Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 12/28/1966

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

THREE PARK PLACE
ANNAPOLIS, MD 21401-3687

THREE PARK PLACE
ANNAPOLIS, MD 21401-3687

2b Employer Identification Number (EIN)
52-1178032

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

2d Business code (see instructions)
525100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2023	MARK MCMANUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2023	PATRICK H. KELLETT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	5597
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	1768
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1846
b Retired or separated participants receiving benefits	**6b**	2614
c Other retired or separated participants entitled to future benefits	**6c**	654
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	5114
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	553
f Total. Add lines **6d** and **6e**	**6f**	5667
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	319

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

1A

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

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

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

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
52-1178032

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA 02068	5667	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	92402

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	92402	ASSET MANAGEMENT FEES	0

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	14903971

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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.

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

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
52-1178032

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

1a Enter the valuation date: Month 01 Day 01 Year 2022

b	Assets		
(1)	Current value of assets	**1b(1)**	1163149402
(2)	Actuarial value of assets for funding standard account	**1b(2)**	1034627319
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	1108961555
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	1051380804
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	1863263050
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	64081167
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	77679429
(3)	Expected plan disbursements for the plan year	**1d(3)**	79027700

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	10/10/2023 Date
STEVEN R LOOMIS, ASA,FCA,MAAA	23-06253
Type or print name of actuary	Most recent enrollment number
SEGAL CONSULTING	216-687-4400
Firm name	Telephone number (including area code)
1111 SUPERIOR AVENUE, SUITE 2340, CLEVELAND, OH 44114-2568	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	1163149402
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		3200	1095621621
(2) For terminated vested participants		668	131484539
(3) For active participants:			
(a) Non-vested benefits			44301816
(b) Vested benefits			591855074
(c) Total active		1817	636156890
(4) Total		5685	1863263050
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**	62.43 %	

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/15/2022	48963261	0			

	Totals ►	**3(b)**	48963261	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	98.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

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

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

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

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

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

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

i ☐ Other (specify):

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	2.22 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	7P	7P
(2) Females	**6c(2)**	7FP	7FP
d Valuation liability interest rate	**6d**	7.00 %	7.00 %
e Salary scale	**6e**	4.50 % ☐ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	12.0 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	17.0 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	1300000	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
3	13230045	1357559
1	-44454480	-4561554
4	25611178	2628009

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	
b Employer's normal cost for plan year as of valuation date	**9b**	21865078

c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	395073442		51145569
(2) Funding waivers	**9c(2)**			
(3) Certain bases for which the amortization period has been extended	**9c(3)**			
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	5110745
e Total charges. Add lines 9a through 9d			**9e**	78121392
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	136263243
g Employer contributions. Total from column (b) of line 3			**9g**	48963261
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	184475964		21470214
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	12612247
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	248734936		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	677330504		
(3) FFL credit			**9j(3)**	
k (1) Waived funding deficiency			**9k(1)**	
(2) Other credits			**9k(2)**	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	219308965
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	141187573
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the 2022 plan year			**9o(1)**	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	
(3) Total as of valuation date			**9o(3)**	
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... [X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection.**

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

A Name of plan	**B** Three-digit plan number (PN) ▶
UNITED ASSN FULL-TIME SAL OFF & EMP OF LOCL UNIONS COUNCILS, ST & PROV PEN PLAN	333

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
U A LOCAL UNION OFFICERS & EMPLOYEES PENSION FUND	52-1178032

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NEW TOWER TRUST COMPANY

30-0872552

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

NATIONAL INVESTMENT SERVICES OF AME

84-3937993

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

MESIROW FINANCIAL

36-3741067

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

LEEDS EQUITY ADVISORS

350 PARK AVENUE
NEW YORK, NY 10022

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

GCM CUSTOMIZED FUND INV GROUP

80-0952472

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

HARRISON STREET REAL ESTATE MGMT

30-0836497

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

LANDMARK EQUITY ADVISORS

06-1519082

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

NB ALTERNATIVE ADVISORS

30-0536163

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

JP MORGAN INVESTMENT MANAGEMENT

13-3200244

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

CONGRESS ASSET MANAGEMENT

04-2848965

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

ULLICO INFRASTRUCTURE FUND L.P.

8403 COLESVILLE RD
SILVER SPRING, MD 20910

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

NB PRIVATE DEBT FUND III LP

82-2900910

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

NB PRIVATE DEBT FUND IV (A) LP

85-3141248

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

CORBIN PRIVATE CREDIT MANAGER FUND

30-0299433

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

MC CREDIT PARTNERS, LP

46-2738205

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

SIGULER GUFF

87-2258157

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

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

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

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

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

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

WELLINGTON ASSET MGMT

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	690202	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FISHER INVESTMENTS

94-3029777

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	524615	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JANUS INTECH

01-0614895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	458429	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PNC

34-0420310

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 62 68	NONE	379206	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PEN MACQUARIE

610 MARKET STREET
PHILADELPHIA, PA 19106

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	355576	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

TIMES SQUARE

20-1665304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	292609	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

O'DONOGHUE & O'DONOGHUE

53-0120527

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	277169	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGAL CONSULTING

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	220274	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARTWELL INVESTMENT PARTNERS, LLC

1205 WESTLAKES DRIVE, SUITE 100
BERWYN, PA 19312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	192550	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

INVESCO TRUST COMPANY

46-3793325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	185623	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

HGK ASSET MGMT

52-1296988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	NONE	183182	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	168742	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

LISA STORR

52-1178032

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	155484	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGAL MARCO ADVISORS

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	112500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIERA CAPITAL CORP

1 ADELAIDE ST EAST
TORONTO M5C 2V9 CA

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	94298	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

UNION LABOR LIFE

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	92773	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LANGLOIS

20 QUEEN STREET WEST
TORONTO M5H 3R3 CA

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	87148	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CALIBRE CPA GROUP PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	82890	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ANDREA PORCIELLO

52-1178032

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	67335	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RBC INVESTOR SERVICES

155 WELLINGTON ST W
TORONTO M5V 3L3 CA

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	32971	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KOSKIE MINSKY LLP

900-20 QUEEN STREET WEST
TORONTO M5H 3R3 CA

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	18430	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PROXY VOTE PLUS, LLC

PO BOX 2458
NORTHBROOK, IL 60062

76-0702630

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	7500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BNYM MELLON

25-6078093

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	6265	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KESTREL WORKPLACE

702-2695 GRANVILLE STREET
VANCOUVER V6H 3H4 CA

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	5065	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

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

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

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
52-1178032

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6218800-001	C	56301509

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1423090-203	P	14903971

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-8080381-837	C	54123491

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-2767481-001	C	76347839

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
16-1626084-002	C	19207904

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4179575-001	C	30687117

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-6399613-001	C	45071240

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
23-6078093-340	C	76373382

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

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

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
52-1178032

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	225436	295754
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5944901	5197856
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	834459	972205
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	31837657	16902420
(2) U.S. Government securities	1c(2)	31860999	68224344
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	71994673	47655906
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	458635622	356575537
(5) Partnership/joint venture interests	1c(5)	145505465	187060925
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	480277776	358112482
(10) Value of interest in pooled separate accounts	1c(10)	14863568	14903971
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	8285895	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	27826536	20537301
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	25520518	22802067

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e	19016	270771
f	Total assets (add all amounts in lines 1a through 1e)	1f	1303632521	1099511539
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	914323	866949
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	388409	268630
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1302732	1135579
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1302329789	1098375960

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	55092463	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		55092463
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	235223	
	(B) U.S. Government securities	2b(1)(B)	648538	
	(C) Corporate debt instruments	2b(1)(C)	1897224	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2780985
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	7635892	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	788958	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		8424850
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	349122373	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	346376025	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		2746348
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-219945316	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-219945316

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		37541186
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-93653
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-1464158
d Total income. Add all **income** amounts in column (b) and enter total	2d		-114917295
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	83100356	
(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)		83100356
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)	719923	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	4253271	
(4) Other	2i(4)	962984	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5936178
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		89036534
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-203953829
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: CALIBRE CPA GROUP PLLC **(2)** EIN: 47-0900880

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

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

Part IV Compliance Questions

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

During the plan year:

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

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X		187060925
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 476412.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

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

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

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
52-1178032

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 7

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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 DISTRICT 950

b EIN 95-1664056 **c** Dollar amount contributed by employer 1459469

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 12 Day 31 Year 2022

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): 25% OF SALARY

a Name of contributing employer LOCAL UNION 001

b EIN 13-3386159 **c** Dollar amount contributed by employer 784249

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 12 Day 31 Year 2022

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): 25% OF SALARY

a Name of contributing employer LOCAL UNION 130

b EIN 36-0901490 **c** Dollar amount contributed by employer 1123859

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 12 Day 31 Year 2022

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): 25% OF SALARY

a Name of contributing employer LOCAL UNION 290

b EIN 93-0895184 **c** Dollar amount contributed by employer 807695

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 12 Day 31 Year 2022

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): 25% OF SALARY

a Name of contributing employer LOCAL UNION 342

b EIN 94-0944895 **c** Dollar amount contributed by employer 700500

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 12 Day 31 Year 2022

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): 25% OF SALARY

a Name of contributing employer LOCAL UNION 420

b EIN 23-1173155 **c** Dollar amount contributed by employer 749058

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 12 Day 31 Year 2022

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): 25% OF SALARY

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 LOCAL UNION 597

b EIN 36-1820310 **c** Dollar amount contributed by employer 1012216

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 12 Day 31 Year 2022

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): 25% OF SALARY

a Name of contributing employer LOCAL UNION 638

b EIN 13-5056325 **c** Dollar amount contributed by employer 1141694

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 12 Day 31 Year 2022

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): 25% OF SALARY

a Name of contributing employer LOCAL UNION 669

b EIN 23-7152443 **c** Dollar amount contributed by employer 2238396

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 12 Day 31 Year 2022

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): 25% OF SALARY

a Name of contributing employer LOCAL UNION 798

b EIN 73-0569630 **c** Dollar amount contributed by employer 963845

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 12 Day 31 Year 2022

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): 25% OF SALARY

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 60.0 % Investment-Grade Debt: 11.0 % High-Yield Debt: 5.0 % Real Estate: 10.0 % Other: 14.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2022

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

CONTENTS

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
Supplemental Information	
Schedules of Administrative Expenses	20
Schedule of Assets (Held at End of Year)	21

CALIBRE CPA GROUP
7501 WISCONSIN AVENUE | SUITE 1200 WEST
BETHESDA, MD 20814
T: 202.331.9880 | F: 202.331.9890

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the accompanying financial statements of the U.A. Local Union Officers and Employees Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

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

Supplemental Schedules Required by ERISA

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

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

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

Other Supplemental Information

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

Calibre CPA Group, PLLC

Bethesda MD
September 28, 2023

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2022 AND 2021

	2022	2021
Assets		
Investments - at fair value		
Investments - total	$ 1,092,774,953	$ 1,296,608,709
Investments on loan	(99,662,570)	(61,834,675)
Investments on hand	993,112,383	1,234,774,034
Securities lending		
Investments on loan	99,662,570	61,834,675
Cash collateral held for securities on loan	101,770,733	63,149,176
Obligations to refund collateral	(101,770,733)	(63,149,176)
Net securities lending	99,662,570	61,834,675
Receivables		
Contributions	5,197,856	5,944,901
Interest and dividends	914,928	810,350
Securities sold	57,277	24,109
Total receivables	6,170,061	6,779,360
Prepaid expense	13,419	19,016
Cash (non-interest bearing)	295,754	225,436
Right-of-use asset	257,352	-
Total assets	1,099,511,539	1,303,632,521
Liabilities and Net Assets		
Liabilities		
Accrued expenses	866,949	914,323
Lease liability	258,046	-
Securities purchased	10,584	388,409
Total liabilities	1,135,579	1,302,732
Net assets available for benefits	$ 1,098,375,960	$ 1,302,329,789

See accompanying notes to financial statements.

