

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
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 10/17/1979
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) TRUSTEES OF ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND 6861 S.W. 196TH AVENUE, SUITE 402 FT LAUDERDALE, FL 33332-9711	2b Employer Identification Number (EIN) 59-1917970 2c Plan Sponsor's telephone number 954-366-0111 2d Business code (see instructions) 238210

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

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

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

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	678
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)	678
a(2) Total number of active participants at the end of the plan year		6a(2)	
b Retired or separated participants receiving benefits		6b	
c Other retired or separated participants entitled to future benefits.....		6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	
f Total. Add lines 6d and 6e		6f	0
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	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2C			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND	D Employer Identification Number (EIN) 59-1917970	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

SAWGRASS ASSET MANAGEMENT

59-3488505

(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	29934	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

LAPADULA CARLSON & CO

65-0292391

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	31892	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

FLORIDA HEALTH ADMINISTRATORS

65-0790004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 16 50	NONE	13200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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

ABS CAPITAL PARTNERS INC.

52-1853901

(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	31228	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

STANDARD VALUATION INC

790 CLEVELAND AVE SOUT
STE 220
ST PAUL, MN 55116

(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	28000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

VENABLE LAW FIRM PA

59-1824867

(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	14303	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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

SALEM TRUST COMPANY

1715 NORTH WESTSHORE BOULEVARD
TAMPA, FL 33607

(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	13200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND		B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND		D Employer Identification Number (EIN) 59-1917970	

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: AFL-CIO BUILDING INVESTMENT TRUST			
b Name of sponsor of entity listed in (a): AFL-CIO BUILDING INVESTMENT TRUST			
c EIN-PN 52-2136736-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2100242	
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLIANCE REAL ESTATE FUND			
b Name of sponsor of entity listed in (a): ASB ALLIANCE REAL ESTATE FUND			
c EIN-PN 20-0436905-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2999590	
a Name of MTIA, CCT, PSA, or 103-12 IE: IBEW NECA EQUITY INDEX FUND			
b Name of sponsor of entity listed in (a): IBEW NECA EQUITY INDEX FUND			
c EIN-PN 46-3489519-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10297808	
a Name of MTIA, CCT, PSA, or 103-12 IE: NB STRATEGIC MULTI-SECTOR TRUST FUN			
b Name of sponsor of entity listed in (a): NB STRATEGIC MULTI-SECTOR TRUST FUND			
c EIN-PN 20-4797982-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6755515	
a Name of MTIA, CCT, PSA, or 103-12 IE: TA REALTY CORE PROPERTY FUND			
b Name of sponsor of entity listed in (a): TA REALTY CORE PROPERTY FUND			
c EIN-PN 82-3085243-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3991809	
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
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND</u>	D Employer Identification Number (EIN) <u>59-1917970</u>	

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	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	812480769803
(2) Participant contributions.....		1b(2)	
(3) Other.....		1b(3)	953442094
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	12918523595409
(2) U.S. Government securities		1c(2)	2076755
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	660894
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	35460
(B) Common.....		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans.....		1c(8)	
(9) Value of interest in common/collective trusts.....		1c(9)	1269036526144964
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	6079324933777061
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	75597480	67102440

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	48458	23028
i Acquisition indebtedness	1i		
j Other liabilities	1j	23258	39960
k Total liabilities (add all amounts in lines 1g through 1j)	1k	71716	62988

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	75525764	67039452
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5610028	
(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)		5610028
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4691	
(B) U.S. Government securities	2b(1)(B)	35381	
(C) Corporate debt instruments	2b(1)(C)	24088	
(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)		64160
(2) Dividends: (A) Preferred stock	2b(2)(A)	1679	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1404114	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1405793
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	47683150	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	49845990	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-2162840
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-9664844	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-9664844

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		86130
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		5800
d Total income. Add all income amounts in column (b) and enter total	2d		-4655773
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3616807	
(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)		3616807
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)	47680	
(2) Contract administrator fees	2i(2)	24949	
(3) Investment advisory and management fees	2i(3)	110356	
(4) Other	2i(4)	30747	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		213732
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3830539
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-8486312
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: LAPADULA CARLSON & CO.

