

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

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>U. A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>003</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN</u> <u>1731 TECHNOLOGY DR SUITE 570</u> <u>SAN JOSE, CA 95110</u>		
1c Effective date of plan <u>07/01/1979</u>		
2b Employer Identification Number (EIN) <u>94-6075617</u>		
2c Plan Sponsor's telephone number <u>408-588-3770</u>		
2d Business code (see instructions) <u>238220</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	ERIC MUSSYNSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2023	ALEX HALL
	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 U.A. LOCAL NO. 393 PENSION DEFINED CONTRIBUTION PLAN c Plan Name U.A. LOCAL 393 TRUST FUND DEFINED CONTRIBUTION PLAN		4b EIN 94-6075617 4d PN 003
5 Total number of participants at the beginning of the plan year		5 3162
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) 2017
a(2) Total number of active participants at the end of the plan year		6a(2) 2024
b Retired or separated participants receiving benefits		6b 164
c Other retired or separated participants entitled to future benefits.....		6c 943
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 3131
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 53
f Total. Add lines 6d and 6e		6f 3184
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 3184
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)		7 123
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2S 2T		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 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 U. A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN	D Employer Identification Number (EIN) 94-6075617	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ 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
NUVEEN ASSET MANAGEMENT, LLC
27-4357327

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

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

NWQ INVESTMENTS

47-0875103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1224879	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POLEN CAPITAL MANAGEMENT LLC

26-0319356

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	540388	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COLUMBIA MANAGEMENT INVESTMENT ADVI

41-1533211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	493375	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)

NORTHWEST PLAN SERVICES

91-2090931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 60	NONE	310057	Yes ☒ No ☐	Yes ☒ No ☐	71776	Yes ☒ No ☐

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

RAYMOND JAMES FINANCIAL, INC.

880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	260649	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENESYS ADMINISTRATORS

38-2383171

(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 50	NONE	217534	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)

MATRIX TRUST COMPANY

75-3182674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 62	NONE	173937	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

EIDE BAILLY LLP

45-0250958

(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	72615	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRAW LAW GROUP

77-0171216

(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	52731	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)

SMART SOURCE LLC

7270 MCGINNIS FERRY ROAD
SUWANEE, GA 30024

(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?
36 50	NONE	52115	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUZANNE NEEDHAM

1731 TECHNOLOGY DRIVE
SUITE 570
SAN JOSE, CA 95110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	48515	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL CONSULTING

333 W 34TH STREET
NEW YORK, NY 10001

(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?
16 50	NONE	35000	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)

NANCY FERGUSON

94-2614826

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	11954	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SALTZMAN & JOHNSON LAW GROUP

94-2376174

(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	5169	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARSH & MCLENNAN AGENCY LLC

36-1436000

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	7091	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
NORTHWEST PLAN SERVICES	60	5273
(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.	
FIDELITY LLC 900 SALEM STREET SMITHFIELD, RI 02917	SUB-TRANSFER AGENCY FEES CALCULATED AT 25 BPS PER YEAR	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NORTHWEST PLAN SERVICES	60	64416
(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.	
METROPOLITAN LIFE INSURANCE COMPANY 200 PARK AVENUE NEW YORK, NY 10166	SUB-TRANSFER AGENCY FEES CALCULATED AT 40 BPS PER YEAR	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NORTHWEST PLAN SERVICES	60	2087
(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.	
PARNASSUS INVESTMENT 1 MARKET STREET #1600 SAN FRANCISCO, CA 94105	SUB-TRANSFER AGENCY FEES CALCULATED AT 10 BPS PER YEAR	

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
MARSH & MCLENNAN AGENCY LLC	53	7091
(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.	
VARIOUS 36-1436000	MARKETING AND PLACING INSURANCE PROGRAM	
(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:	EIDE BAILLY LLP	b EIN:	45-0250958
c Position:	AUDITOR		
d Address:	3130 CROW CANYON PLACE SUITE 300 SAN RAMON, CA 94583	e Telephone:	925-480-4000

Explanation: A NEW PLAN AUDITOR WAS SELECTED AS A RESULT OF A COMPETITIVE BIDDING PROCESS.

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.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan U. A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN		
		D Employer Identification Number (EIN) 94-6075617

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: METLIFE STABLE VALUE FUND CLASS 75		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 26-0142858-094	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49118836
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**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)**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>U. A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN</u>	D Employer Identification Number (EIN) <u>94-6075617</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 644159 502866
b Receivables (less allowance for doubtful accounts):	
(1) Employer contributions.....	1b(1) 2240958 2461414
(2) Participant contributions.....	1b(2) 786850 756255
(3) Other.....	1b(3) 2959467 3137901
c General investments:	
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1) 10805559 14525974
(2) U.S. Government securities	1c(2)
(3) Corporate debt instruments (other than employer securities):	
(A) Preferred	1c(3)(A) 230029654 214966680
(B) All other	1c(3)(B)
(4) Corporate stocks (other than employer securities):	
(A) Preferred	1c(4)(A) 14734389 17539202
(B) Common.....	1c(4)(B) 294801394 217022644
(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) 6902077 4932167
(9) Value of interest in common/collective trusts.....	1c(9) 37765597 49118836
(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) 101936540 72746940
(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	703606644	597710879