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
Additions		
Contributions by Local Unions, District Councils, and State Associations	$ 55,092,463	$ 65,062,882
Investment income		
Net appreciation (depreciation) in fair value of investments	(181,512,124)	182,481,195
Interest	2,868,032	2,248,886
Dividends	10,185,539	9,584,280
Other	50,125	60,501
	(168,408,428)	194,374,862
Less: investment expenses	(4,253,271)	(4,053,608)
Net investment income	(172,661,699)	190,321,254
Total additions	(117,569,236)	255,384,136
Deductions		
Pension benefits	83,100,356	80,083,551
Administrative expenses	1,682,907	1,542,950
Foreign currency aggregate transaction loss	1,601,330	36,620
Total deductions	86,384,593	81,663,121
Net change	(203,953,829)	173,721,015
Net assets available for benefits		
Beginning of year	1,302,329,789	1,128,608,774
End of year	$ 1,098,375,960	$ 1,302,329,789

See accompanying notes to financial statements.

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 1. DESCRIPTION OF THE PLAN

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

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

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

Funding Policy - The Plan is financed by contributions made by participating local unions, district councils, state and provincial associations in accordance with the United Association Constitution. The present contributions to the Plan are sufficient to maintain the Plan in an actuarially sound position. The Plan's actuary has determined the Plan has met the minimum funding requirements of ERISA through December 31, 2022. The Plan is certified as neither endangered nor critical (green zone) status.

Administrative Expenses - Administrative expenses are paid by the Plan.

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

New Accounting Pronouncement Adopted - During the year ended December 31, 2022, the Plan adopted the provisions of Accounting Standards Update (ASU) 2016-02, *Leases* (Topic 842). This guidance is intended to increase transparency and comparability among lessees by recognizing lease assets and lease liabilities on the statement of net assets available for benefits and disclosing key information about leasing arrangements. ASU 2016-02 requires lessees to report a right-of-use asset along with a lease liability.

In February 2016, the Financial Accounting Standards Board (FASB) issued ASU 2016-02, Leases (Topic 842). The standard requires lessees to recognize the assets and liabilities that arise from leases in the statements of net assets available for benefits. Additionally, in July 2018, the FASB issued ASU 2018-11, *Leases* (Topic 842) – *Targeted Improvements*, which, among other things, provides an additional transition method that would allow entities to not apply the guidance in ASU 2016-02 in the comparative periods presented in the financial statements and instead recognize a cumulative-effect adjustment to the opening balance of net assets available for benefits in the period of adoption. The Plan adopted ASU 2016-02 and its related amendments as of January 1, 2022, which resulted in the recognition of an operating right-of-use asset totaling $312,238 as well as an operating lease liability totaling $312,238. The Plan elected to adopt the transition relief provisions from ASU 2018-11 and recorded the impact of adoption as of January 1, 2022, without restating any prior-year amounts or disclosures. The additional lease disclosures can be found in Note 8. There was no cumulative effect adjustment to the opening balance of net assets/net assets available for benefits required.

The Plan elected to apply all practical expedients available under the ASU, allowing it to 1) not reassess whether any expired or existing contracts previously assessed as not containing leases are, or contain, leases; 2) not reassess the lease classification for any expired or existing leases; 3) not reassess initial direct costs for any existing leases; and 4) risk-free interest rate. The Plan also elected to apply the practical expedient to use hindsight in determining the lease term which in the year of implementation the Plan has determined to be the remaining lease term.

NOTE 3. TAX STATUS

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

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

NOTE 4. PLAN TERMINATION

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

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

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

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

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

NOTE 4. PLAN TERMINATION (CONTINUED)

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

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

d) Fourth, to all nonvested benefits.

NOTE 5. ACTUARIAL INFORMATION

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

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

The actuarial present values of accumulated plan benefits as of January 1, 2022 is as follows:

	United States	Canada	Total
Vested benefits			
Participants currently receiving benefits	$ 708,410,414	$ 74,754,312	$ 783,164,726
Other vested benefits	327,631,316	44,245,614	371,876,930
	1,036,041,730	118,999,926	1,155,041,656
Nonvested benefits	15,339,074	-	15,339,074
Total actuarial present value of accumulated plan benefits	$ 1,051,380,804	$ 118,999,926	$ 1,170,380,730

NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

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

	Change in Actuarial Present Value of Accumulated Plan Benefits		
	United States	Canada	Total
Actuarial present value of accumulated plan benefits at January 1, 2021	$ 995,622,982	$ 111,454,271	$ 1,107,077,253
Change during the year attributed to			
Benefits accumulated, net experience gain or loss	23,399,132	2,673,411	26,072,543
Benefits paid	(72,640,446)	(7,544,224)	(80,184,670)
Changes in actuarial assumptions	24,202,060	2,825,486	27,027,546
Plan amendments	11,467,061	1,597,431	13,064,492
Interest	69,330,015	7,993,551	77,323,566
Net change	55,757,822	7,545,655	63,303,477
Actuarial present value of accumulated plan benefits at January 1, 2022	$ 1,051,380,804	$ 118,999,926	$ 1,170,380,730

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

- Net investment return: 7.00%; Canada - 7.00%.
- Salary Scale: 4.50% per year.
- Retirement age:
    - From active status - after six years of service, ranges from ages 55 to 70 based upon probability of retirement as specific ages.
    - From inactive vested status - after two years of service, ranges from ages 55 to 70 based upon probability of retirement as specific ages.
- Percent married: 45% of females and 75% of males.
- Administrative expenses: U.S. $1,300,000; Canada C $400,000 (U.S. $306,911)
- Mortality rates:
    - Healthy pre-retirement - RP-2006 Employee Mortality Table, projected generationally from 2009 using the MP-2021 scale.
    - Healthy post-retirement - RP-2006 Healthy Annuitant Mortality Table, projected generationally from 2009 using the MP-2021 scale.
    - Healthy Canada - unprojected experience rates (as of 2006) for the RP-2014 employee and annuitant mortality tables, projected generationally from 2009 using the two-dimensional MP-2021 scale.
    - Disability mortality rates - healthy post-retirement table with ages set forward 10 years.
    - Disabled Canada - unprojected experience rates (as of 2006) for the RP-2014 healthy annuitant tables set forward 10 years, projected generationally from 2009 using the two-dimensional MP-2021 scale.

NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2022. Had the valuation been performed as of December 31, 2021, there would be no material differences. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under the Trust Agreement of the Plan and income from investments.

Since information on the accumulated plan benefits at December 31, 2022, and the changes therein for the year then ended are not included, the financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2022, and the changes therein for the year then ended, but a presentation of only the net assets available for benefits and the changes therein as of and for the year ended December 31, 2022. The complete financial status of the Plan is presented as of December 31, 2021.

NOTE 6. SECURITIES LENDING PROGRAM

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

The Plan receives 80% of the net revenue derived from all securities lending activities, and the bank receives the remainder of the net revenue. Interest income reported in the statements of changes in net assets available for benefits includes $87,047 and $102,002 earned by the Plan during the plan years ended December 31, 2022 and 2021, respectively, in connection with the securities lending program.

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

NOTE 6. SECURITIES LENDING PROGRAM (CONTINUED)

At December 31, 2022 and 2021, the fair value of securities loaned was $99,662,570 and $61,834,675, respectively, while the collateral held was $101,770,733 and $63,149,176, respectively. In accordance with Statement of Financial Accounting Standards No. 140, the value of the cash collateral held and a corresponding liability to return the collateral have been reported on the accompanying statements of net assets available for benefits.

NOTE 7. INVESTMENTS AND FAIR VALUE MEASUREMENTS

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

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

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

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

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

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

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

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

NOTE 7. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

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

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

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

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022.

Description	12/31/2022 Total	Quoted Market Price for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investments	$ 19,933,710	$ 19,933,710	$ -	$ -
U.S. Government and agency obligations	68,224,344	44,787,894	23,436,450	-
Corporate bonds and notes	47,655,906	-	47,655,906	-
Common and preferred stocks	356,575,537	352,252,692	-	4,322,845
Mutual funds	20,537,301	20,537,301	-	-
	512,926,798	$ 437,511,597	$ 71,092,356	$ 4,322,845
Investments measured at NAV*	579,848,155			
Investments at fair value	$ 1,092,774,953			

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

NOTE 7. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021.

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

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

There were no purchases, issuances, settlements or transfers in or out of Level 3 investments for the years ended December 31, 2022 and 2021.

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

The following table summarizes the Plan's investments in certain entities that calculate NAV per share as fair value measurement as of December 31, 2022 and 2021 by investment strategy:

	Fair Value		Unfunded Commitments		Redemption Frequency	Redemption
	2022	2021	2022	2021	(if currently eligible)	Notice Period
Common collective trusts	$ 392,787,230	$ 520,661,862	$ -	$ -	Daily, monthly	1 day - 30 days
Limited partnerships	187,060,925	153,791,360	85,743,000	39,600,000	Various	Various
	$ 579,848,155	$ 674,453,222				

NOTE 7. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

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

Corbin Private Credit Manager Fund II, L.P.

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

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

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

NOTE 7. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

MC Credit Fund IV SM L.P. makes investments, directly or indirectly, consisting primarily of first and second lien senior secured debt of middle market companies.

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

Mesirow Financial Private Equity Fund VII-A, L.P. and Fund VIII-A, L.P. are funds of private equity funds that invest in private equity limited partnerships.

Mesirow Financial Private Equity Fund VII-B, L.P. and Fund VIII-B, L.P. are funds of private equity funds that invest in companies operating in a diverse range of industries.

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

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

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

Siguler Guff Small Buyout Opportunities Fund V, L.P. invests in a diverse set of small and lower middle market companies with niche market-leading positions where value can be created through building and growing the business. The fund invests in these companies through direct investments and by partnering with specialists private equity sponsors.

NOTE 7. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

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

NOTE 8. OPERATING LEASE

The Plan entered into a 5-year lease agreement for office space which commenced on May 1, 2012 and contained two 5-year renewal options. The Plan exercised both renewal options which extended the lease through April 30, 2027. Operating lease expense totaled $88,295 and $61,693 for the years ended December 31, 2022 and 2021, respectively. The Plan had no variable or short-term lease expense in 2022 and 2021 and does not have any finance leases.

Supplemental qualitative information related to operating leases is as follows:

	Year Ended December 31, 2022
Cash paid for amounts included in the measurement of lease liability - operating cash flows	$ -
Right-of-use asset obtained in exchange for lease obligations	312,238
Weighted-average remaining lease term (in years)	5.33
Weighted-average discount rate	3.01%

Year ended December 31,	
2023	$ 60,874
2024	62,546
2025	64,261
2026	66,023
2027	22,204
Undiscounted future cash flows	275,908
Less discount to present value	(17,862)
Total lease liability	$ 258,046

NOTE 9. RETIREMENT PLANS

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

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

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

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

The Plan's participation in this plan for the annual period ending December 31, 2022 is outlined in the table below. The "EIN/Pension Plan Number" column provides the employee identification number (EIN) and the three-digit plan number, if applicable. Unless otherwise noted, the most recent Pension Protection Act (PPA) zone status available in 2022 and 2021 is for the plan's year-end at December 31, 2021 and 2020, respectively. The zone status is based on information that the Plan received from the plan and is certified by the plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a funding improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. The last column lists the expiration date(s) of the collective bargaining agreement(s) to which the plans are subject. There have been no significant changes that affect the comparability of 2022 and 2021 contributions.