(2) EIN: 65-0292391

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF ELECTRICIANS LOCAL UNION NO. 606 PENSION-ANNUITY FUND		D Employer Identification Number (EIN) 59-1917970
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
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **WALT DISNEY WORLD CO**

b EIN **c** Dollar amount contributed by employer **608818**

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 **08** Day **31** Year **2023**

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) **3.51**

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

a Name of contributing employer **ERMCO INC /MADDOX**

b EIN **c** Dollar amount contributed by employer **670030**

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 **08** Day **31** Year **2023**

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) **2.62**

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

a Name of contributing employer **CARTER ELECTRIC CFC NECA**

b EIN **c** Dollar amount contributed by employer **362256**

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 **08** Day **31** Year **2023**

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) **2.77**

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

a Name of contributing employer **MILLER ELECTRIC CO**

b EIN **c** Dollar amount contributed by employer **350100**

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 **08** Day **31** Year **2023**

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) **2.52**

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents)

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
	b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
	c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
	b The corresponding number for the second preceding plan year.....	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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: <u>49.2</u> % Investment-Grade Debt: <u>0.0</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>14.4</u> % Other: <u>36.4</u> % 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 _____

**ELECTRICIANS LOCAL UNION NO. 606
PENSION-ANNUITY FUND
FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021
TOGETHER WITH INDEPENDENT AUDITORS' REPORT**

LAPADULA CARLSON+Co.
CERTIFIED PUBLIC ACCOUNTANTS

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Electricians Local Union No. 606
Pension-Annuity Fund
Orlando, FL

Opinion

We have audited the financial statements of the **Electricians Local Union No. 606 Pension-Annuity Fund** (the "Fund"), 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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Fund 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 ("United States").

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Fund 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 these financial statements in accordance with accounting principles generally accepted in the United States, 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 Fund's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Responsibilities of Management for the Financial Statements (continued)

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

Auditors' 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 auditing standards generally accepted in the United States will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with auditing standards generally accepted in the United States, 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 Fund'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 Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions for the year ended December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States.

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

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

LaPadula, Carlson + Co.

Coral Gables, Florida
June 30, 2023

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF

DECEMBER 31, 2022 AND 2021

ASSETS

	2022	2021
INVESTMENTS , at fair value	<u>\$ 63,140,089</u>	<u>\$ 73,487,614</u>
RECEIVABLES:		
Employers' contributions	769,803	812,480
Interest and dividends	20,666	114
Prepaid expense	13,200	-
Other	<u>8,228</u>	<u>9,420</u>
Total receivables	<u>811,897</u>	<u>822,014</u>
CASH , interest bearing accounts	<u>3,150,454</u>	<u>1,287,852</u>
Total assets	<u>67,102,440</u>	<u>75,597,480</u>

LIABILITIES

ACCOUNTS PAYABLE	23,028	48,458
RECIPROCAL PAYABLE	<u>39,960</u>	<u>23,258</u>
Total liabilities	<u>62,988</u>	<u>71,716</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 67,039,452</u></u>	<u><u>\$ 75,525,764</u></u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
ADDITIONS TO NET ASSETS AVAILABLE FOR BENEFITS WERE PROVIDED BY:		
Employers' contributions	\$ 5,610,028	\$ 5,101,320
Investment (loss) income -		
Net (depreciation) appreciation in fair value of investments	(11,827,684)	9,080,944
Interest income	1,556,083	1,269,898
Less: Investment expenses	(110,356)	(158,314)
Net investment (loss) income	(10,381,957)	10,192,528
Other income	5,800	3,908
Total (deductions) additions	(4,766,129)	15,297,756
DEDUCTIONS FROM NET ASSETS AVAILABLE FOR BENEFITS WERE ATTRIBUTABLE TO:		
Benefits paid directly to or for participants	3,616,807	4,095,295
Administrative expenses	103,376	103,613
Total deductions	3,720,183	4,198,908
(Decrease) increase in net assets available for benefits	(8,486,312)	11,098,848
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	75,525,764	64,426,916
End of year	\$ 67,039,452	\$ 75,525,764

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

(1) DESCRIPTION OF THE FUND

The following summarized description of the **Electricians Local Union No. 606 Pension-Annuity Fund** (the “Fund”) provides general information only. Participants should refer to the Summary Plan Description (“SPD”) for a complete description of the Fund and its provisions. Copies are available from Florida Health Administrators, Inc. (“FHA-TPA”), the Fund’s third-party administrator.

General

The Fund is a multi-employer defined contribution plan covering all eligible participants under the terms of various Collective Bargaining Agreements (“CBAs”). The Fund was established pursuant to an Agreement and Declaration of Trust dated October 17, 1979. The Fund is subject to and complies with the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Operations of the Fund are under the joint control of labor and management trustees.

Benefits

A retirement benefit is payable when a claim for benefits is filed by a vested participant and a participant’s service with all employers is terminated by reason of normal retirement at age 62, early retirement, total and permanent disability, death, or upon termination of the Fund.

Participants who have attained the age of 50 shall be entitled to receive an “Early Retirement” as defined by the Plan Documents.

Termination benefit

The Fund provides a distribution to participants who are vested and for whom no contributions have been made on his/her behalf during a period of 24 consecutive calendar months.

Death benefit

If a participant dies before their retirement, their spouse or designated beneficiary will receive a single life annuity payable for the remainder of their life or a lump sum payment (by election or if account balance does not exceed \$1,000).

