140,000.000 | 111,584.20 | 113,651.42   | 2,067.22             |
| 61747YFY7   | MORGAN STANLEY VAR RT 10/18/2033 DD 10/18/22                 | 50,000.000  | 50,000.00  | 52,506.11    | 2,506.11             |
| 623115AE2   | MOUNT SINAI HOSPITALS GROUP IN 3.737% 07/01/2049 DD 11/21/19 | 60,000.000  | 65,435.97  | 44,587.84    | -20,848.13           |
| 637432PA7   | NATIONAL RURAL UTILITIES COOPE 5.800% 01/15/2033 DD 10/31/22 | 20,000.000  | 19,989.80  | 20,943.41    | 953.61               |
| 649322AD6   | NEW YORK AND PRESBYTERIAN HOSP 4.063% 08/01/2056 DD 06/28/16 | 50,000.000  | 64,806.68  | 39,659.46    | -25,147.22           |
| 665772CV9   | NORTHERN STATES POWER CO/MN 4.500% 06/01/2052 DD 05/09/22    | 30,000.000  | 29,783.70  | 27,338.44    | -2,445.26            |
| 667274AA2   | NORTHWELL HEALTHCARE INC 3.979% 11/01/2046 DD 09/27/16       | 75,000.000  | 85,450.89  | 57,877.79    | -27,573.10           |
| 667274AC8   | NORTHWELL HEALTHCARE INC 4.260% 11/01/2047 DD 09/26/17       | 110,000.000 | 130,292.74 | 87,983.39    | -42,309.35           |
| 677415CR0   | OHIO POWER CO 4.000% 06/01/2049 DD 05/22/19                  | 135,000.000 | 155,339.07 | 107,260.23   | -48,078.84           |
| 68233JBP8   | ONCOR ELECTRIC DELIVERY CO LLC 3.800% 06/01/2049 DD 05/23/19 | 65,000.000  | 75,421.66  | 52,651.43    | -22,770.23           |
| 695114CL0   | PACIFICORP 6.000% 01/15/2039 DD 01/08/09                     | 70,000.000  | 96,018.48  | 73,337.26    | -22,681.22           |
| 713448EM6   | PEPSICO INC 3.375% 07/29/2049 DD 07/29/19                    | 50,000.000  | 56,173.22  | 39,711.05    | -16,462.17           |
| 74340XBP5   | PROLOGIS LP 3.000% 04/15/2050 DD 02/18/20                    | 20,000.000  | 20,680.60  | 13,439.86    | -7,240.74            |
| 744320BA9   | PRUDENTIAL FINANCIAL INC 3.935% 12/07/2049 DD 12/07/17       | 69,000.000  | 80,777.87  | 54,137.41    | -26,640.46           |
| 74456QCA2   | PUBLIC SERVICE ELECTRIC AND GA 3.200% 08/01/2049 DD 08/12/19 | 30,000.000  | 31,601.70  | 21,587.83    | -10,013.87           |
| 75513ECK5   | RAYTHEON TECHNOLOGIES CORP 4.350% 04/15/2047 DD 10/15/20     | 205,000.000 | 249,914.41 | 175,494.20   | -74,420.21           |
| 78409VAQ7   | S&P GLOBAL INC 3.250% 12/01/2049 DD 11/26/19                 | 30,000.000  | 32,642.01  | 21,664.56    | -10,977.45           |
| 842434CS9   | SOUTHERN CALIFORNIA GAS CO 4.300% 01/15/2049 DD 09/24/18     | 25,000.000  | 31,123.85  | 20,730.93    | -10,392.92           |
| 842587DE4   | SOUTHERN CO/THE 3.700% 04/30/2030 DD 04/03/20                | 40,000.000  | 43,544.15  | 36,215.45    | -7,328.70            |
| 84346LAA8   | SOUTHERN NATURAL GAS CO L 144A 4.800% 03/15/2047 DD 03/14/17 | 55,000.000  | 65,700.50  | 44,866.87    | -20,833.63           |
| 845743BR3   | SOUTHWESTERN PUBLIC SERVICE CO 3.700% 08/15/2047 DD 08/09/17 | 105,000.000 | 118,248.85 | 79,709.70    | -38,539.15           |
| 85440KAA2   | LELAND STANFORD JUNIOR UNIVERS 3.647% 05/01/2048 DD 04/11/17 | 35,000.000  | 42,525.68  | 29,070.90    | -13,454.78           |
| 854502AN1   | STANLEY BLACK & DECKER INC 2.750% 11/15/2050 DD 11/02/20     | 35,000.000  | 33,822.41  | 21,434.11    | -12,388.30           |
| 89153VAV1   | TOTALENERGIES CAPITAL INTERNAT 3.127% 05/29/2050 DD 05/29/20 | 30,000.000  | 30,868.81  | 21,389.73    | -9,479.08            |

| Security ID                                         | Security Description                                         | Shares      | Cost                | Market Value        | Unrealized Gain/Loss |
|-----------------------------------------------------|--------------------------------------------------------------|-------------|---------------------|---------------------|----------------------|
| 89153VAW9                                           | TOTALENERGIES CAPITAL INTERNAT 3.386% 06/29/2060 DD 06/29/20 | 30,000.000  | 31,958.28           | 21,053.24           | -10,905.04           |
| 89236TGU3                                           | TOYOTA MOTOR CREDIT CORP 2.150% 02/13/2030 DD 02/13/20       | 50,000.000  | 50,155.25           | 42,187.64           | -7,967.61            |
| 89236TGY5                                           | TOYOTA MOTOR CREDIT CORP 3.375% 04/01/2030 DD 04/01/20       | 45,000.000  | 49,362.92           | 41,021.34           | -8,341.58            |
| 89417EAM1                                           | TRAVELERS COS INC/THE 4.000% 05/30/2047 DD 05/22/17          | 70,000.000  | 83,900.28           | 57,026.24           | -26,874.04           |
| 907818EC8                                           | UNION PACIFIC CORP 3.875% 02/01/2055 DD 01/29/15             | 70,000.000  | 81,654.67           | 55,592.22           | -26,062.45           |
| 907818FK9                                           | UNION PACIFIC CORP 3.250% 02/05/2050 DD 01/31/20             | 30,000.000  | 20,896.20           | 21,824.91           | 928.71               |
| 907818FN3                                           | UNION PACIFIC CORP 2.973% 09/16/2062 DD 03/16/21             | 50,000.000  | 49,666.01           | 32,421.05           | -17,244.96           |
| 91324PEE8                                           | UNITEDHEALTH GROUP INC 3.050% 05/15/2041 DD 05/19/21         | 60,000.000  | 62,976.49           | 45,363.00           | -17,613.49           |
| 92343VFFV1                                          | VERIZON COMMUNICATIONS INC 3.000% 11/20/2060 DD 11/20/20     | 45,000.000  | 42,718.49           | 26,978.06           | -15,740.43           |
| 92826CAQ5                                           | VISA INC 2.000% 08/15/2050 DD 08/17/20                       | 25,000.000  | 22,104.79           | 14,832.40           | -7,272.39            |
| 94974BGE4                                           | WELLS FARGO & CO 4.650% 11/04/2044 DD 11/04/14               | 60,000.000  | 72,855.48           | 50,826.72           | -22,028.76           |
| 94974BGT1                                           | WELLS FARGO & CO 4.400% 06/14/2046 DD 06/14/16               | 100,000.000 | 118,895.39          | 80,388.20           | -38,507.19           |
| 95000U2G7                                           | WELLS FARGO & CO VAR RT 10/30/2030 DD 10/31/19               | 85,000.000  | 88,450.20           | 72,462.62           | -15,987.58           |
| 96949LAE5                                           | WILLIAMS COS INC/THE 4.850% 03/01/2048 DD 03/05/18           | 35,000.000  | 42,663.26           | 29,732.59           | -12,930.67           |
| <b>TOTAL CORPORATE DEBT INSTRUMENTS - PREFERRED</b> |                                                              |             | <b>7,832,872.91</b> | <b>5,755,910.21</b> | <b>-2,076,962.70</b> |
| <b>CORPORATE DEBT INSTRUMENTS</b>                   |                                                              |             |                     |                     |                      |
| 00185AAG9                                           | AON GLOBAL LTD 4.600% 06/14/2044 DD 05/28/14                 | 55,000.000  | 67,697.88           | 47,251.55           | -20,446.33           |
| 00206RKA9                                           | AT&T INC 3.650% 06/01/2051 DD 05/28/20                       | 90,000.000  | 93,552.75           | 63,827.98           | -29,724.77           |
| 00206RKB7                                           | AT&T INC 3.850% 06/01/2060 DD 05/28/20                       | 30,000.000  | 31,467.47           | 20,926.19           | -10,541.28           |
| 00206RKJ0                                           | AT&T INC 3.500% 09/15/2053 DD 03/15/21                       | 160,000.000 | 162,052.43          | 107,899.71          | -54,152.72           |
| 00206RLV2                                           | AT&T INC 3.650% 09/15/2059 DD 03/15/21                       | 251,000.000 | 254,543.37          | 168,853.35          | -85,690.02           |
| 00206RMN9                                           | AT&T INC 3.800% 12/01/2057 DD 06/01/21                       | 15,000.000  | 15,679.24           | 10,431.33           | -5,247.91            |
| 00287YAS8                                           | ABBVIE INC 4.700% 05/14/2045 DD 05/14/15                     | 60,000.000  | 74,666.61           | 53,757.89           | -20,908.72           |
| 00287YCB3                                           | ABBVIE INC 4.250% 11/21/2049 DD 05/21/20                     | 135,000.000 | 161,841.95          | 113,776.19          | -48,065.76           |
| 010392FW3                                           | ALABAMA POWER CO 3.000% 03/15/2052 DD 11/18/21               | 65,000.000  | 65,097.61           | 43,457.02           | -21,640.59           |
| 02209SAR4                                           | ALTRIA GROUP INC 5.375% 01/31/2044 DD 10/31/13               | 55,000.000  | 63,653.74           | 48,625.45           | -15,028.29           |
| 02209SBK8                                           | ALTRIA GROUP INC 4.450% 05/06/2050 DD 05/06/20               | 30,000.000  | 31,049.42           | 21,378.63           | -9,670.79            |
| 023135CA2                                           | AMAZON.COM INC 2.875% 05/12/2041 DD 05/12/21                 | 170,000.000 | 176,943.30          | 127,586.95          | -49,356.35           |
| 025816DA4                                           | AMERICAN EXPRESS CO VAR RT 08/03/2033 DD 08/03/22            | 70,000.000  | 70,000.00           | 66,353.71           | -3,646.29            |
| 03027XBD1                                           | AMERICAN TOWER CORP 3.100% 06/15/2050 DD 06/03/20            | 35,000.000  | 34,134.48           | 22,279.13           | -11,855.35           |
| 03027XBK5                                           | AMERICAN TOWER CORP 2.950% 01/15/2051 DD 11/20/20            | 25,000.000  | 23,773.35           | 15,617.47           | -8,155.88            |
| 031162CD0                                           | AMGEN INC 4.563% 06/15/2048 DD 12/15/16                      | 128,000.000 | 159,224.65          | 109,897.96          | -49,326.69           |
| 031162CS7                                           | AMGEN INC 3.375% 02/21/2050 DD 02/21/20                      | 50,000.000  | 52,208.01           | 35,024.95           | -17,183.06           |
| 03522AAJ9                                           | ANHEUSER-BUSCH COS LLC / ANHEU 4.900% 02/01/2046 DD 02/01/19 | 270,000.000 | 342,320.29          | 247,464.48          | -94,855.81           |
| 035240AN0                                           | ANHEUSER-BUSCH INBEV WORLDWIDE 4.600% 04/15/2048 DD 04/04/18 | 65,000.000  | 79,663.94           | 56,934.77           | -22,729.17           |
| 037833ER7                                           | APPLE INC 4.100% 08/08/2062 DD 08/08/22                      | 30,000.000  | 29,894.40           | 25,131.29           | -4,763.11            |
| 054561AM7                                           | EQUITABLE HOLDINGS INC 5.000% 04/20/2048 DD 10/20/18         | 45,000.000  | 56,384.82           | 39,658.90           | -16,725.92           |

# Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

MAERSK-BARROW HANLEY - NYF10200202

1/1/2022 - 12/31/2022

JOHN HANCOCK TRUST COMPANY  
LLC

| Security ID | Security Description                                          | Shares      | Cost       | Market Value | Unrealized Gain/Loss |
|-------------|---------------------------------------------------------------|-------------|------------|--------------|----------------------|
| 05526DBK0   | BAT CAPITAL CORP 4.758% 09/06/2049 DD 09/06/19                | 60,000.000  | 64,631.86  | 43,760.33    | -20,871.53           |
| 05526DBU8   | BAT CAPITAL CORP 3.984% 09/25/2050 DD 09/25/20                | 55,000.000  | 53,050.58  | 36,242.54    | -16,808.04           |
| 06051GGG8   | BANK OF AMERICA CORP VAR RT 01/20/2048 DD 01/20/17            | 85,000.000  | 105,974.53 | 71,820.93    | -34,153.60           |
| 06051GKY4   | BANK OF AMERICA CORP VAR RT 07/22/2033 DD 07/22/22            | 55,000.000  | 55,000.00  | 52,393.38    | -2,606.62            |
| 07274NBH5   | BAYER US FINANCE II LLC 144A 4.700% 07/15/2064 DD 07/15/18    | 25,000.000  | 29,171.59  | 19,870.60    | -9,300.99            |
| 0778FPAA7   | BELL TELEPHONE CO OF CANADA OR 4.464% 04/01/2048 DD 03/29/18  | 110,000.000 | 136,510.95 | 94,300.58    | -42,210.37           |
| 084664CR0   | BERKSHIRE HATHAWAY FINANCE COR 4.250% 01/15/2049 DD 01/11/19  | 115,000.000 | 141,700.03 | 103,225.02   | -38,475.01           |
| 097023CQ6   | BOEING CO/THE 3.750% 02/01/2050 DD 07/31/19                   | 75,000.000  | 78,227.92  | 51,887.80    | -26,340.12           |
| 097023CW3   | BOEING CO/THE 5.805% 05/01/2050 DD 05/04/20                   | 95,000.000  | 129,057.95 | 88,448.00    | -40,609.95           |
| 11135FBQ3   | BROADCOM INC 144A 3.187% 11/15/2036 DD 09/30/21               | 49,000.000  | 48,995.02  | 35,307.53    | -13,687.49           |
| 12189LBJ9   | BURLINGTON NORTHERN SANTA FE L 4.450% 01/15/2053 DD 06/07/22  | 75,000.000  | 74,585.25  | 66,916.53    | -7,668.72            |
| 126408HF3   | CSX CORP 3.800% 11/01/2046 DD 10/18/16                        | 95,000.000  | 107,134.39 | 75,125.79    | -32,008.60           |
| 126408HK2   | CSX CORP 4.300% 03/01/2048 DD 02/20/18                        | 110,000.000 | 134,029.60 | 93,932.62    | -40,096.98           |
| 126650CY4   | CVS HEALTH CORP 4.780% 03/25/2038 DD 03/09/18                 | 235,000.000 | 287,214.32 | 214,832.26   | -72,382.06           |
| 13645RBG8   | CANADIAN PACIFIC RAILWAY CO 3.000% 12/02/2041 DD 12/02/21     | 65,000.000  | 66,660.84  | 49,323.83    | -17,337.01           |
| 14149YAW8   | CARDINAL HEALTH INC 4.600% 03/15/2043 DD 02/22/13             | 40,000.000  | 46,161.22  | 33,051.72    | -13,109.50           |
| 161175BC7   | CHARTER COMMUNICATIONS OPERATI 6.834% 10/23/2055 DD 10/23/16  | 45,000.000  | 64,568.03  | 41,711.70    | -22,856.33           |
| 161175BN3   | CHARTER COMMUNICATIONS OPERATI 5.750% 04/01/2048 DD 04/17/18  | 180,000.000 | 225,148.32 | 148,388.99   | -76,759.33           |
| 161175BT0   | CHARTER COMMUNICATIONS OPERATI 4.800% 03/01/2050 DD 10/24/19  | 60,000.000  | 67,398.30  | 43,677.63    | -23,720.67           |
| 16412XAJ4   | CHENIERE CORPUS CHRISTI HOLDIN 3.700% 11/15/2029 DD 05/15/20  | 35,000.000  | 37,523.88  | 31,699.57    | -5,824.31            |
| 16412XAL9   | CHENIERE CORPUS CHRISTI HOLDIN 2.742% 12/31/2039 DD 12/31/21  | 85,000.000  | 83,090.90  | 65,989.52    | -17,101.38           |
| 16876HAB5   | *CHILDREN'S HEALTH SYSTEM OF TE 2.511% 08/15/2050 DD 08/04/20 | 100,000.000 | 94,780.35  | 60,104.18    | -34,676.17           |
| 172967JU6   | CITIGROUP INC 4.650% 07/30/2045 DD 07/30/15                   | 70,000.000  | 88,544.89  | 60,416.56    | -28,128.33           |
| 172967MP3   | CITIGROUP INC VAR RT 03/31/2031 DD 03/31/20                   | 30,000.000  | 34,294.87  | 27,624.83    | -6,670.04            |
| 172967MS7   | CITIGROUP INC VAR RT 06/03/2031 DD 06/03/20                   | 40,000.000  | 40,387.82  | 32,447.69    | -7,940.13            |
| 172967MY4   | CITIGROUP INC VAR RT 05/01/2032 DD 05/04/21                   | 110,000.000 | 87,818.50  | 87,126.63    | -691.87              |
| 18600TAA0   | CLEVELAND CLINIC FOUNDATION/TH 4.858% 01/01/2114 DD 09/18/14  | 90,000.000  | 134,578.09 | 77,159.40    | -57,418.69           |
| 191216DC1   | COCA-COLA CO/THE 2.500% 03/15/2051 DD 09/18/20                | 100,000.000 | 74,995.00  | 65,262.67    | -9,732.33            |
| 198280AH2   | COLUMBIA PIPELINE GROUP INC 5.800% 06/01/2045 DD 12/01/15     | 75,000.000  | 99,434.16  | 72,722.04    | -26,712.12           |
| 20030NAF8   | COMCAST CORP 5.650% 06/15/2035 DD 06/09/05                    | 160,000.000 | 211,919.25 | 168,329.89   | -43,589.36           |
| 20030NCE9   | COMCAST CORP 3.999% 11/01/2049 DD 10/19/17                    | 60,000.000  | 69,773.68  | 47,631.45    | -22,142.23           |
| 20030NDL2   | COMCAST CORP 2.800% 01/15/2051 DD 05/28/20                    | 25,000.000  | 24,184.55  | 15,899.03    | -8,285.52            |
| 20030NDS7   | COMCAST CORP 2.887% 11/01/2051 DD 05/01/22                    | 90,000.000  | 87,387.27  | 58,140.39    | -29,246.88           |
| 20030NDW8   | COMCAST CORP 2.987% 11/01/2063 DD 05/01/22                    | 135,000.000 | 115,094.55 | 82,445.24    | -32,649.31           |

# Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

MAERSK-BARROW HANLEY - NYF10200202

1/1/2022 - 12/31/2022

JOHN HANCOCK TRUST COMPANY  
LLC

| Security ID | Security Description                                         | Shares      | Cost       | Market Value | Unrealized Gain/Loss |
|-------------|--------------------------------------------------------------|-------------|------------|--------------|----------------------|
| 21036PAZ1   | CONSTELLATION BRANDS INC 4.100% 02/15/2048 DD 02/07/18       | 40,000.000  | 45,500.16  | 32,082.02    | -13,418.14           |
| 210518DJ2   | CONSUMERS ENERGY CO 2.500% 05/01/2060 DD 05/13/20            | 20,000.000  | 17,716.62  | 11,404.97    | -6,311.65            |
| 224044CM7   | COX COMMUNICATIONS INC 144A 2.950% 10/01/2050 DD 09/17/20    | 100,000.000 | 93,721.39  | 60,328.61    | -33,392.78           |
| 22822VAP6   | CROWN CASTLE INC 4.000% 11/15/2049 DD 08/15/19               | 20,000.000  | 22,073.83  | 15,220.13    | -6,853.70            |
| 22822VAX9   | CROWN CASTLE INC 2.900% 04/01/2041 DD 02/16/21               | 90,000.000  | 87,891.12  | 61,545.11    | -26,346.01           |
| 23338VAL0   | DTE ELECTRIC CO 2.950% 03/01/2050 DD 02/26/20                | 40,000.000  | 40,457.00  | 27,350.87    | -13,106.13           |
| 24703DBE0   | DELL INTERNATIONAL LLC / 144A 3.375% 12/15/2041 DD 12/13/21  | 85,000.000  | 84,376.63  | 57,314.42    | -27,062.21           |
| 24703DBG5   | DELL INTERNATIONAL LLC / 144A 3.450% 12/15/2051 DD 12/13/21  | 55,000.000  | 52,888.95  | 33,914.16    | -18,974.79           |
| 24703TAK2   | DELL INTERNATIONAL LLC / EMC C 8.350% 07/15/2046 DD 01/15/21 | 21,000.000  | 35,007.83  | 24,056.54    | -10,951.29           |
| 25156PAC7   | DEUTSCHE TELEKOM INTERNATIONAL VAR RT 06/15/2030 DD 07/06/00 | 90,000.000  | 130,893.19 | 106,405.11   | -24,488.08           |
| 25278XAT6   | DIAMONDBACK ENERGY INC 4.250% 03/15/2052 DD 03/17/22         | 105,000.000 | 89,952.35  | 77,682.10    | -12,270.25           |
| 256677AH8   | DOLLAR GENERAL CORP 4.125% 04/03/2050 DD 04/03/20            | 40,000.000  | 46,333.53  | 32,142.62    | -14,190.91           |
| 25746UAV1   | DOMINION ENERGY INC 5.950% 06/15/2035 DD 06/20/05            | 25,000.000  | 32,650.64  | 25,247.27    | -7,403.37            |
| 25746UDG1   | DOMINION ENERGY INC 3.375% 04/01/2030 DD 04/03/20            | 35,000.000  | 37,177.40  | 30,926.66    | -6,250.74            |
| 26441CAP0   | DUKE ENERGY CORP 4.800% 12/15/2045 DD 11/19/15               | 40,000.000  | 49,258.09  | 35,403.34    | -13,854.75           |
| 26441CAT2   | DUKE ENERGY CORP 3.750% 09/01/2046 DD 08/12/16               | 40,000.000  | 42,817.18  | 29,875.95    | -12,941.23           |
| 26444HAF8   | DUKE ENERGY FLORIDA LLC 4.200% 07/15/2048 DD 06/21/18        | 20,000.000  | 24,078.74  | 16,885.94    | -7,192.80            |
| 268317AQ7   | ELECTRICITE DE FRANCE SA 144A 4.950% 10/13/2045 DD 10/13/15  | 50,000.000  | 62,936.84  | 40,415.87    | -22,520.97           |
| 285512AF6   | ELECTRONIC ARTS INC 2.950% 02/15/2051 DD 02/11/21            | 35,000.000  | 33,108.26  | 22,755.95    | -10,352.31           |
| 29273RBJ7   | ENERGY TRANSFER LP 6.125% 12/15/2045 DD 06/23/15             | 65,000.000  | 81,076.42  | 60,503.64    | -20,572.78           |
| 29279FAA7   | ENERGY TRANSFER LP 6.250% 04/15/2049 DD 01/15/19             | 45,000.000  | 57,271.78  | 42,106.97    | -15,164.81           |
| 29364GAK9   | ENTERGY CORP 3.750% 06/15/2050 DD 05/19/20                   | 50,000.000  | 54,016.19  | 37,072.85    | -16,943.34           |
| 29379VBC6   | ENTERPRISE PRODUCTS OPERATING 5.100% 02/15/2045 DD 02/12/14  | 45,000.000  | 42,884.10  | 40,694.23    | -2,189.87            |
| 29379VBQ5   | ENTERPRISE PRODUCTS OPERATING 4.250% 02/15/2048 DD 02/15/18  | 40,000.000  | 45,427.53  | 32,146.37    | -13,281.16           |
| 29379VBW2   | ENTERPRISE PRODUCTS OPERATING 4.200% 01/31/2050 DD 07/08/19  | 50,000.000  | 56,249.03  | 39,581.36    | -16,667.67           |
| 29379VBZ5   | ENTERPRISE PRODUCTS OPERATING 3.950% 01/31/2060 DD 01/15/20  | 85,000.000  | 92,147.34  | 61,756.64    | -30,390.70           |
| 31428XBQ8   | FEDEX CORP 4.050% 02/15/2048 DD 01/31/18                     | 115,000.000 | 129,543.50 | 87,802.86    | -41,740.64           |
| 337738AV0   | FISERV INC 4.400% 07/01/2049 DD 06/24/19                     | 40,000.000  | 47,817.93  | 32,698.89    | -15,119.04           |
| 33939HAB5   | FLEX INTERMEDIATE HOLDCO 144A 4.317% 12/30/2039 DD 05/28/21  | 195,000.000 | 200,876.41 | 140,787.53   | -60,088.88           |
| 341081FR3   | FLORIDA POWER & LIGHT CO 4.125% 06/01/2048 DD 05/08/18       | 110,000.000 | 135,551.15 | 93,985.40    | -41,565.75           |
| 341081GE1   | FLORIDA POWER & LIGHT CO 2.875% 12/04/2051 DD 11/18/21       | 95,000.000  | 96,737.41  | 64,141.67    | -32,595.74           |
| 35177PAL1   | ORANGE SA VAR RT 03/01/2031 DD 09/01/01                      | 25,000.000  | 38,343.61  | 30,669.26    | -7,674.35            |
| 35177PAX5   | ORANGE SA 5.375% 01/13/2042 DD 01/13/12                      | 15,000.000  | 19,794.28  | 14,571.93    | -5,222.35            |
| 37045VAJ9   | GENERAL MOTORS CO 5.200% 04/01/2045 DD 11/12/14              | 30,000.000  | 37,228.15  | 24,558.30    | -12,669.85           |
| 37045XCY0   | GENERAL MOTORS FINANCIAL CO IN 3.600% 06/21/2030 DD 06/22/20 | 35,000.000  | 37,363.47  | 29,550.46    | -7,813.01            |

# Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

MAERSK-BARROW HANLEY - NYF10200202

1/1/2022 - 12/31/2022

JOHN HANCOCK TRUST COMPANY  
LLC

| Security ID | Security Description                                         | Shares      | Cost       | Market Value | Unrealized Gain/Loss |
|-------------|--------------------------------------------------------------|-------------|------------|--------------|----------------------|
| 378272AY4   | GLENCORE FUNDING LLC 144A 2.500% 09/01/2030 DD 09/01/20      | 85,000.000  | 82,403.44  | 69,213.43    | -13,190.01           |
| 378272BC1   | GLENCORE FUNDING LLC 144A 3.875% 04/27/2051 DD 04/27/21      | 25,000.000  | 26,209.68  | 18,028.00    | -8,181.68            |
| 38141GYC2   | GOLDMAN SACHS GROUP INC/THE VAR RT 04/22/2042 DD 04/22/21    | 35,000.000  | 36,401.85  | 25,365.36    | -11,036.49           |
| 42217KAX4   | WELLTOWER OP LLC 6.500% 03/15/2041 DD 03/14/11               | 25,000.000  | 36,269.77  | 25,021.66    | -11,248.11           |
| 454889AT3   | INDIANA MICHIGAN POWER CO 4.250% 08/15/2048 DD 08/08/18      | 25,000.000  | 29,757.75  | 20,400.67    | -9,357.08            |
| 45866FAH7   | INTERCONTINENTAL EXCHANGE INC 4.250% 09/21/2048 DD 08/13/18  | 20,000.000  | 24,196.00  | 17,336.00    | -6,860.00            |
| 465685AQ8   | ITC HOLDINGS CORP 144A 2.950% 05/14/2030 DD 05/14/20         | 45,000.000  | 45,992.61  | 38,064.89    | -7,927.72            |
| 46647PAL0   | JPMORGAN CHASE & CO VAR RT 11/15/2048 DD 11/10/17            | 80,000.000  | 94,153.34  | 62,544.12    | -31,609.22           |
| 491674BM8   | KENTUCKY UTILITIES CO 3.300% 06/01/2050 DD 06/03/20          | 30,000.000  | 31,570.11  | 21,254.46    | -10,315.65           |
| 49456BAT8   | KINDER MORGAN INC 3.600% 02/15/2051 DD 02/11/21              | 145,000.000 | 146,356.08 | 100,618.69   | -45,737.39           |
| 49456BAW1   | KINDER MORGAN INC 5.450% 08/01/2052 DD 08/03/22              | 50,000.000  | 49,817.00  | 45,022.55    | -4,794.45            |
| 501044DG3   | KROGER CO/THE 4.450% 02/01/2047 DD 01/24/17                  | 50,000.000  | 45,916.50  | 42,277.33    | -3,639.17            |
| 50249AAD5   | LYB INTERNATIONAL FINANCE III 4.200% 05/01/2050 DD 04/20/20  | 35,000.000  | 40,595.53  | 26,058.28    | -14,537.25           |
| 512807AW8   | LAM RESEARCH CORP 2.875% 06/15/2050 DD 05/05/20              | 30,000.000  | 30,010.56  | 20,204.33    | -9,806.23            |
| 53079EBN3   | LIBERTY MUTUAL GROUP INC 144A 5.500% 06/15/2052 DD 06/06/22  | 30,000.000  | 29,933.70  | 27,095.12    | -2,838.58            |
| 548661EJ2   | LOWE'S COS INC 4.250% 04/01/2052 DD 03/24/22                 | 230,000.000 | 203,709.85 | 183,828.24   | -19,881.61           |
| 548661EN3   | LOWE'S COS INC 5.800% 09/15/2062 DD 09/08/22                 | 70,000.000  | 69,470.80  | 67,689.43    | -1,781.37            |
| 55336VAM2   | MPLX LP 4.500% 04/15/2038 DD 02/08/18                        | 55,000.000  | 61,732.72  | 46,578.92    | -15,153.80           |
| 55336VAT7   | MPLX LP 5.500% 02/15/2049 DD 11/15/18                        | 75,000.000  | 96,078.39  | 66,394.40    | -29,683.99           |
| 55336VBP4   | MPLX LP 5.200% 12/01/2047 DD 12/01/19                        | 45,000.000  | 54,811.43  | 38,529.12    | -16,282.31           |
| 55608JAZ1   | MACQUARIE GROUP LTD 144A VAR RT 01/14/2033 DD 10/14/21       | 30,000.000  | 29,944.93  | 23,095.12    | -6,849.81            |
| 55903VAQ6   | WARNERMEDIA HOLDINGS INC 144A 5.141% 03/15/2052 DD 03/15/22  | 25,000.000  | 25,000.00  | 18,262.93    | -6,737.07            |
| 56585AAF9   | MARATHON PETROLEUM CORP 6.500% 03/01/2041 DD 09/01/11        | 65,000.000  | 89,580.25  | 67,168.16    | -22,412.09           |
| 571903BH5   | MARRIOTT INTERNATIONAL INC/MD 2.750% 10/15/2033 DD 09/22/21  | 85,000.000  | 82,566.73  | 65,109.99    | -17,456.74           |
| 594918CD4   | MICROSOFT CORP 2.675% 06/01/2060 DD 06/01/20                 | 53,000.000  | 53,072.59  | 33,940.38    | -19,132.21           |
| 595620AU9   | MIDAMERICAN ENERGY CO 4.250% 07/15/2049 DD 01/09/19          | 20,000.000  | 24,763.88  | 17,092.81    | -7,671.07            |
| 61747YES0   | MORGAN STANLEY VAR RT 04/20/2037 DD 04/20/22                 | 295,000.000 | 296,124.85 | 270,611.54   | -25,513.31           |
| 61772BAC7   | MORGAN STANLEY VAR RT 04/22/2042 DD 04/22/21                 | 55,000.000  | 57,785.83  | 40,784.91    | -17,000.92           |
| 636180BR1   | NATIONAL FUEL GAS CO 2.950% 03/01/2031 DD 02/24/21           | 20,000.000  | 20,119.90  | 15,722.61    | -4,397.29            |
| 637432NT8   | NATIONAL RURAL UTILITIES COOPE 4.300% 03/15/2049 DD 01/31/19 | 25,000.000  | 31,334.78  | 20,824.94    | -10,509.84           |
| 655844BX5   | NORFOLK SOUTHERN CORP 3.942% 11/01/2047 DD 05/01/18          | 94,000.000  | 109,165.17 | 75,796.39    | -33,368.78           |
| 655844CC0   | NORFOLK SOUTHERN CORP 4.100% 05/15/2049 DD 05/08/19          | 30,000.000  | 35,809.34  | 24,377.74    | -11,431.60           |
| 665772CS6   | NORTHERN STATES POWER CO/MN 2.600% 06/01/2051 DD 06/15/20    | 20,000.000  | 19,158.66  | 12,806.83    | -6,351.83            |
| 67077MAX6   | NUTRIEN LTD 3.950% 05/13/2050 DD 05/13/20                    | 30,000.000  | 34,852.38  | 22,937.86    | -11,914.52           |

# Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

MAERSK-BARROW HANLEY - NYF10200202

1/1/2022 - 12/31/2022

JOHN HANCOCK TRUST COMPANY  
LLC

| Security ID | Security Description                                         | Shares      | Cost       | Market Value | Unrealized Gain/Loss |
|-------------|--------------------------------------------------------------|-------------|------------|--------------|----------------------|
| 68235PAF5   | ONE GAS INC 4.658% 02/01/2044 DD 08/01/14                    | 70,000.000  | 86,176.85  | 60,659.19    | -25,517.66           |
| 68235PAG3   | ONE GAS INC 4.500% 11/01/2048 DD 11/05/18                    | 25,000.000  | 30,887.29  | 20,602.67    | -10,284.62           |
| 682680AV5   | ONEOK INC 5.200% 07/15/2048 DD 07/02/18                      | 10,000.000  | 12,122.95  | 8,367.46     | -3,755.49            |
| 682680AZ6   | ONEOK INC 4.450% 09/01/2049 DD 08/15/19                      | 115,000.000 | 127,489.20 | 86,014.78    | -41,474.42           |
| 68268NAM5   | ONEOK PARTNERS LP 6.200% 09/15/2043 DD 09/12/13              | 45,000.000  | 44,789.85  | 42,956.55    | -1,833.30            |
| 68389XBJ3   | ORACLE CORP 4.000% 07/15/2046 DD 07/07/16                    | 295,000.000 | 307,164.65 | 216,603.58   | -90,561.07           |
| 68389XCK9   | ORACLE CORP 6.900% 11/09/2052 DD 11/09/22                    | 100,000.000 | 99,937.00  | 107,932.61   | 7,995.61             |
| 68902VAL1   | OTIS WORLDWIDE CORP 3.112% 02/15/2040 DD 08/15/20            | 40,000.000  | 41,140.10  | 29,521.83    | -11,618.27           |
| 693304AW7   | PECO ENERGY CO 3.900% 03/01/2048 DD 02/23/18                 | 35,000.000  | 40,998.51  | 28,726.33    | -12,272.18           |
| 70213HAF5   | MASS GENERAL BRIGHAM INC 3.342% 07/01/2060 DD 01/29/20       | 50,000.000  | 54,660.35  | 33,520.10    | -21,140.25           |
| 713448DP0   | PEPSICO INC 3.450% 10/06/2046 DD 10/06/16                    | 95,000.000  | 107,386.43 | 75,861.89    | -31,524.54           |
| 744448CS8   | PUBLIC SERVICE CO OF COLORADO 3.200% 03/01/2050 DD 08/13/19  | 15,000.000  | 15,698.16  | 10,724.89    | -4,973.27            |
| 74762EAJ1   | QUANTA SERVICES INC 3.050% 10/01/2041 DD 09/23/21            | 95,000.000  | 92,112.22  | 62,807.57    | -29,304.65           |
| 75513ECP4   | RAYTHEON TECHNOLOGIES CORP 3.030% 03/15/2052 DD 11/16/21     | 35,000.000  | 35,309.45  | 23,919.67    | -11,389.78           |
| 761713BB1   | REYNOLDS AMERICAN INC 5.850% 08/15/2045 DD 06/12/15          | 80,000.000  | 97,475.53  | 68,529.94    | -28,945.59           |
| 773903AM1   | ROCKWELL AUTOMATION INC 2.800% 08/15/2061 DD 08/17/21        | 80,000.000  | 78,649.14  | 47,882.74    | -30,766.40           |
| 775109CD1   | ROGERS COMMUNICATIONS INC 144A 4.550% 03/15/2052 DD 03/11/22 | 125,000.000 | 123,646.25 | 96,972.51    | -26,673.74           |
| 816851AP4   | SEMPRA ENERGY 6.000% 10/15/2039 DD 10/08/09                  | 35,000.000  | 48,422.05  | 35,627.64    | -12,794.41           |
| 816851BJ7   | SEMPRA ENERGY 4.000% 02/01/2048 DD 01/12/18                  | 20,000.000  | 22,323.96  | 15,736.82    | -6,587.14            |
| 817826AG5   | 7-ELEVEN INC 144A 2.800% 02/10/2051 DD 02/10/21              | 35,000.000  | 32,589.97  | 21,596.37    | -10,993.60           |
| 833034AM3   | SNAP-ON INC 3.100% 05/01/2050 DD 04/30/20                    | 20,000.000  | 21,166.54  | 14,339.85    | -6,826.69            |
| 842434CX8   | SOUTHERN CALIFORNIA GAS CO 6.350% 11/15/2052 DD 11/14/22     | 40,000.000  | 39,850.80  | 43,991.86    | 4,141.06             |
| 842587CX3   | SOUTHERN CO/THE 4.400% 07/01/2046 DD 05/24/16                | 50,000.000  | 58,760.02  | 41,942.75    | -16,817.27           |
| 8426EPAB4   | SOUTHERN CO GAS CAPITAL CORP 3.950% 10/01/2046 DD 09/13/16   | 75,000.000  | 82,588.91  | 56,591.67    | -25,997.24           |
| 8426EPAE8   | SOUTHERN CO GAS CAPITAL CORP 3.150% 09/30/2051 DD 09/10/21   | 45,000.000  | 44,606.11  | 29,370.31    | -15,235.80           |
| 854502AA9   | STANLEY BLACK & DECKER INC 5.200% 09/01/2040 DD 09/03/10     | 35,000.000  | 45,875.97  | 33,189.18    | -12,686.79           |
| 855244AS8   | STARBUCKS CORP 4.500% 11/15/2048 DD 08/10/18                 | 35,000.000  | 43,427.83  | 30,223.49    | -13,204.34           |
| 857477BU6   | STATE STREET CORP VAR RT 05/13/2033 DD 05/13/22              | 25,000.000  | 25,000.00  | 23,737.11    | -1,262.89            |
| 86765BAQ2   | ENERGY TRANSFER LP 5.350% 05/15/2045 DD 11/17/14             | 20,000.000  | 23,032.78  | 17,046.56    | -5,986.22            |
| 87264AAZ8   | T-MOBILE USA INC 4.500% 04/15/2050 DD 04/15/21               | 65,000.000  | 76,338.21  | 53,533.43    | -22,804.78           |
| 87264ABN4   | T-MOBILE USA INC 3.300% 02/15/2051 DD 02/15/21               | 340,000.000 | 333,320.80 | 227,035.69   | -106,285.11          |
| 87264ACT0   | T-MOBILE USA INC 3.400% 10/15/2052 DD 04/15/22               | 120,000.000 | 112,247.00 | 81,178.77    | -31,068.23           |
| 87612GAB7   | TARGA RESOURCES CORP 4.950% 04/15/2052 DD 04/06/22           | 50,000.000  | 49,666.50  | 39,773.05    | -9,893.45            |
| 882508BF0   | TEXAS INSTRUMENTS INC 3.875% 03/15/2039 DD 03/11/19          | 80,000.000  | 94,772.37  | 70,854.41    | -23,917.96           |
| 88339WAA4   | WILLIAMS COS INC/THE 3.500% 10/15/2051 DD 10/08/21           | 130,000.000 | 131,825.52 | 89,191.15    | -42,634.37           |
| 88732JAU2   | TIME WARNER CABLE LLC 6.750% 06/15/2039 DD 06/29/09          | 100,000.000 | 136,550.28 | 94,867.02    | -41,683.26           |
| 88732JBD9   | TIME WARNER CABLE LLC 4.500% 09/15/2042 DD 08/10/12          | 30,000.000  | 32,794.13  | 22,071.38    | -10,722.75           |
| 89352HAY5   | TRANSCANADA PIPELINES LTD 4.875% 05/15/2048 DD               | 145,000.000 | 184,989.88 | 127,274.89   | -57,714.99           |

# Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

MAERSK-BARROW HANLEY - NYF10200202

1/1/2022 - 12/31/2022

JOHN HANCOCK TRUST COMPANY  
LLC

| Security ID                      | Security Description                                                | Shares      | Cost          | Market Value  | Unrealized Gain/Loss |
|----------------------------------|---------------------------------------------------------------------|-------------|---------------|---------------|----------------------|
| 89352HBC2                        | 05/07/18<br>TRANSCANADA PIPELINES LTD 2.500% 10/12/2031 DD 10/12/21 | 65,000.000  | 64,475.01     | 51,787.25     | -12,687.76           |
| 893574AM5                        | TRANSCONTINENTAL GAS PIPE LINE 4.600% 03/15/2048 DD<br>09/15/18     | 45,000.000  | 54,576.99     | 37,636.46     | -16,940.53           |
| 89417EAQ2                        | TRAVELERS COS INC/THE 2.550% 04/27/2050 DD 04/27/20                 | 30,000.000  | 28,637.85     | 18,699.31     | -9,938.54            |
| 902133AG2                        | TYCO ELECTRONICS GROUP SA 7.125% 10/01/2037 DD<br>04/01/08          | 45,000.000  | 68,309.80     | 51,237.86     | -17,071.94           |
| 92343VGB4                        | VERIZON COMMUNICATIONS INC 3.550% 03/22/2051 DD<br>03/22/21         | 260,000.000 | 281,041.42    | 185,833.75    | -95,207.67           |
| 92343VGL2                        | VERIZON COMMUNICATIONS INC 2.850% 09/03/2041 DD<br>09/03/21         | 95,000.000  | 93,997.94     | 66,083.61     | -27,914.33           |
| 92556VAF3                        | VIATRIS INC 4.000% 06/22/2050 DD 06/22/21                           | 245,000.000 | 181,507.35    | 151,802.17    | -29,705.18           |
| 927804GC2                        | VIRGINIA ELECTRIC AND POWER CO 3.300% 12/01/2049 DD<br>12/05/19     | 40,000.000  | 42,658.69     | 28,788.42     | -13,870.27           |
| 92826CAM4                        | VISA INC 2.050% 04/15/2030 DD 04/02/20                              | 65,000.000  | 65,878.36     | 55,062.72     | -10,815.64           |
| 94106LBM0                        | WASTE MANAGEMENT INC 2.500% 11/15/2050 DD 11/17/20                  | 55,000.000  | 52,541.55     | 34,666.49     | -17,875.06           |
| 94973VAY3                        | ELEVANCE HEALTH INC 4.625% 05/15/2042 DD 05/07/12                   | 45,000.000  | 56,075.38     | 41,167.19     | -14,908.19           |
| 94973VBB2                        | ELEVANCE HEALTH INC 4.650% 01/15/2043 DD 09/10/12                   | 70,000.000  | 87,705.71     | 63,821.68     | -23,884.03           |
| 95040QAF1                        | WELLTOWER OP LLC 4.950% 09/01/2048 DD 08/16/18                      | 35,000.000  | 45,845.09     | 28,985.59     | -16,859.50           |
| 969457BX7                        | WILLIAMS COS INC/THE 3.500% 11/15/2030 DD 05/14/20                  | 70,000.000  | 74,479.96     | 61,382.05     | -13,097.91           |
| 98978VAH6                        | ZOETIS INC 4.700% 02/01/2043 DD 08/01/13                            | 25,000.000  | 31,952.66     | 22,593.89     | -9,358.77            |
| 98978VAP8                        | ZOETIS INC 4.450% 08/20/2048 DD 08/20/18                            | 15,000.000  | 19,227.14     | 13,004.05     | -6,223.09            |
| TOTAL CORPORATE DEBT INSTRUMENTS |                                                                     |             | 13,875,417.08 | 10,110,325.18 | -3,765,091.90        |
| OTHER INVESTMENTS                |                                                                     |             |               |               |                      |
| 77586RAF7                        | ROMANIAN GOVERNMENT INTER 144A 5.125% 06/15/2048 DD<br>06/15/18     | 25,000.000  | 29,474.05     | 19,812.50     | -9,661.55            |
| 91412GHA6                        | UNIV OF CALIFORNIA CA REVENUES 4.858% 05/15/2112 DD<br>03/01/12     | 130,000.000 | 191,219.38    | 109,586.00    | -81,633.38           |
| 91514AGU3                        | UNIV OF TEXAS TX UNIV REVENUES 3.354% 08/15/2047 DD<br>09/14/17     | 150,000.000 | 174,571.23    | 115,355.97    | -59,215.26           |
| TOTAL OTHER INVESTMENTS          |                                                                     |             | 395,264.66    | 244,754.47    | -150,510.19          |
| COMMON/COLLECTIVE TRUST          |                                                                     |             |               |               |                      |
| 996115960                        | EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01                        | 59,628.870  | 59,628.87     | 59,628.87     | 0.00                 |
| TOTAL COMMON/COLLECTIVE TRUST    |                                                                     |             | 59,628.87     | 59,628.87     | 0.00                 |
| GRAND TOTAL                      |                                                                     |             | 22,482,008.65 | 16,437,622.25 | -6,044,386.40        |

0.00 C

-6,044,386.40 I

| Security ID                            | Security Description                                            | Transaction Description                            | Tran Code | Effective Date | Shares | Amount                | Cost        |
|----------------------------------------|-----------------------------------------------------------------|----------------------------------------------------|-----------|----------------|--------|-----------------------|-------------|
| <b>INCOME</b>                          |                                                                 |                                                    |           |                |        |                       |             |
| <b>OTHER CONTRIBUTIONS</b>             |                                                                 |                                                    |           |                |        |                       |             |
| NA9123459                              | UNITED STATES                                                   | PARTICIPANT ACTIVITY                               | CD        | 2/25/2022      | 0.000  | 376,331.05            | 0.00        |
| NA9123459                              | UNITED STATES                                                   | PARTICIPANT ACTIVITY                               | CD        | 6/1/2022       | 0.000  | 87,858.91             | 0.00        |
| NA9123459                              | UNITED STATES                                                   | PARTICIPANT ACTIVITY                               | CD        | 9/29/2022      | 0.000  | 423,277.47            | 0.00        |
| NA9123459                              | UNITED STATES                                                   | PARTICIPANT ACTIVITY                               | CD        | 11/1/2022      | 0.000  | 169,728.10            | 0.00        |
| <b>TOTAL OTHER CONTRIBUTIONS</b>       |                                                                 |                                                    |           |                |        | <b>1,057,195.53</b>   | <b>0.00</b> |
| <b>OTHER INCOME</b>                    |                                                                 |                                                    |           |                |        |                       |             |
| 775109CD1                              | ROGERS COMMUNICATIONS INC 144A<br>4.550% 03/15/2052 DD 03/11/22 | Consent Fee                                        | CD        | 9/9/2022       | 0.000  | 7,712.50              | 0.00        |
| <b>TOTAL OTHER INCOME</b>              |                                                                 |                                                    |           |                |        | <b>7,712.50</b>       | <b>0.00</b> |
| <b>TOTAL INCOME</b>                    |                                                                 |                                                    |           |                |        | <b>1,064,908.03</b>   | <b>0.00</b> |
| <b>EXPENSES</b>                        |                                                                 |                                                    |           |                |        |                       |             |
| <b>OTHER BENEFIT PAYMENTS</b>          |                                                                 |                                                    |           |                |        |                       |             |
| NA9123459                              | UNITED STATES                                                   | PARTICIPANT ACTIVITY                               | CW        | 1/25/2022      | 0.000  | -25,702,950.00        | 0.00        |
| NA9123459                              | UNITED STATES                                                   | PARTICIPANT ACTIVITY                               | CW        | 2/24/2022      | 0.000  | -376,331.06           | 0.00        |
| NA9123459                              | UNITED STATES                                                   | PARTICIPANT ACTIVITY                               | CW        | 6/13/2022      | 0.000  | -652,674.06           | 0.00        |
| NA9123459                              | UNITED STATES                                                   | PARTICIPANT ACTIVITY                               | CW        | 7/5/2022       | 0.000  | -201,280.44           | 0.00        |
| NA9123459                              | UNITED STATES                                                   | PARTICIPANT ACTIVITY                               | CW        | 8/29/2022      | 0.000  | -360,729.25           | 0.00        |
| NA9123459                              | UNITED STATES                                                   | PARTICIPANT ACTIVITY                               | CW        | 9/30/2022      | 0.000  | -267,491.95           | 0.00        |
| NA9123459                              | UNITED STATES                                                   | PARTICIPANT ACTIVITY                               | CW        | 11/25/2022     | 0.000  | -415,405.43           | 0.00        |
| NA9123459                              | UNITED STATES                                                   | PARTICIPANT ACTIVITY                               | CW        | 12/27/2022     | 0.000  | -451,867.71           | 0.00        |
| <b>TOTAL OTHER BENEFIT PAYMENTS</b>    |                                                                 |                                                    |           |                |        | <b>-28,428,729.90</b> | <b>0.00</b> |
| <b>OTHER ADMINISTRATION FEES</b>       |                                                                 |                                                    |           |                |        |                       |             |
| NA9123459                              | UNITED STATES                                                   | NYYF000000CSU Q'4 21 GBL CUST<br>FEE PYMT          | CW        | 6/24/2022      | 0.000  | -5,124.41             | 0.00        |
| NA9123459                              | UNITED STATES                                                   | 4Q2021 JH RPS CUSTODY FEES                         | CW        | 6/29/2022      | 0.000  | -2,562.21             | 0.00        |
| NA9123459                              | UNITED STATES                                                   | 1Q2022 JH RPS CUSTODY FEES                         | CW        | 7/15/2022      | 0.000  | -1,080.18             | 0.00        |
| NA9123459                              | UNITED STATES                                                   | Q'1 2022 CUSTODY FEES INVOICE<br>#111-2022-0030178 | CW        | 7/18/2022      | 0.000  | -2,160.36             | 0.00        |
| NA9123459                              | UNITED STATES                                                   | 14-CV-09662 (JSR)PETROBRAS -<br>PETROLEO BR        | CW        | 9/20/2022      | 0.000  | -21.31                | 0.00        |
| NA9123459                              | UNITED STATES                                                   | Q'2 2022 CUSTODY FEES INVOICE<br>#111-2022-0043642 | CW        | 10/12/2022     | 0.000  | -1,847.21             | 0.00        |
| NA9123459                              | UNITED STATES                                                   | 2Q2022 JH RPS CUSTODY FEES                         | CW        | 10/13/2022     | 0.000  | -923.60               | 0.00        |
| <b>TOTAL OTHER ADMINISTRATION FEES</b> |                                                                 |                                                    |           |                |        | <b>-13,719.28</b>     | <b>0.00</b> |
| <b>TOTAL EXPENSES</b>                  |                                                                 |                                                    |           |                |        | <b>-28,442,449.18</b> | <b>0.00</b> |