Pension Fund	EIN/Pension Plan Number	Pension Protection Act Zone Status 2022	Pension Protection Act Zone Status 2021	FIP/RP Status Pending/ Implemented	Contributions 2022	Contributions 2021	Surcharge Imposed	Collective Bargaining Agreement
United Association General Officers and Employees Pension Fund	52-6134634/ 001	Green	Green	No	$ 57,248	$ 62,279	No	N/A

NOTE 10. PARTY-IN-INTEREST TRANSACTIONS

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

NOTE 11. RISKS AND UNCERTAINTIES

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits is reported, based on certain assumptions pertaining to interest rates; inflation rates; and employee demographics, all of which are subject to change. Due to the uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

NOTE 12. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 28, 2023, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

SUPPLEMENTAL INFORMATION

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
Salaries	$ 223,134	$ 216,315
Actuarial services	220,274	211,680
Legal fees and expenses	384,706	328,070
Accounting services	114,943	77,508
Insurance	235,728	222,459
Bank charges	20,184	25,019
Office expenses, supplies and printing	49,949	97,815
Rent	88,295	61,693
Pension and health and welfare benefits	134,666	140,653
Taxes	64,736	14,103
Travel	-	971
Canadian Pension Commission	146,292	146,664
	$ 1,682,907	$ 1,542,950

Exhibit K: Summary of Plan Provisions

(Schedule MB, Line 6)

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

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

Service Accrual Year	Percentage
Prior to January 1, 2011	3.25%
January 1, 2011 – December 31, 2012	2.00%
January 1, 2013 – December 31, 2014	3.25%
January 1, 2015 – December 31, 2016	2.00%
January 1, 2017 – December 31, 2017	3.25%
January 1, 2018 – December 31, 2018	2.00%
January 1, 2019 – December 31, 2020	3.25%
January 1, 2021 and after	2.00%

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

Section 3: Certificate of Actuarial Valuation

Early Retirement	• *Age Requirement:* 55 • *Service Requirement:* Nine years • *Amount:* Normal pension accrued reduced by 3% for each year of age less than 60 for service accrued prior to January 1, 2019 and 3% for each year of age less than 62 for service accrued on or after January 1, 2019.
Disability	• *Age Requirement:* None • *Service Requirement:* Six years • *Amount:* Regular pension accrued
Vesting	• *Age Requirement:* None • *Service Requirement:* Two years. • *Amount:* Normal pension accrued times vestng percentage. Benefit may commence on or after age 55 with Early Retirement reduction applied. • *Vesting Percentage:* 20% after two years of service plus 20% for each of the next four years to a maximum of 100% after six years.
Spouse's Pre-Retirement Death Benefit (applicable for married participants only)	• *Age Requirement:* None • *Service Requirement:* Two years • *Amount:* 50% (100% for active participants, or participants who terminated after age 55, with nine or more years of service) of the benefit that the employee would have received had they retired the day before they died (but not before age 55) and elected the Joint and Survivor Annuity option. If the employee is younger than age 55 at death, the 50% benefit will commence when the employee would have attained age 55 (immediate commencement if eligible for the 100% benefit).
Pre-Retirement Lump-sum Death Benefit (if waiving or not eligible for spouse's benefit)	• *Age Requirement:* None • *Service Requirement:* None • *Amount:* 100% of contributions made on employee's behalf
Post-Retirement Death Benefit	If the participant is married, pension benefits are paid in the form of a Joint and Survivor Annuity. The benefit amount payable is reduced to partially reflect the joint and survivor coverage. In the event that the spouse predeceases the pensioner, the amount payable shall be increased to the full amount that would have been payable if the Joint and Survivor Annuity had not been in effect. If the participant is not married, pension benefits are paid for the life of the pensioner with 60 months of payments guaranteed.
Maximum Benefit	$245,000 annually after adjustment for Joint and Survivor option, if any. Actuarially reduced for retirement before age 62, per IRC Section 415

Section 3: Certificate of Actuarial Valuation

Optional Forms of Benefits	• 66 2/3 Joint and Survivor (with pop-up) • 75% Joint and Survivor (with pop-up) • 100% Joint and Survivor (with pop-up) • 50% Non-Spouse Joint and Survivor • Social Security Adjustment Option
Participation	First day of covered employment in which one hour of service is completed.
Credited Service	One-twelfth for each month a Participant completes an hour of service.
Contribution Rate	25% of active payroll, effective January 1, 2022 (previously 30%)
Changes in Plan Provisions	Adopted December 8, 2021, the benefit accrual rate for service earned during 2020 was increased from 2.00% to 3.25%.

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-1178032
Plan No.: 333

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	Short-Term Investments						
	PNC GOVERNMENT MONEY MARKET	Money Market	N/A	N/A	16,603,303	$ 16,603,303	$ 16,603,303
	DREYFUS GOVERNMENT CASH MGMT	Money Market	N/A	N/A	299,117	299,117	299,117
	Total Short-Term Investments					16,902,420	16,902,420
	U.S. Government and Agencies Notes and Bonds						
	FEDERAL FARM CREDIT BANK BNDS	Bond	3/23/2023	3.30%	2,195,000	2,195,000	1,971,351
	FEDERAL FARM CREDIT BANK BNDS	Bond	8/9/2033	1.88%	3,400,000	3,400,000	2,621,094
	FEDERAL FARM CREDIT BANK BNDS	Bond	9/3/2030	1.53%	2,475,000	2,475,000	1,977,451
	FEDERAL NATL MORTGAGE ASSN	Bond	7/25/2046	2.50%	193,708	193,677	176,497
	FEDERAL NATL MTG ASSN	Bond	12/25/2031	1.75%	215,772	218,537	205,577
	FEDERAL NATL MTG ASSN	Bond	7/25/2050	1.00%	735,179	718,868	546,481
	FEDERAL NATL MTG ASSN	Bond	6/25/2048	2.00%	1,141,683	1,165,587	950,440
	FEDERAL NATL MTG ASSN	Bond	7/25/2049	2.00%	2,500,894	2,519,310	2,061,687
	FREDDIEMAC STRIP	Bond	9/15/2047	3.00%	219,659	219,041	198,374
	GOVERNMENT NATIONAL MORTGAGE	Bond	6/20/2047	2.50%	404,913	396,688	355,846
	GOVERNMENT NATIONAL MORTGAGE	Bond	5/16/2057	1.50%	2,912,632	2,935,387	2,395,145
	GOVERNMENT NATIONAL MORTGAGE	Bond	7/20/2050	1.50%	3,954,752	3,979,469	3,173,530
	GOVT NATL MTG ASSN	Bond	2/20/2052	VAR	3,264,714	3,273,896	3,076,634
	SMALL BUSINESS ADMINISTRATION POOL	Bond	4/25/2037	0.00%	3,518,572	3,734,084	3,726,343
	USA TREASURY NOTES	Notes	8/15/2030	0.63%	36,315,000	33,391,360	28,585,352
	USA TREASURY NOTES	Notes	8/15/2050	1.38%	4,800,000	3,729,364	2,667,168
	USA TREASURY NOTES	Notes	11/15/2031	1.38%	15,000,000	12,791,854	12,208,650
	USA TREASURY NOTES	Notes	4/30/2027	2.75%	1,400,000	1,342,797	1,326,724
	Total U.S. Government and Agencies Notes and Bonds					78,679,919	68,224,344
	Corporate and Other Notes and Bonds						
	7-ELEVEN INC	Bond	9/10/2040	2.50%	1,000,000	917,700	659,870
	ABBVIE INC	Bond	5/14/2026	3.20%	1,595,000	1,705,644	1,510,194
	ALTRIA GROUP INC	Bond	8/4/2040	3.40%	1,500,000	1,378,725	994,875
	ANGLO AMERICAN CAPITAL	Bond	9/10/2030	2.63%	850,000	843,608	690,787
	APPLIED MATERIALS INC	Bond	3/1/2030	1.75%	1,700,000	1,652,740	1,386,265
	APTIV PLC	Bond	12/1/2051	3.10%	1,160,000	1,133,857	685,548
	BANK OF AMERICA CORPORATION	Bond	3/11/2026	VAR	1,675,000	1,682,219	1,481,873
	BLACKROCK INC	Bond	1/30/2030	2.40%	1,750,000	1,798,020	1,495,533
	BOEING CO	Bond	2/4/2023	2.20%	1,775,000	1,781,514	1,612,694
	BROADCOM INC	Bond	11/15/2030	2.45%	1,000,000	960,960	787,620
	CHARLES SCHWAB CORP	Bond	1/20/2028	2.00%	1,000,000	1,009,710	878,930
	CHARTER COMM OPT LLC/CAP	Bond	1/1/2031	2.80%	800,000	832,120	622,808
	COMCAST CORP COGT	Bond	2/15/2031	1.50%	2,000,000	1,807,760	1,557,200
	CONNECTICUT ST CABS GO	Bond	3/15/2025	VAR	500,000	481,000	448,885
	CONTINENTAL RESOURCES	Bond	12/1/2043	4.90%	1,325,000	1,497,634	982,289
	DOW CHEMICAL CO/THE	Bond	8/15/2030	2.10%	1,500,000	1,474,515	1,205,369
	ENERGY TRANSFER OPERATNG	Bond	2/15/2030	3.75%	700,000	727,405	617,183
	ERP OPERATING LP	Bond	5/1/2031	1.85%	1,125,000	1,125,810	874,980
	EXXON MOBIL CORPORATION	Bond	2/19/2025	2.99%	1,000,000	1,091,600	963,210
	GLENCORE FUNDING LLC	Bond	1/27/2031	2.85%	750,000	749,160	613,748
	HALLIBURTON CO	Bond	12/1/2029	2.92%	1,500,000	1,538,265	1,285,980
	INTERCONTINENTAL EXCHANGE	Bond	3/1/2030	2.10%	1,000,000	982,780	818,920
	INTERCONTINENTAL EXCHANGE	Bond	6/15/2030	0.00%	1,625,000	1,608,198	1,231,863
	LAM RESEARCH CORP	Bond	12/15/2049	2.88%	1,250,000	1,241,333	835,263
	MARRIOTT INTERNATIONAL	Bond	1/15/2031	2.85%	750,000	751,354	607,335
	META PLATFORMS INC	Bond	2/15/2052	4.45%	1,000,000	998,350	794,650

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

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

DECEMBER 31, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-1178032
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	METLIFE INC	Bond	3/1/2025	3.00%	875,000	$ 874,913	$ 840,131
	MIZUHO FINANCIAL GROUP	Bond	9/13/2031	2.56%	1,000,000	973,790	762,010
	MORGAN STANLEY	Bond	12/10/2025	VAR	1,675,000	1,644,147	1,467,669
	NATIONAL RURAL UTIL COOP	Bond	3/15/2031	1.65%	1,700,000	1,580,441	1,291,150
	NEW YORK CITY NY TRANSITIONAL SUBORDINAT REV	Bond	5/1/2025	2.01%	4,550,000	4,376,337	4,252,338
	NEW YORK ST URBAN DEV CORP SAL REF-BIDDIN REV	Bond	3/15/2025	1.08%	250,000	249,750	230,778
	NXP BV/NXP FDG/NXP USA	Bond	5/1/2030	3.40%	1,500,000	1,597,320	1,296,210
	PRIVATE EXPORT FUNDING	Bond	7/30/2024	0.55%	3,000,000	2,995,020	2,802,870
	PRUDENTIAL PLC	Bond	3/03/2023	VAR	1,600,000	1,708,736	1,393,472
	SIMON PROPERTY GROUP INC	Bond	10/15/2026	1.38%	1,600,000	1,597,264	1,396,432
	SOUTHERN CAL EDISON	Bond	8/1/2024	0.98%	1,200,000	1,193,460	1,122,144
	SOUTHWEST AIRLINES CO	Bond	11/10/2029	2.63%	1,195,000	1,204,907	991,527
	SUMITOMO MITSUI FINL GRP	Bond	10/16/2023	VAR	1,000,000	1,000,000	1,001,020
	SUNTRUST BANK	Bond	2/2/2023	3.00%	1,375,000	1,352,051	1,373,019
	T-MOBILE USA INC	Bond	8/15/2040	3.00%	1,200,000	1,148,171	846,744
	US BANCORP	Bond	3/27/2026	3.10%	1,000,000	999,230	944,520
	Total Corporate and Other Notes and Bonds					56,267,518	47,655,906
	Common and Preferred Stocks						
	ABBOTT LABORATORIES INC	Equity	N/A	N/A	1,150	121,240	126,259
	ABBVIE INC	Equity	N/A	N/A	1,532	248,450	250,467
	ACCENTURE PLC CLASS A	Equity	N/A	N/A	3,449	697,421	920,331
	ADOBE INC	Equity	N/A	N/A	1,770	917,118	595,658
	ADVANCED MICRO DEVICES INC	Equity	N/A	N/A	23,332	1,917,971	1,511,214
	ADYEN NV	Equity	N/A	N/A	632	1,563,301	869,000
	AES CORP	Equity	N/A	N/A	5,832	122,982	167,728
	AGILENT TECHNOLOGIES (IPO)	Equity	N/A	N/A	2,021	240,540	302,443
	AIRBUS SE	Equity	N/A	N/A	11,296	1,301,273	1,356,085
	ALBEMARLE CORP	Equity	N/A	N/A	574	172,350	124,478
	ALIGN TECHNOLOGY INC	Equity	N/A	N/A	1,645	349,219	361,604
	ALLEGION PLC	Equity	N/A	N/A	2,116	218,955	222,730
	ALLISON TRANSMISSION HOLDING	Equity	N/A	N/A	1,988	87,372	82,701
	ALLSTATE CORP	Equity	N/A	N/A	11,189	1,104,546	1,517,228
	ALNYLAM PHARMACEUTICALS INC	Equity	N/A	N/A	1,405	302,383	333,898
	ALPHABET INC/CA-CL A	Equity	N/A	N/A	14,366	1,910,277	1,267,512
	ALPHABET INC/CA-CL C	Equity	N/A	N/A	7,249	843,894	643,204
	AMAZON COM INC	Equity	N/A	N/A	44,459	5,568,029	3,734,556
	AMEREN CORP	Equity	N/A	N/A	13,862	1,001,245	1,232,609
	AMERICAN EXPRESS CO	Equity	N/A	N/A	1,683	233,310	248,663
	AMERICAN INTERNATIONAL GROUP INC	Equity	N/A	N/A	54,600	3,096,180	3,452,904
	AMERIPRISE FINANCIAL INC	Equity	N/A	N/A	2,011	530,128	626,165
	AMERISOURCEBERGEN CORP	Equity	N/A	N/A	2,553	395,607	423,058
	AMERISOURCEBERGEN CORP	Equity	N/A	N/A	6,500	683,172	1,077,115
	AMETEK INC NEW	Equity	N/A	N/A	4,700	310,991	656,684
	AMGEN INC	Equity	N/A	N/A	1,531	370,006	402,102
	AMPHENOL CORP NEW CL A	Equity	N/A	N/A	10,900	575,663	829,926
	ANALOG DEVICES INC	Equity	N/A	N/A	2,014	298,134	330,356
	ANGLO AMERICAN PLC	Equity	N/A	N/A	53,630	1,341,964	2,098,427
	ANHEUSER-BUSCH INBEV SA/NV	Equity	N/A	N/A	12,657	-	758,534
	ANTERO RESOURCES CORP	Equity	N/A	N/A	7,688	254,271	238,251
	ANTERO RESOURCES CORP	Equity	N/A	N/A	12,600	457,476	390,474
	AON PLC/IRELAND-A	Equity	N/A	N/A	582	178,723	174,681
	APOLLO GLOBAL MANAGEMENT INC	Equity	N/A	N/A	2,382	149,515	149,947