Disability

A participant who retires due to disability is eligible for benefits upon application and proof of disability.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

(1) DESCRIPTION OF THE FUND (CONTINUED)

Benefit payments

Generally, if a participant is married, the participant automatically receives benefits in the form of a 50% joint and survivor annuity. Upon election and spousal consent, a married participant can receive benefits in the form of a 75% joint and survivor annuity, single life annuity, single-lump sum payment, or 5 or 10 annual payments.

A single participant automatically receives benefits in the form of a single life annuity and may elect to receive benefits in any of the forms available to a married participant (excluding a 75% joint and survivor annuity).

Vesting

When contributions are credited to a participant's individual account in accordance with the provisions outlined herein, the participant's interest in his/her individual account balance shall become and remain fully vested and the balance of his/her account as of each succeeding valuation date shall be nonforfeitable. Termination of employment by a participant for whom an individual account has been established shall not cause the participant to incur any type of break in service under the Fund nor to forfeit any portion of the balance of his/her individual account.

A participant is 100% vested in his/her individual account and entitled to benefits when contributions are credited to their individual account.

Participant accounts

An individual account is established for each participant consisting of all employer contributions made on his/her behalf and an allocation of the Fund's investment results. Participants share in the investment income or loss of the Fund based on the ratio of each participant's balance less withdrawals, distributions and administrative expenses. Investment income includes interest, realized gains or losses and the change in unrealized appreciation or depreciation in the fair value of investments.

Funding policy

The Fund is funded through contributions by employers working within the jurisdiction of the CBAs and through income earned by Fund investments.

For the years ended December 31, 2022 and 2021, employer contributions were 9% of employee's gross wages unless subject to a special agreement.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

(1) DESCRIPTION OF THE FUND (CONTINUED)

Reciprocal agreement

The Fund is signatory to various reciprocal agreements with certain local unions affiliated with the International Brotherhood of Electrical Workers. Frequently, employees who are normally employed within the territory of one local union may be temporarily employed within the territory of another local union.

Eligibility for benefits is generally determined from an employee having worked a specified number of hours during a stated period of time. To prevent deprivation of benefits to participants solely because of temporary employment within the jurisdiction of a local union other than their home local union, the reciprocal agreement provides the following:

- When a member of the home local union works within the territory of a reciprocating local union, the latter is to make contributions to the former's fringe benefit funds on the participant's behalf. This is represented by a receipt in the records of the home local union's trust funds.
- The monies received by the Fund on behalf of members of participating local unions are forwarded to his/her home local fringe benefit trust funds and are not reflected as contribution income in the accompanying financial statements.

Termination

Although there is no intent to do so, the Trust agreement provides for termination of the Fund subject to the provisions of the agreement and ERISA. Should the Fund terminate, the assets would be distributed to participants in accordance with plan provisions.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the Fund is presented to assist in understanding the Fund's financial statements. The financial statements and notes are representations of the Trustees, who are responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America ("United States") and have been consistently applied in the preparation of the accompanying financial statements.

The Fund's records are in the custody of FHA-TPA. The administrator performs the various administrative functions necessary for the operation of the Fund, including receipt of contributions, investment income and the payment of retirement benefits and administrative expenses.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of estimates

The preparation of the financial statements are in conformity with accounting principles generally accepted in the United States which require the Trustees to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Risk and uncertainties

Financial instruments, which potentially expose the Fund to concentration of risk, consist primarily of cash and investment securities. The Fund maintains its cash in bank deposit accounts and frequently maintains balances in excess of the federally insured limit of \$250,000.

The Fund invests in various types of investment securities which are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values in investment securities will occur in the near term and such changes could materially affect the amounts reported in the accompanying financial statements. The Fund's exposure to concentration of risk is mitigated by diversification across a variety of financial instruments and investment strategies.

The Fund invests in certain mutual funds that in turn invest in securities of foreign issuers in various countries. These investments may involve certain considerations and risks not typically associated with investments in the United States, as a result of, among other factors, the possibility of future political and economic developments and the level of government supervision and regulation of securities in the respective countries. Further, the securities market of a particular country may have capitalization and trading volume concentrated in a limited number of companies and industries. As a result, the Fund's investment portfolio may experience greater volatility and lower liquidity than a portfolio invested in equity securities of United States companies. Securities denominated in or expected to settle in foreign currencies, as well as purchases and sales of securities and expense items, are translated into United States dollars at the date of the valuation.

The Fund has four employers, which accounted for 33% of total contributions during the year ended December 31, 2022 and three employers, which accounted for 24% of total contributions during the year ended December 31, 2021.

Valuation of investments and income recognition

Investments are stated at aggregate fair value. Fair value is the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date. (See Note 4)

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Valuation of investments and income recognition (continued)

The difference between current value and the value as of the end of the prior year as well as the difference between the proceeds and the average cost of the investments sold are presented in the accompanying statements of changes in net assets available for benefits as net (depreciation) appreciation in fair value of investments.