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	222559	344796
i Acquisition indebtedness	1i		
j Other liabilities	1j	334793	261026
k Total liabilities (add all amounts in lines 1g through 1j)	1k	557352	605822

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	703049292	597105057
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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)	25509536	
(B) Participants	2a(1)(B)	13188179	
(C) Others (including rollovers)	2a(1)(C)	17942	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		38715657
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	104522	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	12254401	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	292729	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12651652
(2) Dividends: (A) Preferred stock	2b(2)(A)	993681	
(B) Common stock	2b(2)(B)	3536942	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3800402	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8331025
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	104769906	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	117498162	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-12728256
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-97440402	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-97440402

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		713912
(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)		-26517794
c Other income	2c		826246
d Total income. Add all income amounts in column (b) and enter total	2d		-75447960
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26951582	
(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)		26951582
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)	797249	
(2) Contract administrator fees	2i(2)	217534	
(3) Investment advisory and management fees	2i(3)	2428551	
(4) Other	2i(4)	101359	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3544693
j Total expenses. Add all expense amounts in column (b) and enter total	2j		30496275
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-105944235
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: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

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		1380563

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		2500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN
Financial Statements
December 31, 2022 and 2021
With Independent Auditor's Report

U.A. Local No. 393 Defined Contribution Plan
Table of Contents
December 31, 2022 and 2021

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees and Participants of
U.A. Local No. 393 Defined Contribution Plan:

Opinion

We have audited the financial statements of U.A. Local No. 393 Defined Contribution Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statement of net assets available for benefits as of December 31, 2022, the related statement of changes in net assets available for benefits for the year 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 U.A. Local No. 393 Defined Contribution Plan as of December 31, 2022, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

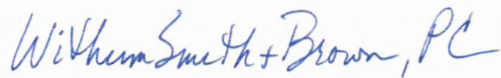
In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of U.A. Local No. 393 Defined Contribution Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about U.A. Local No. 393 Defined Contribution Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matters – December 31, 2021 Financial Statements

The December 31, 2021 financial statements of the U.A. Local No. 393 Defined Contribution Plan, were audited by predecessor auditors whose report dated December 1, 2022, expressed an unmodified opinion on those financial statements.



October 12, 2023

U.A. Local No. 393 Defined Contribution Plan
Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Assets		
Investments - at fair value	\$ 585,920,276	\$ 690,073,133
Receivables		
Employer contributions	2,461,414	2,240,958
Participant contributions	756,255	786,850
Accrued interest and dividends	3,111,367	2,892,278
Due from other trust funds	<u>25,059</u>	<u>59,321</u>
	<u>6,354,095</u>	<u>5,979,407</u>
Notes receivable from participants	<u>4,932,167</u>	<u>6,902,077</u>
Cash and cash equivalents	<u>502,866</u>	<u>644,159</u>
Prepaid expenses	<u>1,475</u>	<u>7,868</u>
Total assets	<u>597,710,879</u>	<u>703,606,644</u>
Liabilities		
Accounts payable and accrued expenses	344,796	222,559
Reciprocity contributions payable	227,628	279,738
Due to other trust funds	<u>33,398</u>	<u>55,055</u>
Total liabilities	<u>605,822</u>	<u>557,352</u>
Net assets available for benefits	<u>\$ 597,105,057</u>	<u>\$ 703,049,292</u>

The Notes to Financial Statements are an integral part of these statements.

U.A. Local No. 393 Defined Contribution Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Additions		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ (136,239,802)	\$ 51,311,879
Dividends and interest	<u>20,957,211</u>	<u>23,733,907</u>
Total investment income (loss)	(115,282,591)	75,045,786
Investment expenses	<u>(2,428,551)</u>	<u>(2,591,893)</u>
Net investment income (loss)	(117,711,142)	72,453,893
Interest income on notes receivable from participants	<u>292,729</u>	<u>299,085</u>
Contributions		
Employer	25,509,536	21,887,418
Participant	13,188,179	12,871,045
Liquidated Damages	<u>17,942</u>	<u>14,682</u>
	<u>38,715,657</u>	<u>34,773,145</u>
Other Income		
Administrative fee from participants	684,133	621,072
Litigation settlement	22	518
Fund fee recovery	<u>142,091</u>	<u>110,291</u>
Total contributions	<u>826,246</u>	<u>731,881</u>
Total additions, net	<u>(77,876,510)</u>	<u>108,258,004</u>
Deductions		
Benefits paid	26,951,582	27,598,017
Operating Expenses	<u>1,116,142</u>	<u>1,089,457</u>
Total deductions	<u>28,067,724</u>	<u>28,687,474</u>
Net change in assets available for benefits	(105,944,234)	79,570,530
Net assets available for benefits		
Beginning of year	<u>703,049,291</u>	<u>623,478,761</u>
End of year	<u>\$ 597,105,057</u>	<u>\$ 703,049,291</u>

The Notes to Financial Statements are an integral part of these statements.