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

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

DECEMBER 31, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-1178032
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	APPLE INC	Equity	N/A	N/A	60,989	$ 7,596,278	$ 7,924,301
	APPLIED MATERIALS INC	Equity	N/A	N/A	4,191	465,814	408,120
	APTIV PLC	Equity	N/A	N/A	7,000	664,731	651,910
	ARCH CAPITAL GROUP LTD	Equity	N/A	N/A	3,931	177,574	246,788
	ARCHER DANIELS MIDLAND CO	Equity	N/A	N/A	35,400	2,146,419	3,286,890
	ARES MANAGEMENT CORP - A	Equity	N/A	N/A	5,908	419,475	404,344
	ARGENX SE - ADR	Equity	N/A	N/A	1,325	418,847	501,950
	ARISTA NETWORKS INC	Equity	N/A	N/A	2,835	389,787	344,027
	ASCENDIS PHARMA	Equity	N/A	N/A	3,875	516,504	473,254
	ASE TECHNOLOGY HLDS CO ADR	Equity	N/A	N/A	134,121	976,530	840,939
	ASML HOLDING NV	Equity	N/A	N/A	5,376	-	2,924,168
	ASPEN TECHNOLOGY INC	Equity	N/A	N/A	2,100	431,237	431,340
	ASTRAZENECA PLC	Equity	N/A	N/A	15,142	1,175,943	2,062,643
	AUTOMATIC DATA PROCESSING INC	Equity	N/A	N/A	1,740	372,734	415,616
	AUTOZONE INC	Equity	N/A	N/A	649	748,940	1,600,551
	AUTOZONE INC	Equity	N/A	N/A	111	250,726	273,746
	AVERY DENNISON CORP	Equity	N/A	N/A	2,382	401,587	431,142
	BANCO SANTANDER S.A.	Equity	N/A	N/A	90,929	681,412	272,780
	BARCLAYS PLC	Equity	N/A	N/A	462,490	915,184	881,043
	BAXTER INTERNATIONAL INC	Equity	N/A	N/A	3,813	246,430	194,349
	BAXTER INTERNATIONAL INC	Equity	N/A	N/A	60,400	4,321,905	3,078,588
	BENTLEY SYSTEMS INC-CLASS B	Equity	N/A	N/A	13,800	660,092	510,048
	BEST BUY CO INC	Equity	N/A	N/A	2,934	251,591	235,336
	BHP GROUP LTD	Equity	N/A	N/A	59,532	1,494,409	1,792,509
	BJ'S WHOLESALE CLUB HOLDINGS	Equity	N/A	N/A	6,400	460,730	423,424
	BLACKSTONE INC	Equity	N/A	N/A	9,502	1,050,341	704,953
	BLOCK H & R INC	Equity	N/A	N/A	5,661	168,851	206,683
	BNP PARIBAS	Equity	N/A	N/A	11,603	733,808	667,010
	BOEING CO	Equity	N/A	N/A	1,889	292,823	359,836
	BOOZ ALLEN HAMILTON HOLDING	Equity	N/A	N/A	2,481	220,627	259,314
	BOOZ ALLEN HAMILTON HOLDING	Equity	N/A	N/A	4,900	265,963	512,148
	BP PLC	Equity	N/A	N/A	151,063	1,060,663	852,751
	BROADCOM INC	Equity	N/A	N/A	1,855	1,080,432	1,037,186
	BROADCOM INC	Equity	N/A	N/A	5,800	2,912,449	3,242,954
	BROADRIDGE FINANCIAL SOL W/I	Equity	N/A	N/A	2,223	322,215	298,171
	BROWN & BROWN INC	Equity	N/A	N/A	7,200	407,403	410,184
	BROWN FORMAN CORP CLASS B	Equity	N/A	N/A	3,563	232,119	234,018
	BRUNSWICK CORP	Equity	N/A	N/A	10,800	762,206	778,464
	C.H.ROBINSON WORLDWIDE INC	Equity	N/A	N/A	1,229	134,792	112,527
	CARLISLE COMPANIES INC	Equity	N/A	N/A	424	107,186	99,916
	CARLISLE COMPANIES INC	Equity	N/A	N/A	1,600	256,763	377,040
	CASEYS GENERAL STORES INC	Equity	N/A	N/A	2,075	418,326	465,526
	CDW CORP/DE	Equity	N/A	N/A	1,381	236,281	246,619
	CF INDUSTRIES HOLDINGS INC	Equity	N/A	N/A	1,749	185,375	149,015
	CHEMED CORP	Equity	N/A	N/A	252	127,036	128,628
	CHEMED CORP	Equity	N/A	N/A	1,300	520,071	663,559
	CHEMOURS CO/THE - W/I	Equity	N/A	N/A	2,911	89,486	89,135
	CHENIERE ENERGY INC COM NEW	Equity	N/A	N/A	5,075	553,419	761,047
	CHURCH & DWIGHT INC	Equity	N/A	N/A	1,876	138,172	151,224
	CIENA CORP	Equity	N/A	N/A	30,296	1,482,400	1,544,490
	CINTAS CORP	Equity	N/A	N/A	222	91,451	100,260
	CINTAS CORP	Equity	N/A	N/A	2,475	770,487	1,117,760
	CISCO SYSTEMS INC	Equity	N/A	N/A	64,700	2,976,510	3,082,308
	CLOROX CO	Equity	N/A	N/A	4,687	655,253	657,727

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

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

DECEMBER 31, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-1178032
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	CLOUDFLARE INC - CLASS A	Equity	N/A	N/A	2,690	$ 176,233	$ 121,615
	CMS ENERGY CORP	Equity	N/A	N/A	11,531	680,893	730,258
	COGNIZANT TECHNOLOGY SOLUTIONS	Equity	N/A	N/A	52,500	3,784,072	3,002,475
	COLGATE-PALMOLIVE CO	Equity	N/A	N/A	2,302	182,247	181,375
	COLUMBIA SPORTSWEAR CO	Equity	N/A	N/A	12,496	1,109,403	1,094,400
	COMCAST CORPORATION CL A	Equity	N/A	N/A	91,400	4,146,963	3,196,258
	COMPAG NIE DE SAINT GOBAIN	Equity	N/A	N/A	38,527	1,951,176	1,893,602
	CONAGRA BRANDS INC	Equity	N/A	N/A	13,805	539,624	534,254
	CONAGRA BRANDS INC	Equity	N/A	N/A	89,200	3,001,057	3,452,040
	CONOCOPHILLIPS	Equity	N/A	N/A	24,800	1,646,179	2,926,400
	COPART INC	Equity	N/A	N/A	10,300	378,587	627,167
	COSTAR GROUP INC	Equity	N/A	N/A	8,800	515,841	680,064
	COTERRA ENERGY INC	Equity	N/A	N/A	6,290	164,830	154,545
	CREDIT AGRICOLE SA	Equity	N/A	N/A	58,583	782,099	606,920
	CROWDSTRIKE HOLDINGS INC - A	Equity	N/A	N/A	5,300	453,402	558,037
	CROWN CASTLE INC	Equity	N/A	N/A	1,496	245,432	202,917
	CROWN HOLDINGS INC	Equity	N/A	N/A	1,905	175,598	156,610
	CSL LTD	Equity	N/A	N/A	11,581	774,731	2,268,969
	CVS HEALTH CORPORATION	Equity	N/A	N/A	31,500	2,557,585	2,935,485
	CYBER-ARK SOFTWARE LTD	Equity	N/A	N/A	3,125	432,588	405,156
	DAIFUKU CO LTD	Equity	N/A	N/A	8,900	780,345	412,782
	DASSAULT SYSTEMES	Equity	N/A	N/A	43,000	-	2,416,858
	DASSAULT SYSTEMES SE	Equity	N/A	N/A	27,979	1,003,205	1,003,176
	DATADOG INC - CLASS A	Equity	N/A	N/A	3,911	446,996	287,459
	DAVITA INC	Equity	N/A	N/A	2,581	246,038	192,723
	DEERE & CO	Equity	N/A	N/A	2,520	922,945	1,080,475
	DELTA AIR LINES INC	Equity	N/A	N/A	3,048	97,560	100,157
	DEUTSCHE BOERSE AG	Equity	N/A	N/A	9,296	1,344,858	1,620,293
	DEUTSCHE POST AG	Equity	N/A	N/A	40,200	1,259,704	1,509,510
	DEVON ENERGY CORP NEW	Equity	N/A	N/A	7,483	412,083	460,279
	DIAGEO PLC	Equity	N/A	N/A	38,794	1,198,301	1,711,859
	DIAMOND BACK ENERGY INC	Equity	N/A	N/A	4,637	216,493	634,249
	DISCOVER FINANCIAL W/I	Equity	N/A	N/A	29,600	2,579,651	2,895,768
	DISNEY WALT CO	Equity	N/A	N/A	33,400	4,955,239	2,901,792
	DOCUSIGN INC	Equity	N/A	N/A	2,830	172,611	156,839
	DOLLAR GENERAL CORP	Equity	N/A	N/A	2,170	518,964	534,363
	DOLLAR GENERAL CORP	Equity	N/A	N/A	13,800	2,990,559	3,398,250
	DOLLAR TREE INC	Equity	N/A	N/A	7,532	748,975	1,065,326
	DOLLAR TREE INC	Equity	N/A	N/A	20,000	1,742,434	2,828,800
	DOVER CORP	Equity	N/A	N/A	22,200	3,484,947	3,006,102
	DRAFTKINGS INC	Equity	N/A	N/A	6,788	100,664	77,315
	DROPBOX INC-CLASS A	Equity	N/A	N/A	6,599	149,847	147,686
	DUPONT DE NEMOURS INC-WI	Equity	N/A	N/A	49,600	3,357,989	3,404,048
	DXC TECHNOLOGY CO	Equity	N/A	N/A	42,432	1,504,223	1,124,448
	EDISON INTL	Equity	N/A	N/A	49,200	2,870,289	3,130,104
	EDWARDS LIFESCIENCES CORP	Equity	N/A	N/A	2,395	273,304	178,691
	EISAI CO LTD	Equity	N/A	N/A	10,300	983,154	683,109
	ELASTIC NV	Equity	N/A	N/A	5,700	518,772	293,550
	ELEVANCE HEALTH INC	Equity	N/A	N/A	689	346,416	353,436
	ELI LILLY & CO	Equity	N/A	N/A	2,395	672,003	876,187
	ENCOMPASS HEALTH CORP	Equity	N/A	N/A	9,500	493,170	568,195
	ENI SPA	Equity	N/A	N/A	44,709	789,313	635,849
	ENPHASE ENERGY INC	Equity	N/A	N/A	1,634	310,768	432,945
	ENPHASE ENERGY INC	Equity	N/A	N/A	800	226,252	211,968