## 5500 Contributions Expenses & Transfers Report

Report ID: M2570E

Status:FINAL

MAERSK-BARROW HANLEY-NYYF10200202

1/1/2022 - 12/31/2022

JOHN HANCOCK TRUST COMPANY LLC

| Security ID | Security Description | Transaction Description | Tran Code | Effective Date | Shares | Amount         | Cost |
|-------------|----------------------|-------------------------|-----------|----------------|--------|----------------|------|
| GRAND TOTAL |                      |                         |           |                |        | -27,377,541.15 | 0.00 |



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

MAERSK-BARROW HANLEY - NYF10200202

1/1/2022 - 12/31/2022

JOHN HANCOCK TRUST COMPANY LLC

| Tran Count | Security ID | Security Description                               | Shares         | Cost of Acquisitions | Proceeds of Dispositions | Cost of Assets Disposed | Gain/Loss   |
|------------|-------------|----------------------------------------------------|----------------|----------------------|--------------------------|-------------------------|-------------|
| 5% VALUE : |             | 2,562,205.89                                       |                |                      |                          |                         |             |
| 5          | 912810TA6   | U S TREASURY BOND<br>1.750% 08/15/2041 DD 08/15/21 | 7,065,000.000  | 0.00                 | 6,562,555.28             | 6,802,433.67            | -239,878.39 |
| 3          | 912810TA6   | U S TREASURY BOND<br>1.750% 08/15/2041 DD 08/15/21 | 980,000.000    | 882,143.75           | 0.00                     | 0.00                    | 0.00        |
| 129        | 996115960   | EB TEMP INV FD<br>1.147% 12/31/2049 DD 11/01/01    | 21,030,403.280 | 21,030,403.28        | 0.00                     | 0.00                    | 0.00        |
| 53         | 996115960   | EB TEMP INV FD<br>1.147% 12/31/2049 DD 11/01/01    | 21,211,320.400 | 0.00                 | 21,211,320.40            | 21,211,320.40           | 0.00        |

# Butler Brothers Pension Plan for Hourly Wage Employees

EIN/PN: 34-0691962 / 002

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

### Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

#### Interest rates

|                                          | 2022 Plan Year | 2021 Plan Year |
|------------------------------------------|----------------|----------------|
| <b>Funding Rates – Constrained*</b>      |                |                |
| First Segment Rate                       | 4.75%          | 4.75%          |
| Second Segment Rate                      | 5.18%          | 5.36%          |
| Third Segment Rate                       | 5.92%          | 6.11%          |
| Effective Interest Rate                  | 5.23%          | 5.39%          |
| <b>Funding Rates – Unconstrained**</b>   |                |                |
| First Segment Rate                       | 1.07%          | 2.22%          |
| Second Segment Rate                      | 2.68%          | 3.38%          |
| Third Segment Rate                       | 3.36%          | 3.92%          |
| Effective Interest Rate                  | 2.63%          | 3.35%          |
| <b>PBGC Premium Funding Target Rates</b> |                |                |
| First Segment Rate                       | 1.16%          | 0.51%          |
| Second Segment Rate                      | 2.72%          | 2.26%          |
| Third Segment Rate                       | 3.10%          | 3.01%          |
| Effective Interest Rate                  | 2.62%          | 2.24%          |

\* Used for minimum funding and benefit restriction purposes.

\*\*Used for maximum tax-deduction purposes.

The interest rates used for funding purposes are the Segment Rates with 4-month lookback, constrained in accordance with relevant legislation.

#### Mortality

Healthy and disabled participants

Mortality tables mandated by current legislation as specified in IRS Regulation 1.430(h)(3)-1 as amended in IRS Notice 2020-85, applied on a static basis.

#### Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

# Butler Brothers Pension Plan for Hourly Wage Employees

EIN/PN: 34-0691962 / 002

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

### Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice. Actuarial standards of practice ("ASOPs") 27 and 35 ask the actuary to disclose the information and analysis used to support the actuary's determination that the assumptions that have a significant effect on the measurement and that the actuary has selected or advised the plan sponsor to select are reasonable. Information and analysis for the actuary's selection of expected rate of return on assets are provided below. The actuary has determined that this assumption is reasonable.

### Expenses

The expected plan related expenses added to the Target Normal Cost equal the prior year's plan related expenses (excluding PBGC premium) without inflation adjustment plus the current year's expected PBGC premium, rounded up to the next \$1,000.

|               |           |
|---------------|-----------|
| Current Year: | \$168,000 |
| Prior Year:   | \$218,000 |

### Retirement age

Age 65.

### Form of payment

|                         | Single Life | 50% Joint & Survivor |
|-------------------------|-------------|----------------------|
| Future deaths           | 0%          | 100%                 |
| Current vested deferred | 100%        | 0%                   |

### Rate of Receipt for Deferred Benefits

| Age          | Male   |
|--------------|--------|
| 69 and under | 100.0% |
| 70 – 74      | 75.0%  |
| 75 – 79      | 50.0%  |
| 80 – 84      | 25.0%  |
| 85 and above | 0.0%   |

### Asset valuation method

The asset valuation method is an average of the adjusted market value for each month during the last three months preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

### Expected investment return

Based on the actuary's analysis and discussions with Buck's investment consultants, the actuary selected a current year expected rate of return reflective of the median of returns generated by the expected return on assets ("EROA") tool described in the "Use of Models" section below.

|                      | Actuary's Assumption | Third Segment Rate | Reflecting PPA Limit |
|----------------------|----------------------|--------------------|----------------------|
| 2022 Expected Return | 6.00%                | 5.92%              | 5.92%                |
| 2021 Expected Return | 6.00%                | 6.11%              | 6.00%                |

# **Butler Brothers Pension Plan for Hourly Wage Employees**

**EIN/PN: 34-0691962 / 002**

## **Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)**

### **Non-Prescribed Funding Assumptions and Methods (continued)**

#### **Marital percentage**

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

#### **Future actuarial measurements**

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, in accordance with ASOP 51, an assessment of risks for the plan was performed.

#### **Use of Models**

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Buck uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules and/or accounting standards specified in this report. Further, the model applies those funding rules and/or accounting standards to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Buck has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding and/or accounting outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Buck also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding and/or accounting rules as well as the manner in which the model generates its output.

For the selection of expected return on assets ("EROA"), the actuary has used economic information and tools provided by Buck's Financial Risk Management ("FRM") practice. A tool created by the FRM team converts averages, standard deviations, and correlations from Buck's Capital Markets Assumptions ("CMA") that are used for stochastic forecasting into percentile ranges for the arithmetic and geometric average returns. Percentiles are based on standard matrix multiplication and normal approximations. The EROA tool takes into account the duration (horizon) of investment and the approximate allocation of assets in the portfolio to various asset classes with different expected returns, standard deviations, and correlations to other asset classes. Under current calibrations, the EROA tool will tend to show higher expected returns for longer durations and will show a greater divergence between arithmetic and geometric average returns the higher the standard deviation of portfolio return.

#### **Summary of Changes from the January 1, 2021 Valuation**

- The funding interest rates were updated for the current year in accordance with relevant legislation. This change increased the Funding Target by approximately \$132,500.
- The funding mortality tables were updated for the current year in accordance with the requirements of the Internal Revenue Code and associated regulations. This change decreased the Funding Target by approximately \$6,300.
- Expected plan related expenses added to the Target Normal Cost were updated from \$218,000 to \$168,000 due to a decrease in plan related expenses excluding PBGC premium and a lower current year expected PBGC premium.