The net change in the unrealized gains or losses of some of the Fund's investments is presented net of fees, operating expenses and performance based compensation, if any. Investment transactions are recognized on a trade-date basis. Interest income is recognized when earned and dividend income is recognized on ex-dividend date.

Contributions receivable

Contributions receivable at December 31 represent contributions earned but not received at year end. Since these contributions were received in subsequent periods, an allowance for doubtful accounts is unnecessary. Delinquent accounts, if any, are not recognized as income until received.

Pursuant to the CBAs, the Trustees implemented a policy of auditing the payroll records of contributing employers on a systematic rotation basis.

Income taxes

In accordance with a determination letter from the Internal Revenue Service, dated January 27, 2016, the Fund meets the requirements of the Internal Revenue Code (the "IRC") Section 501(a). The Fund has been amended since receiving the determination letter. The Fund's Trustees and legal counsel believe the Fund, as amended, is in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes is considered necessary.

The Trustees have evaluated the tax positions taken by the Fund and have concluded that as of December 31, 2022, there are no uncertain positions taken or expected to be taken, that would require the recognition of a liability or asset or disclosure in the financial statements. The Fund is subject to routine audits by taxing jurisdictions until the applicable statute of limitations expires; however, there are currently no audits for any tax periods in progress.

Reclassification

Certain 2021 amounts have been reclassified to conform to the 2022 presentation.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

(3) INVESTMENTS

The assets of the Fund are primarily financial instruments which are monetary in nature. As a result, interest rates have a more significant impact on the Fund's performance than the effect of general levels of inflation. Interest rates do not necessarily move in the same direction or in the same magnitude as the price of goods and services as measured by the consumer price index.

In addition to investments in AFL-CIO Investment Trusts, ASB Allegiance Real Estate Fund, BUILD Fund of America, Neuberger Berman Strategic Multisector Fixed Income Trust Fund, and TA Realty Core Property Fund the Fund has various mutual funds, debt and equity investment securities in the custody of Salem Trust Company. The Trustees have established a formal investment policy that includes selecting professional investment advisors to manage investments, diversifying the investment portfolio between fixed-income, equity securities and other available investments, as well as making short and long term investments.

During the years ended December 31, 2022 and 2021, the Fund's investments (including investments bought, sold and held during the year) (depreciated) appreciated in value as follows:

Description	2022	2021
Common stocks	\$ -	\$ 1,186,624
Corporate bonds	(55,237)	-
Mutual funds	(9,851,355)	5,818,351
Common/collective trusts	(1,620,504)	2,256,115
Fixed income securities	-	(180,146)
Preferred stocks	(5,328)	-
U.S. Government and GSE securities	(295,260)	-
Net (depreciation) appreciation in fair value	<u>\$ (11,827,684)</u>	<u>\$ 9,080,944</u>

BCOM Real Estate Fund, LLC ("BREF")

Effective December 31, 2015, the BCOM fund was transferred to a liquidating fund. Since BCOM's new trust documents do not require an audited annual financial statement and the Trustees could not determine the fair value of the investment, they elected to reduce the value of the investment from \$241,000 to zero.

The Trustees have continued to monitor this investment and in 2018 engaged Whitestar Advisors, LLC, a qualified professional asset manager ("QPAM") to represent the Fund and its interest in BREF. The Fund received a final distribution in the amount of \$3,908 during the year ended December 31, 2021.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

(4) FAIR VALUE MEASUREMENT

The Fund adopted the Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 820, *Fair Value Measurements and Disclosures*, which provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC Topic 820 are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Fund has the ability to access.
- Level 2 – Inputs to the valuation methodology include:
 - quoted prices for similar assets or liabilities in active markets;
 - quoted prices for identical or similar assets or liabilities in inactive markets;
 - inputs other than quoted prices that are observable for the asset or liability; and
 - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The assets or liabilities 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.

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

Preferred stocks – The value is calculated using quoted market prices and documented trade history in the security.

Corporate bonds – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

U.S. Government securities – The value is calculated using quoted market prices and documented trade history in the security.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

(4) FAIR VALUE MEASUREMENT (CONTINUED)

Government, agency and state and local securities (“*Government sponsored enterprises*” or “*GSE*”)

– The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

Mutual funds – The value is calculated at the daily closing price as reported by the fund. Mutual funds held by the Fund are open-end mutual funds that are registered with the United States Securities and Exchange Commission. The funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Fund are deemed to be actively traded.

Common collective trusts – Valued at NAV of units held. The NAV 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 liability. 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.