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

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

DECEMBER 31, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-1178032
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	ENTEGRIS INC	Equity	N/A	N/A	5,650	$ 309,969	$ 370,584
	ENVISTA HOLDINGS CORP	Equity	N/A	N/A	11,200	494,954	377,104
	EOG RES INC	Equity	N/A	N/A	2,896	337,694	375,090
	EQUIFAX INC	Equity	N/A	N/A	2,125	374,085	413,015
	EQUINOR ASA	Equity	N/A	N/A	60,070	1,445,257	2,155,554
	EQUITY LIFESTYLE PROPERTIES REIT	Equity	N/A	N/A	4,281	344,143	276,553
	EQUITY RESIDENTIAL SH BEN INT REIT	Equity	N/A	N/A	47,600	3,677,022	2,808,400
	ERIE INDEMNITY CO CL A	Equity	N/A	N/A	783	150,447	194,748
	EURO CURRENCY (EUR)	Equity	N/A	N/A	9,934	10,509	10,286
	EUROAPI SASU	Equity	N/A	N/A	557	8,622	8,258
	EVEREST RE GROUP LTD	Equity	N/A	N/A	333	99,048	110,313
	EXELIXIS INC	Equity	N/A	N/A	9,724	205,321	155,973
	EXPEDIA GROUP INC	Equity	N/A	N/A	7,168	600,103	627,917
	EXPEDITORS INTERNATIONAL WASHINGTON INC	Equity	N/A	N/A	2,582	270,984	268,321
	EXPERIAN PLC	Equity	N/A	N/A	61,376	1,227,656	2,071,747
	FACTSET RESH SYS INC	Equity	N/A	N/A	939	377,381	376,736
	FANUC LTD	Equity	N/A	N/A	9,500	1,050,136	1,391,750
	FASTENAL CO	Equity	N/A	N/A	18,248	1,053,388	863,495
	FIDELITY NATIONAL INFORMATION	Equity	N/A	N/A	33,900	3,948,050	2,300,115
	FISERV INC	Equity	N/A	N/A	1,141	108,563	115,321
	FISHER & PAYKEL HEALTHCARE	Equity	N/A	N/A	30,273	675,810	434,380
	FLOOR & DECOR HOLDINGS INC	Equity	N/A	N/A	4,950	513,976	344,669
	FMC CORPORATION NEW	Equity	N/A	N/A	14,940	1,498,808	1,864,512
	FMC CORPORATION NEW	Equity	N/A	N/A	2,091	237,236	260,957
	FMC CORPORATION NEW	Equity	N/A	N/A	4,100	415,063	511,680
	GALLAGHER ARTHUR J & CO	Equity	N/A	N/A	914	150,672	172,326
	GARTNER INC	Equity	N/A	N/A	4,300	552,601	1,445,402
	GATES INDUSTRIAL CORP PLC	Equity	N/A	N/A	78,470	1,242,013	895,343
	GEN DIGITAL INC	Equity	N/A	N/A	9,808	248,373	210,185
	GRAINGER W W INC	Equity	N/A	N/A	845	417,745	470,031
	HANOVER INSURANCE GROUP INC	Equity	N/A	N/A	7,691	786,838	1,039,285
	HARLEY DAVIDSON INC	Equity	N/A	N/A	27,402	1,269,065	1,139,923
	HEALTHCARE REALTY TRUST INC	Equity	N/A	N/A	44,441	1,254,523	856,378
	HEALTHPEAK PROPERTIES INC	Equity	N/A	N/A	26,425	725,911	662,475
	HEIDELBERGCEMENT AG	Equity	N/A	N/A	16,175	819,606	927,363
	HENNES & MAURITZ AB-B SHS	Equity	N/A	N/A	63,987	671,413	688,244
	HENRY JACK & ASSOC INC	Equity	N/A	N/A	2,637	488,797	462,952
	HOLOGIC INC	Equity	N/A	N/A	41,574	3,101,751	3,110,151
	HONEYWELL INTL INC	Equity	N/A	N/A	15,500	3,375,102	3,321,650
	HOYA CORP	Equity	N/A	N/A	11,300	1,092,614	1,093,923
	HP INC	Equity	N/A	N/A	21,710	808,896	583,348
	HUBBELL INC	Equity	N/A	N/A	1,650	318,601	387,222
	HUBSPOT INC	Equity	N/A	N/A	1,100	436,305	318,043
	HUMANA INC	Equity	N/A	N/A	206	112,772	105,511
	HUNT J B TRANSPORT SERVICES INC	Equity	N/A	N/A	1,827	325,374	318,556
	IAC INC	Equity	N/A	N/A	4,600	445,298	204,240
	ICON PLC	Equity	N/A	N/A	2,500	595,625	485,625
	IDEXX LABS INC	Equity	N/A	N/A	1,750	623,934	713,930
	INCYTE CORPORATION	Equity	N/A	N/A	2,391	182,882	192,045
	INDUSTRIA DE DISENO TEXTIL	Equity	N/A	N/A	28,964	676,660	773,628
	INFINEON TECHNOLOGIES AG	Equity	N/A	N/A	52,413	1,464,866	1,598,597
	ING GROEP NV RTS	Equity	N/A	N/A	50,495	742,009	623,361
	INTERACTIVE BROKERS GROUP CLASS A	Equity	N/A	N/A	10,000	677,868	723,500
	INTERNATIONAL BUSINESS MACHS CORP	Equity	N/A	N/A	2,327	320,189	327,851

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

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

DECEMBER 31, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-1178032
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	INTESA SAN PAOLO	Equity	N/A	N/A	287,569	$ 830,283	$ 639,726
	IONIS PHARMACEUTICALS INC	Equity	N/A	N/A	4,139	153,025	156,330
	IRON MOUNTAIN INC	Equity	N/A	N/A	11,045	587,565	550,593
	JOHNSON & JOHNSON	Equity	N/A	N/A	19,000	3,123,001	3,356,350
	KELLOGG CO	Equity	N/A	N/A	6,546	459,571	466,337
	KERING	Equity	N/A	N/A	1,726	911,878	889,235
	KEYCORP NEW	Equity	N/A	N/A	53,105	770,253	925,089
	KEYENCE CORP	Equity	N/A	N/A	8,400	1,666,402	3,292,044
	KEYSIGHT TECHNOLOGIES	Equity	N/A	N/A	3,910	457,174	668,884
	KIMBERLY-CLARK CORP	Equity	N/A	N/A	1,218	164,871	165,344
	KUBOTA CORP	Equity	N/A	N/A	19,000	301,562	264,100
	L3 HARRIS TECHNOLOGIES INC	Equity	N/A	N/A	3,317	783,436	690,633
	LAMB WESTON HOLDING INC	Equity	N/A	N/A	12,269	834,262	1,096,358
	LANDSTAR SYS INC	Equity	N/A	N/A	886	134,982	144,329
	LAUDER ESTEE COS INC CL A	Equity	N/A	N/A	2,368	691,179	587,524
	LEGEND BIOTECH CORP-ADR	Equity	N/A	N/A	8,400	384,251	419,328
	LIFE STORAGE INC	Equity	N/A	N/A	8,850	634,673	871,725
	LINCOLN ELEC HLDGS INC	Equity	N/A	N/A	2,251	312,116	325,247
	LITTELFUSE INC	Equity	N/A	N/A	5,727	1,156,659	1,261,085
	LOCKHEED MARTIN CORP	Equity	N/A	N/A	345	159,405	167,839
	LONDON STOCK EXCHANGE GROUP	Equity	N/A	N/A	7,591	729,922	660,417
	L'OREAL	Equity	N/A	N/A	3,592	439,709	1,291,324
	LOWES COMPANIES INC	Equity	N/A	N/A	2,107	464,859	419,799
	LULULEMON ATHLETICA INC	Equity	N/A	N/A	1,875	583,914	600,713
	LVMH MOET HENNESSY LOUIS VUI	Equity	N/A	N/A	5,873	536,459	4,297,157
	M&T BK CORP	Equity	N/A	N/A	3,204	350,042	464,772
	M3 INC	Equity	N/A	N/A	38,500	1,893,743	1,049,627
	MARKEL GROUP INC	Equity	N/A	N/A	175	225,778	230,561
	MARKETAXESS HLDGS INC	Equity	N/A	N/A	414	117,767	115,460
	MARRIOTT VACATIONS WORLDWIDE CORP	Equity	N/A	N/A	4,100	615,520	551,819
	MARTIN MARIETTA MATLS INC	Equity	N/A	N/A	1,825	539,886	616,795
	MARVELL TECHNOLOGY GROUP LTD	Equity	N/A	N/A	14,300	744,919	529,672
	MASIMO CORPORATION	Equity	N/A	N/A	789	112,109	116,733
	MCKESSON CORPORATION	Equity	N/A	N/A	1,381	444,179	518,041
	MERCADOLIBRE INC	Equity	N/A	N/A	1,219	1,461,753	1,031,567
	MERCK & CO INC	Equity	N/A	N/A	31,000	2,092,911	3,439,450
	META PLATFORMS INC	Equity	N/A	N/A	18,132	3,961,640	2,182,005
	METLIFE INC.	Equity	N/A	N/A	45,800	2,908,849	3,314,546
	METTLER TOLEDO INTL INC	Equity	N/A	N/A	105	125,072	151,772
	MICHELIN (CGDE)	Equity	N/A	N/A	29,774	816,150	828,180
	MICROCHIP TECHNOLOGY INC	Equity	N/A	N/A	10,700	573,283	751,675
	MICROSOFT CORP	Equity	N/A	N/A	23,816	4,664,278	5,711,553
	MID AMER APT CMNTYS INC	Equity	N/A	N/A	9,138	1,061,854	1,434,575
	MOLINA HEALTHCARE INC	Equity	N/A	N/A	1,278	396,709	422,021
	MONOLITHIC POWER SYSTEMS INC	Equity	N/A	N/A	281	103,545	99,364
	MONOLITHIC POWER SYSTEMS INC	Equity	N/A	N/A	1,475	341,266	521,575
	MONSTER BEVERAGE CORPORATION	Equity	N/A	N/A	3,464	292,667	351,700
	MOTOROLA SOLUTIONS INC	Equity	N/A	N/A	13,500	3,231,064	3,479,085
	NASDAQ INC	Equity	N/A	N/A	6,600	388,640	404,910
	NETAPP INC	Equity	N/A	N/A	3,631	251,945	218,078
	NETFLIX INC	Equity	N/A	N/A	932	196,136	274,828
	NEW FORTRESS INC	Equity	N/A	N/A	909	43,639	38,560
	NEXT GROUP PLC	Equity	N/A	N/A	11,839	686,000	831,003
	NICE LTD	Equity	N/A	N/A	4,052	856,362	779,200