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

|                                                                                                                                                         |                                                                                                                                                                                                                  |                                                             |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>HANSAND STEAMSHIP CORPORATION MERGED PENSION PLAN                                                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width: 30%; text-align: center;">001</td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ►                     | 001 |
| <b>B</b> Three-digit plan number (PN) ►                                                                                                                 | 001                                                                                                                                                                                                              |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>HANSAND STEAMSHIP CORPORATION                                               | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>D</b> Employer Identification Number (EIN)<br/>34-0744244</td> </tr> </table>                                                     | <b>D</b> Employer Identification Number (EIN)<br>34-0744244 |     |
| <b>D</b> Employer Identification Number (EIN)<br>34-0744244                                                                                             |                                                                                                                                                                                                                  |                                                             |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                                                                                                                                                                  |                                                             |     |
| <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |                                                                                                                                                                                                                  |                                                             |     |

|               |                                                                                                                                                                                                         |                            |                           |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                                |                            |                           |
| <b>1</b>      | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>                                                                                                                                |                            |                           |
| <b>2</b>      | Assets:                                                                                                                                                                                                 |                            |                           |
|               | a Market value .....                                                                                                                                                                                    | <b>2a</b>                  | 5,326,129                 |
|               | b Actuarial value .....                                                                                                                                                                                 | <b>2b</b>                  | 5,364,215                 |
| <b>3</b>      | Funding target/participant count breakdown                                                                                                                                                              | (1) Number of participants | (2) Vested Funding Target |
|               | a For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 14                         | 208,043                   |
|               | b For terminated vested participants.....                                                                                                                                                               | 0                          | 0                         |
|               | c For active participants .....                                                                                                                                                                         | 0                          | 0                         |
|               | d Total.....                                                                                                                                                                                            | 14                         | 208,043                   |
| <b>4</b>      | If the plan is in at-risk status, check the box and complete lines (a) and (b). <input type="checkbox"/>                                                                                                |                            |                           |
|               | a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                  |                           |
|               | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                           |
| <b>5</b>      | Effective interest rate .....                                                                                                                                                                           | <b>5</b>                   | 5.23%                     |
| <b>6</b>      | Target normal cost.....                                                                                                                                                                                 |                            |                           |
|               | a Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b>                  | 0                         |
|               | b Expected plan-related expenses .....                                                                                                                                                                  | <b>6b</b>                  | 45,000                    |
|               | c Total (line 6a + line 6b) .....                                                                                                                                                                       | <b>6c</b>                  | 45,000                    |

**Statement by Enrolled Actuary**

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

|                  |                                                                                       |                                                                                                                                |
|------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b> | ROBERT D. FICK <i>RJ</i><br>_____<br>Signature of actuary                             | <u>8/18/2023</u><br>Date<br>2305435<br>Most recent enrollment number<br>412-281-2506<br>Telephone number (including area code) |
|                  | ROBERT D. FICK<br>_____<br>Type or print name of actuary                              |                                                                                                                                |
|                  | Buck Global, LLC<br>_____<br>Firm name                                                |                                                                                                                                |
|                  | 11 STANWIX STREET<br>SUITE 700<br>PITTSBURGH PA 15222<br>_____<br>Address of the firm |                                                                                                                                |

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

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

Schedule SB (Form 5500) 2022  
v. 220413

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 984,250               | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 984,250               | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-1.50</u> % .....                                                                                | -14,764               | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>4.67</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 969,486               | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 999.99 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 999.99 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 999.99 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ..... ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---------|---------|---------|---------|
|         |         |         |         |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.18 % | 3rd segment:<br>5.92 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b>                                           |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                          |                                                                     |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment. ....                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          | <b>31a</b>          | 45,000             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 45,000             |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          |                    |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

|                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# **Butler Brothers Pension Plan for Hourly Wage Employees**

**EIN/PN: 34-0691962 / 002**

## **Schedule SB, Part V – Summary of Plan Provisions**

### **Benefits Included or Excluded**

Unless noted below, all benefits provided by the plan, as restated and amended through 2012, are included in this valuation.

### **Plan amendments excluded**

None.

### **Late retirement increases**

Deferred vested participants:

Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.

### **Internal Revenue Code limitations**

The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.

### **IRC Section 416 rules for top-heavy plans**

We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants in all plans of the controlled group; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

### **Plan Provisions Specific to Funding**

Additional Benefits Included or Excluded

- IRC Section 436 benefit restrictions
  - Unpredictable contingent event benefits

This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - Plan amendments

See above.
  - Prohibited payments

Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - Benefit accruals

The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- Unpredictable contingent event benefits

The plan does not have any unpredictable contingent event benefits.

# **Butler Brothers Pension Plan for Hourly Wage Employees**

**EIN/PN: 34-0691962 / 002**

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

### **Effective date and plan year**

Original plan: January 1, 1978

Restated plan: January 1, 1989

Plan year: January 1 to December 31

### **Status of the plan**

Although the plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements, there are no active participants.

### **Significant events that occurred during the year**

None.

### **Definitions**

#### **Coverage and participation**

Hourly employees of the "Employing Company" whose operations are managed by the Hanna Mining Company, operating agent, who are age 21 and older with one year of continuous service.

#### **Continuous service**

Years and months of service from date of hire.

#### **Pensionable earnings**

W-2 earnings

#### **Final average earnings**

Average of 60 highest consecutive months out of the last 120 months.

#### **Normal retirement**

Eligibility

The later of age 65 and 5<sup>th</sup> anniversary in the plan.

Benefit

The greater of (a) and (b):

- (a) 1.155% of average final earnings x years of continuous service (maximum of 30 years); plus 1.26% of average final earnings x years of pension service in excess of 30.
- (b) \$17.50 for each of the first 15 years of pension service; plus \$19.00 for each year of pension service between 15 and 30 years; plus \$20.50 for each year of pension service in excess of 30.

#### **Early retirement**

Eligibility

62 / 15 Retirement – age 62 with 15 years of continuous service.

55 / 15 Retirement – age 55 with 15 years of continuous service.

30 years of retirement – 30 years of continuous service.

# **Butler Brothers Pension Plan for Hourly Wage Employees**

**EIN/PN: 34-0691962 / 002**

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

### **Benefit**

Under 62 / 15 retirement and 30-year retirement, unreduced normal retirement benefits. Under 60 / 15 retirement, normal retirement benefit actuarially reduced for each year prior to age 62.

### **Deferred vested**

#### **Eligibility**

Five years of continuous service.

#### **Benefit**

The accrued benefit as of the date of termination payable at the participant's normal retirement age; or a benefit beginning as early as age 60, actuarially reduced from age 62 if the participant was age 40 with 15 years of continuous service at termination, reduced from age 65 otherwise.

### **Disability (Permanent Incapacity Retirement)**

#### **Eligibility**

Participant becomes totally and permanently incapacitated and retires before age 65 with at least 15 years of Continuous Service.

#### **Benefit**

Determined as a disability date, payable immediately.

### **Pre-retirement death**

#### **Eligibility**

Death of a participant who has completed five years of continuous service and who has been married at least one year.

#### **Benefit**

If the participant terminated employment prior to age 60, the regular benefit is calculated as if the participant had survived to age 60 and elected to commence benefits on the first of the month following age 60. The benefit is reduced by a percentage based on the difference between the ages of the participant and the spouse.

If the participant deferred retirement after attaining age 60, the regular benefit is calculated as if the participant had elected to commence benefits the first of the month following the date of death. The benefit is reduced by a percentage based on the difference between the ages of the participant and the spouse.

### **Special retirement payment**

#### **Eligibility**

All retirements except deferred vested and disability.

#### **Benefit**

Fourteen weeks of vacation pay, reduced by any regular vacation pay received in the year of retirement. The special payment replaces the first three months of the retirement benefit.

### **Unpredictable contingent event benefits**

None.

# **Butler Brothers Pension Plan for Hourly Wage Employees**

**EIN/PN: 34-0691962 / 002**

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

### **Forms of benefits**

Automatic form for unmarried participants

Life annuity.

Automatic form for married participants

Reduced 50% joint and survivor annuity.

Optional forms

Life Annuity.

50% joint and survivor annuity.

75% joint and survivor annuity.

100% joint and survivor annuity.

### **Miscellaneous**

Maximum compensation

Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually.

For the current year, the limit is \$305,000.

Maximum benefits

Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For the current year, the limit is \$245,000.

### **Summary of Changes from the January 1, 2021 Valuation**

- Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from the prior year to the current year.