Money market funds – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

The preceding methods may produce a fair value calculation that is not necessarily indicative of the net realizable value or reflective of future values. While the managers believe their valuation methods are appropriate and consistent with other market participants, the use of different methodologies to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The inputs or methodology used for valuing securities are not necessarily an indication of the risk associated with these securities.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

(4) FAIR VALUE MEASUREMENT (CONTINUED)

The following tables set forth by levels, within the fair value hierarchy, the balances of investments measured at fair value on a recurring basis as of December 31, 2022 and 2021:

Description	2022			Total
	Level 1	Level 2	Level 3	
Equities -				
Preferred stocks	\$ 35,460	\$ -	\$ -	\$ 35,460
Fixed income securities -				
Corporate bonds	-	660,894	-	660,894
U.S. Government securities	1,281,411	-	-	1,281,411
Government sponsored enterprises		795,344	-	795,344
Mutual funds	33,777,061	-	-	33,777,061
Money market funds	-	444,955	-	444,955
	<u>\$ 35,093,932</u>	<u>\$ 1,901,193</u>	<u>\$ -</u>	<u>36,995,125</u>
Investments measured at NAV				<u>26,144,964</u>
Total investments				<u>\$ 63,140,089</u>

Description	2021			Total
	Level 1	Level 2	Level 3	
Fixed income securities -				
Mutual funds	\$ 60,793,249	\$ -	\$ -	\$ 60,793,249
Money market fund	-	4,000	-	4,000
	<u>\$ 60,793,249</u>	<u>\$ 4,000</u>	<u>\$ -</u>	<u>60,797,249</u>
Investments measured at NAV				<u>12,690,365</u>
Total investments				<u>\$ 73,487,614</u>

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

(4) FAIR VALUE MEASUREMENT (CONTINUED)

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Trustees have evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2022 and 2021, there were significant transfers in or out of levels 1, 2 or 3.

Fair Value of investments that calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2022 and 2021:

Description	Fair Value		Redemption Frequency	Redemption Notice Period
	2022	2021		
AFL-CIO Building Investment Trust	\$ 2,100,242	\$ 2,901,853	Daily	None
ASB Allegiance Real Estate Fund	2,999,590	2,710,299	Daily	None
IBEW NECA Equity Index Fund	10,297,808	7,078,213	Daily	None
NB Strategic Multi-sector Fixed Income Trust Fund	6,755,515	-	Daily	None
TA Realty Core Property Fund	3,991,809	-	Daily	None
Investments measured at NAV	<u>\$ 26,144,964</u>	<u>\$ 12,690,365</u>		

(5) PARTY IN INTEREST TRANSACTIONS

The Fund pays various administrative expenses including accounting fees, third party administration fees, investment advisory fees, attorney fees, and other administrative fees. These are party in interest transactions. Additional investment fees are paid to parties in interest that are netted against investment income.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

(6) SUBSEQUENT EVENTS

In accordance with FASB ASC Topic 855 *Subsequent Events*, the Fund has evaluated events that occurred through June 30, 2023, which is the date these financial statements were available to be issued. There were no material events noted during this period that would impact the results reflected in these financial statements.

SUPPLEMENTAL SCHEDULES

ELECTRICIANS LOCAL UNION NO. 606**PENSION-ANNUITY FUND****ASSETS (HELD AT END OF YEAR) - SCHEDULE H, LINE 4i – FORM 5500****AS OF DECEMBER 31, 2022****EIN: 59-1917970**

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
PREFERRED STOCKS:				
CHARLES SCHWAB CORP	1,000	SHARES PREFERRED STOCK	\$ 21,529	\$ 18,500
HUNTINGTON BANCSHARES INC	1,000	SHARES PREFERRED STOCK	19,259	16,960
	Total preferred stocks		40,788	35,460
CORPORATE BONDS:				
CENTRAL GARDEN AND PET CO	35,000	5.509% DUE 02/01/2028	34,083	32,560
CHENIERE ENERGY PARTNERS	35,000	5.001% DUE 10/01/2024	33,906	31,492
CVS HEALTH CORPORATION	35,000	5.598% DUE 03/25/2047	35,894	31,573
DANA INC	35,000	5.794% DUE 11/15/2027	33,786	32,467
FEDEX CORP	10,000	4.506% DUE 05/15/2030	10,033	9,431
GOLDMAN SACHS GROUP INC	40,000	5.000% DUE 11/10/2022	38,578	39,100
H B FULLER CO	45,000	4.802% DUE 10/15/2028	41,118	39,825
JPMORGAN CHASE & CO	40,000	6.134% DUE 07/29/2013	40,581	39,124
MCDONALDS CORP	30,000	5.078% DUE 09/01/2048	29,222	26,288
MERITAGE HOMES CORP	35,000	6.029% DUE 06/01/2025	36,220	34,832
MURPHY OIL USA INC	45,000	5.191% DUE 09/15/2027	43,880	41,176
NEXTERA ENERGY CAO HLDGS INC	20,000	5.867% DUE 12/01/2077	19,492	16,364
NVIDIA CORP	50,000	4.622% DUE 04/01/2049	44,928	37,865
OAKTREE SPECIALTY LENDING CORP	25,000	3.175% DUE 01/15/2027	22,484	21,257
OSHKOSH CORP	60,000	3.664% DUE 03/01/2029	53,668	50,759
SABRA HEALTH CARE LP/SABRA CAP	35,000	4.650% DUE 10/15/2029	32,325	29,358
SERVICE CORP INTERNATIONAL US	35,000	5.466% DUE 06/01/2027	34,648	32,814
SYSCO CORP	50,000	4.780% DUE 05/15/2049	39,110	34,520
UNITED RENTALS NA INC	35,000	5.144% DUE 01/15/2028	34,796	33,168
VERISK ANALYTICS INC	50,000	4.396% DUE 03/15/2029	49,909	46,921
	Total corporate bonds		708,661	660,894
U.S. GOVERNMENT AND GSE SECURITIES:				
U.S. GOVERNMENT -				
U.S. TREASURY BILLS	250,000	4.630% DUE 05/18/2023	244,691	244,691
U.S. TREASURY BOND	560,000	1.120% DUE 08/15/2040	435,039	350,437
U.S. TREASURY BOND	535,000	2.000% DUE 02/15/2050	474,690	356,738
U.S. TREASURY BOND	255,000	2.250% DUE 02/15/2052	204,217	179,059
U.S. TREASURY NOTE	20,000	2.250% DUE 08/15/2027	19,824	18,530
U.S. TREASURY NOTE	155,000	1.870% DUE 02/15/2032	138,185	131,956
	Total U.S. Government		1,516,646	1,281,411