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

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

DECEMBER 31, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-1178032
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	NICE LTD	Equity	N/A	N/A	3,150	$ 629,889	$ 605,745
	NORDSON CORPORATION	Equity	N/A	N/A	461	106,658	109,589
	NORDSON CORPORATION	Equity	N/A	N/A	2,250	455,201	534,870
	NORTHROP GRUMMAN CORPORATION	Equity	N/A	N/A	395	198,032	215,516
	NORTHROP GRUMMAN CORPORATION	Equity	N/A	N/A	6,300	2,199,606	3,437,343
	NOVARTIS AG	Equity	N/A	N/A	16,751	937,492	1,514,320
	NOVO NORDISK	Equity	N/A	N/A	31,878	862,772	4,351,666
	NOVOCURE	Equity	N/A	N/A	2,026	156,980	148,607
	NVIDIA CORP	Equity	N/A	N/A	20,923	3,880,890	3,057,687
	O REILLY AUTOMOTIVE INC	Equity	N/A	N/A	1,575	703,043	1,329,347
	OBIC CO LTD	Equity	N/A	N/A	6,500	908,701	961,330
	OCCIDENTAL PETROLEUM CORP	Equity	N/A	N/A	4,613	326,278	290,573
	OLD DOMINION FGHT LINES INC	Equity	N/A	N/A	1,892	551,397	536,912
	ON SEMICONDUCTOR CORPORATION	Equity	N/A	N/A	2,999	199,998	187,048
	ONEOK INC NEW	Equity	N/A	N/A	2,031	132,546	133,437
	ORACLE CORP	Equity	N/A	N/A	17,276	1,411,078	1,412,140
	ORACLE CORP	Equity	N/A	N/A	39,900	3,025,000	3,261,426
	OTIS WORLDWIDE CORP-W/I	Equity	N/A	N/A	1,893	130,347	148,241
	PALO ALTO NETWORKS INC	Equity	N/A	N/A	6,700	1,140,609	934,918
	PARKER HANNIFIN CORP	Equity	N/A	N/A	4,422	1,117,863	1,286,802
	PAYCHEX INC	Equity	N/A	N/A	3,929	518,088	454,035
	PAYLOCITY HOLDING CORP	Equity	N/A	N/A	2,925	597,771	568,211
	PINNACLE FINANCIAL	Equity	N/A	N/A	15,748	682,479	1,155,903
	PINTEREST INC- CLASS A	Equity	N/A	N/A	18,000	479,635	437,040
	PIONEER NAT RES CO	Equity	N/A	N/A	6,189	586,885	1,413,506
	PIONEER NAT RES CO	Equity	N/A	N/A	709	163,213	161,929
	PIONEER NAT RES CO	Equity	N/A	N/A	2,300	521,278	525,297
	PLUG POWER INC	Equity	N/A	N/A	6,386	95,988	78,995
	POOL CORP	Equity	N/A	N/A	590	264,908	178,375
	POOL CORP	Equity	N/A	N/A	2,300	752,041	695,359
	PROGRESSIVE CORP OHIO	Equity	N/A	N/A	1,009	129,869	130,877
	PTC INC	Equity	N/A	N/A	2,631	284,665	315,825
	PUBLIC SERVICE ENTERPRISE GROUP INC	Equity	N/A	N/A	20,625	943,113	1,263,694
	QUALCOMM	Equity	N/A	N/A	10,095	1,211,604	1,260,292
	QUANTA SVCS INC	Equity	N/A	N/A	990	135,846	141,075
	QUEST DIAGNOSTICS INC	Equity	N/A	N/A	7,366	815,731	1,152,337
	RAYTHEON TECHNOLOGIES CORP COM	Equity	N/A	N/A	35,100	3,087,143	3,542,292
	RECKITT BENCKISER GROUP PLC	Equity	N/A	N/A	14,346	1,072,537	1,006,056
	RECRUIT HOLDINGS CO LTD	Equity	N/A	N/A	51,179	1,594,453	1,658,711
	REGAL REXNORD CORPORATION	Equity	N/A	N/A	11,077	1,591,640	1,329,018
	REGENERON PHARMACEUTICALS INC	Equity	N/A	N/A	635	395,850	458,146
	RENAISSANCE HOLDINGS LTD	Equity	N/A	N/A	5,300	768,460	976,419
	REPSOL SA	Equity	N/A	N/A	35,150	614,346	558,749
	RESMED INC	Equity	N/A	N/A	3,600	912,211	749,268
	RIO TINTO PLC	Equity	N/A	N/A	26,811	1,552,025	1,879,324
	ROBERT HALF INTERNATIONAL INC	Equity	N/A	N/A	4,443	474,710	328,027
	ROCKWELL AUTOMATION INC	Equity	N/A	N/A	1,550	314,410	399,234
	ROLLINS INC	Equity	N/A	N/A	10,990	369,114	401,575
	ROSS STORES INC	Equity	N/A	N/A	6,300	520,399	731,241
	ROYALTY PHARMA PLC- CL A	Equity	N/A	N/A	16,200	593,873	640,224
	SAFRAN SA	Equity	N/A	N/A	16,235	1,356,137	2,055,059
	SAIA INC	Equity	N/A	N/A	3,991	1,051,064	836,833
	SAMSARA INC-CL A	Equity	N/A	N/A	17,300	345,681	215,039
	SAMSUNG ELECTRONICS LTD	Equity	N/A	N/A	45,014	1,149,595	1,968,584

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

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

DECEMBER 31, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-1178032
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	SANOFI	Equity	N/A	N/A	12,817	$ 934,555	$ 1,233,957
	SAP SE	Equity	N/A	N/A	6,214	376,968	644,081
	SBA COMMUNICATIONS CORP	Equity	N/A	N/A	704	230,419	197,338
	SBA COMMUNICATIONS CORP	Equity	N/A	N/A	3,225	571,440	904,000
	SCHWAB CHARLES CORP NEW	Equity	N/A	N/A	3,099	227,981	258,023
	SEALED AIR CORP	Equity	N/A	N/A	4,466	270,547	222,764
	SHELL PLC	Equity	N/A	N/A	41,425	249,681	1,139,188
	SHIMANO INC	Equity	N/A	N/A	4,500	700,752	699,750
	SHOPIFY INC	Equity	N/A	N/A	25,140	2,616,854	872,609
	SIEMENS AG	Equity	N/A	N/A	14,300	1,270,391	1,967,537
	SIGNATURE BK NEW YORK N Y	Equity	N/A	N/A	3,100	751,039	357,182
	SMARTSHEET INC	Equity	N/A	N/A	7,700	520,164	303,072
	SMITH A O CORP COMMON	Equity	N/A	N/A	10,400	544,228	595,296
	SNAP ON INC	Equity	N/A	N/A	3,766	521,674	860,493
	SNOWFLAKE INC-CLASS A	Equity	N/A	N/A	3,174	535,068	455,596
	SONY CORP	Equity	N/A	N/A	9,900	675,394	748,836
	STARBUCKS CORP	Equity	N/A	N/A	4,358	343,202	432,314
	STELLANTIS NV	Equity	N/A	N/A	54,831	791,720	778,600
	STMICROELECTRONICS NV	Equity	N/A	N/A	49,561	1,486,583	1,764,372
	SYNCHRONY FINANCIAL	Equity	N/A	N/A	34,575	1,108,069	1,136,135
	SYNOPSYS INC	Equity	N/A	N/A	3,025	638,893	965,852
	SYSCO CORP	Equity	N/A	N/A	2,002	169,210	153,053
	TAIWAN SEMICONDUCTOR MTG CO ADR	Equity	N/A	N/A	29,352	390,789	2,186,430
	TAKE TWO INTERACTIVE SOFTWARE CDT	Equity	N/A	N/A	2,575	319,336	268,135
	TARGET CORP	Equity	N/A	N/A	5,013	916,391	747,138
	TELEPERFORMANCE	Equity	N/A	N/A	2,517	699,930	590,438
	TENET HEALTHCARE CORP	Equity	N/A	N/A	18,382	981,940	896,858
	TERUMO CORP	Equity	N/A	N/A	16,500	637,966	476,091
	TESLA INC	Equity	N/A	N/A	17,591	3,920,926	2,166,859
	THE CIGNA GROUP	Equity	N/A	N/A	9,400	1,943,087	3,114,596
	THE HERSHEY COMPANY	Equity	N/A	N/A	2,397	506,631	555,073
	TJX COMPANIES INC NEW	Equity	N/A	N/A	43,600	3,127,534	3,470,560
	TOPBUILD CORP	Equity	N/A	N/A	677	105,881	105,944
	TORO CO	Equity	N/A	N/A	1,613	139,175	182,592
	TOTAL SE	Equity	N/A	N/A	19,742	1,184,226	1,260,922
	TPG INC	Equity	N/A	N/A	15,400	462,569	428,582
	TRACTOR SUPPLY CO	Equity	N/A	N/A	2,675	574,664	601,795
	TRANE TECHNOLOGIES PLC	Equity	N/A	N/A	1,354	209,158	227,594
	TRUIST FINANCIAL CORP	Equity	N/A	N/A	67,800	3,803,162	2,917,434
	TYLER TECHNOLOGIES INC	Equity	N/A	N/A	1,700	704,332	548,097
	ULLICO INC CLASS A	Equity	N/A	N/A	154,969	3,697,809	4,322,845
	ULTA BEAUTY INC	Equity	N/A	N/A	594	239,861	278,628
	UNITED PARCEL SERVICE CL B	Equity	N/A	N/A	6,650	1,381,341	1,156,036
	UNITED RENTALS INC	Equity	N/A	N/A	1,263	382,202	448,895
	UNITY SOFTWARE INC	Equity	N/A	N/A	3,214	122,613	91,888
	UNIVAR SOLUTIONS INC	Equity	N/A	N/A	50,171	1,352,600	1,595,438
	US BANCORP DEL COM NEW	Equity	N/A	N/A	65,300	3,804,809	2,847,733
	VEEVA SYSTEMS INC-CLASS A	Equity	N/A	N/A	737	123,278	118,937
	VEEVA SYSTEMS INC-CLASS A	Equity	N/A	N/A	3,500	648,592	564,830
	VERISK ANALYTICS INC	Equity	N/A	N/A	4,325	598,251	763,017
	VERIZON COMMUNICATIONS INC	Equity	N/A	N/A	76,800	3,796,725	3,025,920
	VICTORIA'S SECRET & CO	Equity	N/A	N/A	1,623	62,878	58,071
	VMWARE INC CLASS A	Equity	N/A	N/A	2,902	337,350	356,250
	VOLKSWAGEN AG PFD	Equity	N/A	N/A	2,613	358,193	322,235

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

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

DECEMBER 31, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-1178032
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	VULCAN MATERIALS CO	Equity	N/A	N/A	9,247	$ 1,120,776	$ 1,619,242
	WASTE CONNECTIONS INC	Equity	N/A	N/A	10,000	957,347	1,325,600
	WATERS CORP	Equity	N/A	N/A	2,906	963,358	995,537
	WEST PHARMACEUTICAL SVCS INC	Equity	N/A	N/A	1,137	438,985	267,593
	WEX INC	Equity	N/A	N/A	2,500	416,124	409,125
	WIX.COM LTD	Equity	N/A	N/A	8,960	1,606,209	688,397
	WOLTERS KLUWER NV EUR	Equity	N/A	N/A	7,509	557,527	797,914
	WOODSIDE ENERGY GROUP LTD	Equity	N/A	N/A	10,757	229,447	259,560
	WORLDLINE SA	Equity	N/A	N/A	6,630	506,685	253,399
	WPP PLC	Equity	N/A	N/A	84,176	911,171	834,677
	XERO LIMITED	Equity	N/A	N/A	19,834	988,607	948,926
	Total Common and Preferred Stocks					330,336,159	356,575,537
	Mutual Funds						
	VANGUARD REIT INDEX FUND	RIC	N/A	N/A	1,063,344	20,782,002	20,537,301
	Common/Collective Funds						
	BNY MELLON AFL-CIO SL STOCK INDEX FUND	CCT	N/A	N/A	6,071,016	58,348,641	76,373,382
	INVESCO BALANCED RISK ALLOCATION FUND	CCT	N/A	N/A	1,753,063	40,529,571	45,071,240
	JP MORGAN EMERGING MARKETS EQUITY FUND	CCT	N/A	N/A	1,226,994	28,000,000	30,687,117
	LOOMIS SAYLES HIGH YIELD CONSERVATIVE	CCT	N/A	N/A	2,158,895	17,910,964	54,123,491
	MULTI-EMPLOYER PROPERTY TRUST	CCT	N/A	N/A	3,641	4,919,920	56,301,509
	ULLICO J FOR JOBS	PSA	N/A	N/A	874,458	12,390,192	14,903,971
	TITANIUM STOCK FUND	CCT	N/A	N/A	3,348,987	13,000,000	19,207,904
	WTC CIF SMALL CAP 2000 FUND	CCT	N/A	N/A	4,031,037	27,615,604	76,347,839
	Total Common/Collective Funds					202,714,892	373,016,453
	Partnerships						
	CORBIN PRIVATE CREDIT MANAGER FUND II, L.P.	LP	N/A	N/A	N/A	6,000,000	6,305,803
	GERDING EDLEN GREEN CITIES IV LP	LP	N/A	N/A	N/A	15,767,282	15,464,455
	GROSVENOR SECONDARY OPPORTUNITIES FUND II	LP	N/A	N/A	N/A	5,323,446	9,285,571
	HARRISON STREET REAL ESTATE PARTNERS VI, L.P.	LP	N/A	N/A	N/A	2,939,124	6,046,095
	IIF ERISA HEDGED LP	LP	N/A	N/A	N/A	29,000,000	34,269,173
	LANDMARK EQUITY PARTNERS XVI, L.P.	LP	N/A	N/A	N/A	3,863,017	8,182,641
	LEEDS EQUITY PARTNERS IV, LP	LP	N/A	N/A	N/A	10,000	38,340
	MC CREDIT FUND IV SM L.P.	LP	N/A	N/A	N/A	6,390,305	6,414,120
	MESIROW REAL ESTATE VALUE II, L.P.	LP	N/A	N/A	N/A	2,487,451	3,251,550
	MESIROW REAL ESTATE VALUE III, L.P.	LP	N/A	N/A	N/A	7,950,648	12,218,028
	MESIROW FINANCIAL PRIVATE EQUITY VII-A L.P.	LP	N/A	N/A	N/A	7,100,681	12,018,852
	MESIROW FINANCIAL PRIVATE EQUITY VII-B L.P.	LP	N/A	N/A	N/A	2,734,962	20,513,485
	MESIROW FINANCIAL PRIVATE EQUITY VIII-A L.P.	LP	N/A	N/A	N/A	3,450,000	3,570,409
	MESIROW FINANCIAL PRIVATE EQUITY VIII-B L.P.	LP	N/A	N/A	N/A	3,300,000	3,376,690
	NEUBERGER BERMAN PRIVATE DEBT FUND III L.P.	LP	N/A	N/A	N/A	21,772,671	26,509,582
	NEUBERGER BERMAN PRIVATE DEBT FUND IV L.P.	LP	N/A	N/A	N/A	9,244,197	9,677,491
	PALADIN CAPITAL PARTNER FUND, L.P.	LP	N/A	N/A	N/A	32,861,896	-
	PALADIN HOMELAND SECURITY FUND, L.P.	LP	N/A	N/A	N/A	16,834,580	-
	POTOMAC ENERGY FUND, L.P.	LP	N/A	N/A	N/A	4,992,736	-
	SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND V, L.P.	LP	N/A	N/A	N/A	1,691,652	1,912,742
	ULLICO INFRASTRUCTURE FUND L.P.	LP	N/A	N/A	N/A	6,480,278	8,005,898
	Total Partnerships					190,194,926	187,060,925
	Total United States Investments					895,877,836	1,069,972,886

U.A. LOCAL UNION OFFICERS AND EMPLOYEES PENSION FUND

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

DECEMBER 31, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-1178032
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares: Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	Canadian Investments						
	Short-Term						
	Royal Trust, Toronto						
	FIERA CASH IN ACTION FUND	Money Market	N/A	N/A	N/A	$ 3,031,290	$ 3,031,290
	Fixed Income - Collective Holdings						
	Royal Trust, Toronto						
	FIERA INTEGRATED FIXED INCOME UNIVERSE FUND	CCT	N/A	N/A	N/A	7,305,672	7,849,882
	Equity - Collective Holdings						
	Royal Trust, Toronto						
	FIERA CANADIAN EQUITY CORE II FUND	CCT	N/A	N/A	N/A	2,544,584	5,002,363
	FIERA GLOBAL EQUITY FUND	CCT	N/A	N/A	N/A	8,144,892	6,918,532
	Total Equity - Collective Holdings					10,689,476	11,920,895
	Total Canadian Investments					21,026,438	22,802,067
	Total Assets (Held at End of Year)					$ 916,904,274	$ 1,092,774,953

Schedule MB, line 8b(2) - Schedule of Active Participant Data

Average Compensation and Average Monthly Accrued Benefit

The participant data is for the year ended December 31, 2021

			Pension Credits									
Age		**Total**	**Under 1**	**1 - 4**	**5- 9**	**10 -14**	**15 - 19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 & over**
Under 25	**Count**	**11**	3	7	1	-	-	-	-	-	-	-
	Avg. Comp.	**-**	-	-	-	-	-	-	-	-	-	-
	Avg. Mon. Ben.	**-**	-	-		-	-	-	-	-	-	-
25 - 29	**Count**	**33**	6	21	6	-	-	-	-	-	-	-
	Avg. Comp.	**$52,001**	-	$59,731								
	Avg. Mon. Ben.	**$347**	-	$321	-	-	-	-	-	-	-	-
30 - 34	**Count**	**92**	19	48	21	4	-	-	-	-	-	-
	Avg. Comp.	**$72,847**	-	$84,424	$71,661	-	-	-	-	-	-	-
	Avg. Mon. Ben.	**$502**	-	$406	$888	-	-	-	-	-	-	-
35 - 39	**Count**	**169**	33	87	32	15	2	-	-	-	-	-
	Avg. Comp.	**$84,914**	$48,441	$98,450	$94,340	-	-	-	-	-	-	-
	Avg. Mon. Ben.	**$719**	$48	$569	$1,273	-	-	-	-	-	-	-
40 - 44	**Count**	**263**	40	123	62	25	9	4	-	-	-	-
	Avg. Comp.	**$97,862**	$59,744	$106,475	$112,842	$93,889	-	-	-	-	-	-
	Avg. Mon. Ben.	**$997**	$62	$582	$1,562	$2,153	-	-	-	-	-	-
45 - 49	**Count**	**306**	27	109	97	39	20	10	4	-	-	-
	Avg. Comp.	**$104,400**	$51,662	$114,084	$112,918	$108,613	$96,821	-	-	-	-	-
	Avg. Mon. Ben.	**$1,453**	$48	$702	$1,534	$2,529	$3,562	-	-	-	-	-
50 - 54	**Count**	**354**	26	109	88	68	39	13	6	4	1	-
	Avg. Comp.	**$108,075**	$49,259	$108,581	$118,201	$115,208	$118,051	-	-	-	-	-
	Avg. Mon. Ben.	**$1,993**	$45	$673	$1,702	$2,788	$4,410	-	-	-	-	-
55 - 59	**Count**	**346**	19	72	97	60	61	26	6	3	2	-
	Avg. Comp.	**$113,079**	-	$108,615	$124,282	$115,430	$122,736	$116,112	-	-	-	-
	Avg. Mon. Ben.	**$2,552**	-	$683	$1,813	$2,917	$4,579	$5,642	-	-	-	-
60 - 64	**Count**	**189**	5	21	54	43	36	18	8	1	2	1
	Avg. Comp.	**$114,560**	-	$112,844	$111,301	$116,169	$124,534	-	-	-	-	-
	Avg. Mon. Ben.	**$3,081**	-	$829	$1,690	$3,010	$4,632	-	-	-	-	-
65 - 69	**Count**	**50**	2	7	18	4	9	4	3	2	1	-
	Avg. Comp.	**$116,372**	-	-	-	-	-	-	-	-	-	-
	Avg. Mon. Ben.	**$3,348**	-	-	-	-	-	-	-	-	-	-
70 & over	**Count**	**4**	-	-	-	3	-	1	-	-	-	-
	Avg. Comp.	**-**	-	-	-	-	-	-	-	-	-	-
	Avg. Mon. Ben.	**-**	-	-	-	-	-	-	-	-	-	-
Total	**Count**	**1,817**	180	604	476	261	176	76	27	10	6	1
	Avg. Comp.	**$102,505**	**$49,262**	**$103,360**	**$112,182**	**$110,436**	**$114,607**	**$107,921**	**$99,729**	**-**	**-**	**-**
	Avg. Mon. Ben.	**$1,786**	**$49**	**$611**	**$1,593**	**$2,717**	**$4,267**	**$5,269**	**$5,526**	**-**	**-**	**-**

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/2002	$61,117,396	10	$8,132,469
Actuarial Loss	01/01/2008	656,373	1	656,373
Actuarial Loss	01/01/2009	4,709,473	2	2,434,365
Investment Loss Subject to Relief	01/01/2009	93,296,699	16	9,230,065
Change in Actuarial Assumptions	01/01/2011	2,991,266	4	825,333
Investment Loss Subject to Relief	01/01/2011	46,283,892	16	4,578,976
Actuarial Loss	01/01/2012	20,801,604	5	4,741,418
Change in Actuarial Assumptions	01/01/2013	2,971,884	6	582,700
Actuarial Loss	01/01/2015	5,128,130	8	802,614
Plan Amendment	01/01/2015	13,128,042	8	2,054,695
Change in Actuarial Assumptions	01/01/2016	6,712,175	9	962,830
Plan Amendment	01/01/2016	8,430,218	9	1,209,275
Actuarial Loss	01/01/2016	8,979,576	9	1,288,078
Actuarial Loss	01/01/2017	11,713,657	10	1,558,655
Actuarial Loss	01/01/2018	10,652,324	11	1,327,627
Plan Amendments	01/01/2019	10,707,444	12	1,259,896
Change in Actuarial Assumptions	01/01/2019	14,292,647	12	1,681,750
Actuarial Loss	01/01/2019	21,839,438	12	2,569,746
Plan Amendment	01/01/2021	11,819,982	14	1,263,136
Plan Amendment	01/01/2022	13,230,045	15	1,357,559
Change in Actuarial Assumptions	01/01/2022	25,611,178	15	2,628,009
Total		**$395,073,443**		**$51,145,569**

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Actuarial Assumptions	01/01/2005	$14,873,826	13	$1,663,239
Change in Actuarial Assumptions	01/01/2007	955,265	15	98,021
Change in Asset Method	01/01/2009	36,056,216	17	3,451,463
Actuarial Gain	01/01/2010	35,665	3	12,701
Investment Loss Subject to Relief	01/01/2010	28,332,104	16	2,802,963
Plan Amendment	01/01/2011	3,735,626	4	1,030,712
Actuarial Gain	01/01/2011	7,740,739	4	2,135,779
Actuarial Gain	01/01/2013	3,132,187	6	614,131
Actuarial Gain	01/01/2014	371,574	7	64,436
Change in Actuarial Assumptions	01/01/2015	3,430,107	8	536,853
Change in Actuarial Assumptions	01/01/2017	977,879	10	130,120
Change in Actuarial Assumptions	01/01/2018	170,449	11	21,244
Actuarial Gain	01/01/2020	10,082,396	13	1,127,446
Change in Actuarial Assumptions	01/01/2021	2,275,653	14	243,186
Actuarial Gain	01/01/2021	27,851,789	14	2,976,366
Actuarial Gain	01/01/2022	44,454,480	15	4,561,554
Total		**$184,475,964**		**$21,470,214**

Section 3: Certificate of Actuarial Valuation

FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary, Steven Loomis, ASA, FCA, MAAA, EA.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.43% to 2.22% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumptions were changed: • Net investment return lowered to 7.00%, previously 7.25% • Administrative expenses lowered to $1,300,000, previously $1,350,000

Exhibit J: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates

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

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

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

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

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

Annuitant Mortality Rates

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

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

Section 3: Certificate of Actuarial Valuation

Termination Rates

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

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

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

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

Salary Scale

4.50% per year

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

Retirement Rates for Active Participants

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

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

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

Description of Weighted Average Retirement Age

Age 61.0, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2022 actuarial valuation.