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

ASSETS (HELD AT END OF YEAR) - SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2022

EIN: 59-1917970

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
U.S. GOVERNMENT AND GSE SECURITIES (CONTINUED):			
GSE SECURITIES -			
FEDERAL HOME LOAN MTG CORP	141,517 3.000% DUE 02/01/2052	133,203	124,473
FEDERAL HOME LOAN MTG CORP	129,827 3.500% DUE 05/01/2052	125,597	118,253
FEDERAL NATL MTG ASSN	141,495 3.000% DUE 03/01/2052	133,100	124,428
FEDERAL NATL MTG ASSN	130,429 4.000% DUE 06/01/2052	128,310	122,504
GM FIN AUTO LEASE TR SER 2021-1 CL	150,000 1.045% DUE 07/21/2025	145,969	144,934
SANTANDER AUTO REC TR 2021-3 SER	70,000 1.435% DUE 09/15/2027	66,169	64,881
SANTANDER DRIVE AUTO TR SER	100,000 1.711% DUE 11/16/2026	97,691	95,871
	Total GSE Securities	830,039	795,344
	Total U.S. Government and GSE Securities	2,346,685	2,076,755
MUTUAL FUNDS:			
AB LARGE CAP GROWTH FUND	329,579 SHARES - MUTUAL FUND	3,542,973	4,535,006
BAIRD CORE PLUS BOND INSTITUTIONAL FUND	485,547 SHARES - MUTUAL FUND	5,615,442	4,792,344
BOYD WATTERSON LIMITED DURATION ENHANCED INCOME FUND	232,016 SHARES - MUTUAL FUND	2,263,684	2,180,951
ISHARES CORE TOTAL US BOND MARKET	8,000 SHARES - MUTUAL FUND	858,402	775,920
ISHARES MBS	4,700 SHARES - MUTUAL FUND	455,696	435,925
PIMCO STOCKPLUS ABSOLUTE RETURN FUND	616,245 SHARES - MUTUAL FUND	304,826	5,515,396
SPDR BLOOMBERG BARCLAYS HIGH YIELD BOND	2,100 SHARES - MUTUAL FUND	192,237	189,000
VANGUARD EQUITY INCOME FUND	78,950 SHARES - MUTUAL FUND	1,032,891	6,681,573
VANGUARD EXTENDED MARKET INDEX FUND	40,279 SHARES - MUTUAL FUND	69,057	4,062,210
VANGUARD TOTAL BOND MARKET INDEX FUND	706 SHARES - MUTUAL FUND	7,121	6,700
VANGUARD TOTAL INT'L STOCK INDEX FUND	165,184 SHARES - MUTUAL FUND	216,451	4,602,036
	Total mutual funds	14,558,780	33,777,061
COMMON/COLLECTIVE TRUSTS:			
AFL-CIO BUILDING INVESTMENT TRUST	254 UNITS - COMMON/COLLECTIVE FUND	2,025,517	2,100,242
ASB ALLEGIANCE REAL ESTATE FUND	1,940 UNITS - REAL ESTATE FUND	2,025,217	2,999,590
IBEW NECA EQUITY INDEX FUND	124,938 UNITS - EQUITY INDEX FUND	7,569,617	10,297,808
NB STRATEGIC MULTI-SECTOR FIXED INCOME TRUST FUND	643,382 UNITS - COLLECTIVE TRUST	7,000,000	6,755,515
TA REALTY CORE PROPERTY FUND	2,645 UNITS - REAL ESTATE FUND	4,220,601	3,991,809
	Total common/collective trusts	22,840,952	26,144,964