Retirement Rates for Inactive Vested Participants	After two years of service, based on age as follows: **Age** / **Annual Retirement Rates** 55 — 15% 56 – 57 — 5% 58 – 59 — 10% 60 — 45% 61 — 25% 62 — 50% 63 – 64 — 20% 65 – 66 — 25% 67 – 69 — 20% 70 — 100% The retirement rates for inactive vested participants were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the most recent six years.
Future Benefit Accruals	One service credit per year per active participant included in the valuation.
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male. If unknown, salary amounts are assumed to increase by the salary scale assumption from the last available.
Definition of Active Participants	Active participants are defined as those who are employed on December 31, 2021, excluding those who have terminated or retired as of the valuation date.
Exclusion of Inactive Vested Participants	Inactive participants over age 75 are excluded from the valuation. The exclusion of inactive vested participants over age 75 was based on historical and current data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.
Percent Married	45% of females and 75% of males
Spouse Demographics	Male participants are assumed to have female spouses and female participants are assumed to have male spouses. Female spouses are assumed to be three years younger than their male spouses.

Section 3: Certificate of Actuarial Valuation

Benefit Election	Married participants are assumed to elect the 100% joint and survivor with pop-up form of payment at retirement and non-married participants are assumed to elect an unreduced 5-year certain and life benefit. The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent eight years.
Delayed Retirement Factors	Inactive vested participants who are assumed to commence receipt of benefits after attaining age 62 qualify for delayed retirement increases.
Net Investment Return	7.00% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	$1,300,000 for the year beginning January 1, 2022, or 6.3% of Normal Cost. The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Derivation of Assets (Schedule MB, line 1b)	The assets shown on Schedule MB, Line 1b represent the portion of total assets allocable to the U.S. participants of this pension plan.
Current Value of Assets (Schedule MB, line 2a)	The current value of assets shown on Schedule MB, Line 2a excludes $139,180,387 attributable to the Canadian Plan.
Actuarial Value of Assets	Smoothed Market Value with phase-in (IRS Method 16 of Revenue Procedure 2000-40) – the market value of assets less unrecognized returns in each of the last three years. Unrecognized return is equal to the difference between actual market return and the expected return (at the actuarially assumed rate) on the market value, and is recognized over a four-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Entry Age Normal Actuarial Cost Method. Entry Age is the age at which the participant would have commenced participation if the Plan had always been in existence. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by salary up to the Plan maximum, with Normal Cost determined as if the current benefit accrual rate had always been in effect. Employees are counted as 'active' if employed on the valuation date.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit K.
Current Liability Assumptions	*Interest:* 2.22%, within the permissible range prescribed under IRC Section 431(c)(6)(E) *Mortality:* Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally using scale MP-2020 (previously, MP-2019)
Estimated Rate of Investment Return	*On actuarial value of assets (Schedule MB, line 6g):* 12.0%, for the Plan Year ending December 31, 2021 *On current (market) value of assets (Schedule MB, line 6h):* 17.00%, for the Plan Year ending December 31, 2021

Section 3: Certificate of Actuarial Valuation

FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary, Steven Loomis, ASA, FCA, MAAA, EA.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.43% to 2.22% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumptions were changed: • Net investment return lowered to 7.00%, previously 7.25% • Administrative expenses lowered to $1,300,000, previously $1,350,000

Withdrawal liability assumptions

- The actuarial assumptions and methods are reasonable (taking into account the experience of the Plan and reasonable expectations) and, in combination, represent the actuary's best estimate of anticipated experience under the Plan to determine the unfunded vested benefits for withdrawal liability purposes.
- The present value of vested benefits is based on a blend of two liability calculations. The first calculation uses discount rates selected based on estimated annuity purchase rates available for benefits being settled, because withdrawal liability is a final settlement of an employer's obligation to the Plan. The second calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets. For benefits that could be settled immediately, because assets on hand are sufficient, the first calculation is used: annuity purchase rates promulgated by PBGC under ERISA Sec. 4044 for multiemployer plans terminating by mass withdrawal on the measurement date. For benefits that cannot be settled immediately because they are not currently funded, the calculation uses the second calculation: the interest rate used for plan funding calculations.

Interest	For liabilities up to market value of assets, 2.40% for 20 years and 2.11% beyond (1.62% for 20 years and 1.40% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding as of December 31, 2021 (the corresponding funding rate as of a year earlier was used for the prior year's value).
Administrative Expenses	Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding as of December 31, 2021 (the corresponding mortality rates as of a year earlier were used for the prior year's value).
Retirement Rates	Same as used for plan funding as of December 31, 2021 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

- The net investment return assumption change made as of the beginning of the current year for minimum funding will be reflected in the end of the current year's unfunded present value of vested benefits for purposes of withdrawal liability.

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2022	$4,329,506	$734,556	$72,587,671	$77,651,733
2023	7,750,026	1,351,840	71,352,350	80,454,216
2024	10,818,102	1,829,355	70,007,528	82,654,985
2025	13,568,896	2,349,575	68,562,351	84,480,822
2026	15,988,774	2,919,958	67,016,663	85,925,395
2027	17,941,503	3,434,171	65,371,570	86,747,244
2028	19,662,279	3,877,553	63,662,596	87,202,428
2029	21,193,991	4,280,052	61,859,924	87,333,967
2030	22,571,672	4,650,725	59,963,612	87,186,009
2031	23,768,473	5,002,099	57,974,960	86,745,532
2032	24,795,872	5,316,048	55,896,641	86,008,561
2033	25,701,220	5,640,552	53,732,837	85,074,609
2034	26,497,965	5,864,217	51,489,351	83,851,533
2035	27,205,206	6,024,832	49,173,573	82,403,611
2036	27,777,473	6,166,690	46,794,522	80,738,685
2037	28,258,956	6,277,633	44,362,535	78,899,124
2038	28,614,601	6,360,742	41,888,848	76,864,191
2039	28,885,318	6,399,277	39,385,527	74,670,122

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are convered by the Plan.
- Benefits are paid in the form assumed with valuation.

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2040	$29,070,876	$6,417,029	$36,865,388	$72,353,293
2041	29,168,502	6,424,716	34,341,883	69,935,101
2042	29,182,392	6,389,337	31,829,042	67,400,771
2043	29,075,269	6,339,636	29,341,018	64,755,923
2044	28,881,219	6,276,657	26,891,926	62,049,802
2045	28,591,867	6,190,843	24,495,856	59,278,566
2046	28,220,799	6,090,681	22,166,604	56,478,084
2047	27,746,000	5,976,947	19,917,614	53,640,561
2048	27,195,702	5,843,089	17,762,013	50,800,804
2049	26,554,791	5,691,660	15,712,409	47,958,860
2050	25,825,088	5,519,142	13,780,677	45,124,907
2051	25,021,949	5,334,522	11,977,390	42,333,861
2052	24,135,369	5,129,396	10,311,316	39,576,081
2053	23,182,713	4,907,916	8,789,058	36,879,687
2054	22,155,647	4,668,098	7,414,547	34,238,292
2055	21,082,236	4,414,697	6,188,732	31,685,665
2056	19,965,597	4,149,311	5,109,580	29,224,488
2057	18,814,945	3,875,745	4,172,220	26,862,910

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are convered by the Plan.
- Benefits are paid in the form assumed with valuation.

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2058	$17,645,998	$3,595,187	$3,369,183	$24,610,368
2059	16,468,826	3,312,354	2,690,879	22,472,059
2060	15,292,695	3,030,442	2,126,094	20,449,231
2061	14,131,045	2,753,019	1,662,516	18,546,580
2062	12,992,686	2,482,121	1,287,382	16,762,189
2063	11,890,220	2,221,429	988,021	15,099,670
2064	10,828,294	1,972,924	752,322	13,553,540
2065	9,814,855	1,739,043	569,104	12,123,002
2066	8,855,145	1,521,301	428,364	10,804,810
2067	7,953,116	1,320,852	321,397	9,595,365
2068	7,110,327	1,138,339	240,827	8,489,493
2069	6,327,595	973,955	180,562	7,482,112
2070	5,605,352	827,489	135,682	6,568,523
2071	4,942,647	698,374	102,317	5,743,338

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are convered by the Plan.
- Benefits are paid in the form assumed with valuation.

Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	$46,488,992	-	$46,488,992
2023	$47,651,217	-	$47,651,217
2024	$48,842,497	-	$48,842,497
2025	$50,063,559	-	$50,063,559
2026	$51,315,148	-	$51,315,148
2027	$52,598,027	-	$52,598,027
2028	$53,912,978	-	$53,912,978
2029	$55,260,802	-	$55,260,802
2030	$56,642,322	-	$56,642,322
2031	$58,058,380	-	$58,058,380

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2022

This Form is Open to Public Inspection

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: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)

B This return/report is: [ ] a single-employer plan [ ] a DFE (specify) _____
[ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ [X]

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

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

Part II Basic Plan Information - enter all requested information

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

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 12/28/1966

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

THREE PARK PLACE

ANNAPOLIS MD 21401-3687

2b Employer Identification Number (EIN) 52-1178032

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

2d Business code (see instructions) 525100

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

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

SIGN HERE	Signature of plan administrator	Date: 10/06/2023	Enter name of individual signing as plan administrator: MARK MCMANUS
SIGN HERE	Signature of employer/plan sponsor	Date: 10/06/2023	Enter name of individual signing as employer or plan sponsor: PATRICK H. KELLETT
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

218401 12-08-22

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	5,597
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1,768
a (2)	Total number of active participants at the end of the plan year	**6a(2)**	1,846
b	Retired or separated participants receiving benefits	**6b**	2,614
c	Other retired or separated participants entitled to future benefits	**6c**	654
d	Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	5,114
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	553
f	Total. Add lines **6d** and **6e**	**6f**	5,667
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	319

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

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

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

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

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

a Pension Schedules
- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

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

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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.

A Name of plan
UNITED ASSN FULL-TIME SAL OFF & EMP OF LOCL UNIONS

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
52-1178032

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

1a Enter the valuation date: Month 01 Day 01 Year 2022

b	Assets		
(1)	Current value of assets	**1b(1)**	1,163,149,402
(2)	Actuarial value of assets for funding standard account	**1b(2)**	1,034,627,319
c (1)	Accrued liability for plan using immediate gain methods	**1c(1)**	1,108,961,555
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	1,051,380,804
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	1,863,263,050
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	64,081,167
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	77,679,429
(3)	Expected plan disbursements for the plan year	**1d(3)**	79,027,700

Statement by Enrolled Actuary

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

SIGN HERE

Steven R. Loomis

Signature of actuary

10/10/2023

Date

Steven R. Loomis, ASA, FCA, MAAA

Type or print name of actuary

2306253

Most recent enrollment number

Segal

Firm name

216-687-4400

Telephone number (including area code)

1111 Superior Avenue, Suite 2340
Cleveland OH 44114-2568

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	1,163,149,402
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		3,200	1,095,621,621
(2) For terminated vested participants		668	131,484,539
(3) For active participants:			
(a) Non-vested benefits			44,301,816
(b) Vested benefits			591,855,074
(c) Total active		1,817	636,156,890
(4) Total		5,685	1,863,263,050
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	62.42 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/15/2022	48,963,261	0			

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability — **6a** 2.22 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	7P	7P
(2) Females	**6c(2)**	7FP	7FP
d Valuation liability interest rate	**6d**	7.00 %	7.00 %
e Salary scale	**6e**	4.50 % ☐ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	

(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	12.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	17.0 %
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	1,300,000
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
3	13,230,045	1,357,559
1	-44,454,480	-4,561,554
4	25,611,178	2,628,009

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

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

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

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

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

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

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

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

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

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)		**8e**	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	21,865,078
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	395,073,443	51,145,569
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	5,110,745
e Total charges. Add lines 9a through 9d		**9e**	78,121,392
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	136,263,243
g Employer contributions. Total from column (b) of line 3		**9g**	48,963,261
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	184,475,964	21,470,214
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	12,612,247
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	248,734,936	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	677,330,504	
(3) FFL credit		**9j(3)**	0
k (1) Waived funding deficiency		**9k(1)**	0
(2) Other credits		**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	219,308,965
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	141,187,573
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the 2022 plan year		**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
(3) Total as of valuation date		**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No