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

ASSETS (HELD AT END OF YEAR) - SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2022

EIN: 59-1917970

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
MONEY MARKET FUNDS:			
GOLDMAN SACHS FIN SQ GOVT FUND	303,144 SHARES - MONEY MARKET FUND	303,144	303,144
GOLDMAN SACHS FS TREASURY OBLIGATION	141,811 SHARES - MONEY MARKET FUND	141,811	141,811
	Total money market funds	444,955	444,955
	Total investments	\$ 40,940,821	\$ 63,140,089

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

REPORTABLE TRANSACTIONS - SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED DECEMBER 31, 2022

EIN: 59-1917970

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Goldman Sachs Financial SQ Govt Fund	Money Market Fund	\$ 23,583,986	\$ -	\$ -	\$ 23,583,986	\$ 23,583,986	\$ -
Goldman Sachs Financial SQ Govt Fund	Money Market Fund	-	23,143,031	-	23,143,031	23,143,031	-
Vanguard Total Bond Market Income Fund	Mutual Fund	-	11,569,322	-	12,602,233	11,569,322	(1,032,911)
Vanguard Equity-Income Fund	Mutual Fund	-	3,500,000	-	3,557,471	3,500,000	(57,471)
PIMCO Stockplus Absolute Return Fund	Mutual Fund	-	3,233,000	-	3,722,449	3,233,000	(489,449)

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

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
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning _____ and ending _____	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐

Part II	Basic Plan Information—enter all requested information			
1a Name of plan Electricians Local Union No. 606 Pension-Annuity Fund	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1b Three-digit plan number (PN) ▶ 001</td> </tr> <tr> <td>1c Effective date of plan 10/17/1979</td> </tr> </table>	1b Three-digit plan number (PN) ▶ 001	1c Effective date of plan 10/17/1979	
1b Three-digit plan number (PN) ▶ 001				
1c Effective date of plan 10/17/1979				
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) Trustees of Electricians Local Union No. 606 Pension-Annuity Fund 6861 S.W. 196th Avenue, Suite 402 Ft Lauderdale FL 33332-9711	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 59-1917970</td> </tr> <tr> <td>2c Plan Sponsor's telephone number (954) 366-0111</td> </tr> <tr> <td>2d Business code (see instructions) 238210</td> </tr> </table>	2b Employer Identification Number (EIN) 59-1917970	2c Plan Sponsor's telephone number (954) 366-0111	2d Business code (see instructions) 238210
2b Employer Identification Number (EIN) 59-1917970				
2c Plan Sponsor's telephone number (954) 366-0111				
2d Business code (see instructions) 238210				

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

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

SIGN HERE	<i>gC Dufield</i>	10/14/2023	Richard W. Silkorski
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

REPORTABLE TRANSACTIONS - SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED DECEMBER 31, 2022

EIN: 59-1917970

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Goldman Sachs Financial SQ Govt Fund	Money Market Fund	\$ 23,583,986	\$ -	\$ -	\$ 23,583,986	\$ 23,583,986	\$ -
Goldman Sachs Financial SQ Govt Fund	Money Market Fund	-	23,143,031	-	23,143,031	23,143,031	-
Vanguard Total Bond Market Income Fund	Mutual Fund	-	11,569,322	-	12,602,233	11,569,322	(1,032,911)
Vanguard Equity-Income Fund	Mutual Fund	-	3,500,000	-	3,557,471	3,500,000	(57,471)
PIMCO Stockplus Absolute Return Fund	Mutual Fund	-	3,233,000	-	3,722,449	3,233,000	(489,449)

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

ASSETS (HELD AT END OF YEAR) - SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2022

EIN: 59-1917970

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
PREFERRED STOCKS:			
CHARLES SCHWAB CORP	1,000 SHARES PREFERRED STOCK	\$ 21,529	\$ 18,500
HUNTINGTON BANCSHARES INC	1,000 SHARES PREFERRED STOCK	19,259	16,960
	Total preferred stocks	40,788	35,460
CORPORATE BONDS:			
CENTRAL GARDEN AND PET CO	35,000 5.509% DUE 02/01/2028	34,083	32,560
CHENIERE ENERGY PARTNERS	35,000 5.001% DUE 10/01/2024	33,906	31,492
CVS HEALTH CORPORATION	35,000 5.598% DUE 03/25/2047	35,894	31,573
DANA INC	35,000 5.794% DUE 11/15/2027	33,786	32,467
FEDEX CORP	10,000 4.506% DUE 05/15/2030	10,033	9,431
GOLDMAN SACHS GROUP INC	40,000 5.000% DUE 11/10/2022	38,578	39,100
H B FULLER CO	45,000 4.802% DUE 10/15/2028	41,118	39,825
JPMORGAN CHASE & CO	40,000 6.134% DUE 07/29/2013	40,581	39,124
MCDONALDS CORP	30,000 5.078% DUE 09/01/2048	29,222	26,288
MERITAGE HOMES CORP	35,000 6.029% DUE 06/01/2025	36,220	34,832
MURPHY OIL USA INC	45,000 5.191% DUE 09/15/2027	43,880	41,176
NEXTERA ENERGY CAO HLDGS INC	20,000 5.867% DUE 12/01/2077	19,492	16,364
NVIDIA CORP	50,000 4.622% DUE 04/01/2049	44,928	37,865
OAKTREE SPECIALTY LENDING CORP	25,000 3.175% DUE 01/15/2027	22,484	21,257
OSHKOSH CORP	60,000 3.664% DUE 03/01/2029	53,668	50,759
SABRA HEALTH CARE LP/SABRA CAP	35,000 4.650% DUE 10/15/2029	32,325	29,358
SERVICE CORP INTERNATIONAL US	35,000 5.466% DUE 06/01/2027	34,648	32,814
SYSCO CORP	50,000 4.780% DUE 05/15/2049	39,110	34,520
UNITED RENTALS NA INC	35,000 5.144% DUE 01/15/2028	34,796	33,168
VERISK ANALYTICS INC	50,000 4.396% DUE 03/15/2029	49,909	46,921
	Total corporate bonds	708,661	660,894
U.S. GOVERNMENT AND GSE SECURITIES:			
U.S. GOVERNMENT -			
U.S. TREASURY BILLS	250,000 4.630% DUE 05/18/2023	244,691	244,691
U.S. TREASURY BOND	560,000 1.120% DUE 08/15/2040	435,039	350,437
U.S. TREASURY BOND	535,000 2.000% DUE 02/15/2050	474,690	356,738
U.S. TREASURY BOND	255,000 2.250% DUE 02/15/2052	204,217	179,059
U.S. TREASURY NOTE	20,000 2.250% DUE 08/15/2027	19,824	18,530
U.S. TREASURY NOTE	155,000 1.870% DUE 02/15/2032	138,185	131,956
	Total U.S. Government	1,516,646	1,281,411

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ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

ASSETS (HELD AT END OF YEAR) - SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2022

EIN: 59-1917970

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
U.S. GOVERNMENT AND GSE SECURITIES (CONTINUED):			
GSE SECURITIES -			
FEDERAL HOME LOAN MTG CORP	141,517 3.000% DUE 02/01/2052	133,203	124,473
FEDERAL HOME LOAN MTG CORP	129,827 3.500% DUE 05/01/2052	125,597	118,253
FEDERAL NATL MTG ASSN	141,495 3.000% DUE 03/01/2052	133,100	124,428
FEDERAL NATL MTG ASSN	130,429 4.000% DUE 06/01/2052	128,310	122,504
GM FIN AUTO LEASE TR SER 2021-1 CL	150,000 1.045% DUE 07/21/2025	145,969	144,934
SANTANDER AUTO REC TR 2021-3 SER	70,000 1.435% DUE 09/15/2027	66,169	64,881
SANTANDER DRIVE AUTO TR SER	100,000 1.711% DUE 11/16/2026	97,691	95,871
	Total GSE Securities	830,039	795,344
	Total U.S. Government and GSE Securities	2,346,685	2,076,755
MUTUAL FUNDS:			
AB LARGE CAP GROWTH FUND	329,579 SHARES - MUTUAL FUND	3,542,973	4,535,006
BAIRD CORE PLUS BOND INSTITUTIONAL FUND	485,547 SHARES - MUTUAL FUND	5,615,442	4,792,344
BOYD WATTERSON LIMITED DURATION ENHANCED INCOME FUND	232,016 SHARES - MUTUAL FUND	2,263,684	2,180,951
ISHARES CORE TOTAL US BOND MARKET	8,000 SHARES - MUTUAL FUND	858,402	775,920
ISHARES MBS	4,700 SHARES - MUTUAL FUND	455,696	435,925
PIMCO STOCKPLUS ABSOLUTE RETURN FUND	616,245 SHARES - MUTUAL FUND	304,826	5,515,396
SPDR BLOOMBERG BARCLAYS HIGH YIELD BOND	2,100 SHARES - MUTUAL FUND	192,237	189,000
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ELECTRICIANS LOCAL UNION NO. 606

PENSION-ANNUITY FUND

ASSETS (HELD AT END OF YEAR) - SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2022

EIN: 59-1917970

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GOLDMAN SACHS FS TREASURY OBLIGATION	141,811 SHARES - MONEY MARKET FUND	141,811	141,811
	Total money market funds	444,955	444,955
	Total investments	\$ 40,940,821	\$ 63,140,089

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