U.A. Local No. 393 Defined Contribution Plan
Notes to Financial Statements
December 31, 2022 and 2021

1. DESCRIPTION OF THE PLAN

The following brief description of the U.A. Local No. 393 Defined Contribution Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Summary Plan Description for a complete description of the Plan's provisions.

General

The Plan was established on July 1, 1979, for the purpose of providing pension benefits to eligible participants covered by collective bargaining agreements between U.A. Local No. 393 and employer associations and individual employers signatory to the agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Administration of the Plan is the responsibility of the Board of Trustees ("the Trustees") and is governed by a joint board consisting of equal representation from the participating employers and the U.A. Local Union.

Effective January 1, 2015, the money purchase pension plan changed to a profit-sharing plan with a 401(k) option. Prior to January 1, 2015, money purchase plan contributions were made under the U.A. Local No. 393 Defined Contribution Plan, formerly known as the U.A. Local No. 393 Savings and Augmentation Plan, on behalf of participants on or before December 31, 2014. Such contributions are money purchase contributions, and no contributions shall be made into the money purchase account for work hours on or after January 1, 2015.

Eligibility

Any employee who has been employed at any time in covered employment shall be eligible to participate in the Plan, except that union alumni (former journeymen or apprentices who have employment covered under a collective bargaining agreement ("CBA") with U.A. Local No. 393) who become officers/shareholders of a corporate signatory employer shall be eligible only if the following requirements are met: (a) The employer is incorporated; (b) The employer is a signatory to a CBA with U.A. Local No. 393; (c) The employer signs a participation agreement recruiting the employer to make hourly contributions on behalf of the officer/shareholder at the journeyman rate; (d) The officer/shareholder's participation is approved by the Trustees or a designated committee of Trustees; and (e) The participation is otherwise in accordance with the applicable law.

Contributions

During the years ended December 31, 2022 and 2021, the Plan received contributions from employers at the following rates for each hour worked by participants:

January 1, 2021 - June 30, 2021	\$	8.00
July 1, 2021 - June 30, 2022	\$	9.00
July 1, 2022 - December 31, 2022	\$	10.00

During the years ended December 31, 2022 and 2021, participants may be eligible to make 401(k) elective deferrals in the amounts of \$1.00, \$2.00, \$4.00, \$6.00, \$8.00, \$10.00, \$12.00, \$14.00, or \$16.00 per hour.

Employers' Contributions

The bargaining parties have authorized the allocation of contributions received from employers. The Plan is funded by contributions from employers based on hours worked under the collective bargaining agreement.

U.A. Local No. 393 Defined Contribution Plan
Notes to Financial Statements
December 31, 2022 and 2021

Participant Accounts

A separate account is maintained for each participant which includes:

401(a) Account - Money purchase plan contributions made on behalf of participants for hours worked on or before December 31, 2014.

Nonelective Employer Contribution Account - Employer contributions are made on behalf of participants for hours worked on or after January 1, 2015.

401(k) Account - Elective deferrals by are participants.

Each participant's account is credited with contributions made on behalf or by the participant. For participant directed investments, the participant accounts are directly credited with earnings by the investments elected. For nonparticipant directed investments, participant accounts are allocated a pro rate share of investment income, net of expenses. Participant accounts are charged with deductions for benefits paid. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are fully vested at all times.

Notes Receivable from Participants

Participants may borrow from their fund accounts, a maximum equal to the lesser of \$50,000 or 50% of their account balance. The notes are secured by the balance in the participant's account. Principal and interest is paid ratably through payroll deductions over a period not to exceed five years, unless the proceeds of the note were used to acquire the participant's residence, in which case the note terms can range up to 30 years.

Investment Options

Upon enrollment to the Plan, a participant may direct deferrals and employer contributions in any of the funds offered by the Plan. Participants may change their investment options daily.

Payment of Benefits

The forms of distribution available to participants are qualified joint and 50% survivor annuity, 75%, or 100% survivor annuity, single life annuity, lump sum or partial lump sum, and installment payments. Spousal consent is required married participants electing benefit options other than the joint and 50% survivor annuity.

Hardship distributions can be requested after all other allowed plan distributions have been made.

Plan Termination

Although it has not expressed any intent to do so, the Trustees have the right, subject to the provisions of the Trust Agreement and the CBAs to terminate the Plan. In the event of Plan termination or discontinuance of employer contributions, each participant shall be entitled to his/her proportional share of Plan assets. No assets shall revert back to contribution employers.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

U.A. Local No. 393 Defined Contribution Plan
Notes to Financial Statements
December 31, 2022 and 2021

Use of Estimates

The preparation of the financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies and procedures. See Note 3 for discussion of fair value measurements. Purchases and sale of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the gains and losses on investments bought and sold as well as held during the year.

The classification of investment earnings reported in the statement of changes in the net assets available for benefits may differ from the classification of earnings on the Form 5500 due to different reporting requirements on the Form 5500.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable are recorded as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

Employer Contributions and Contributions Receivable

The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on a rate per hour for covered employees and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. Management of the Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. As of December 31, 2022 and 2021, there was no allowance taken.

The Plan has an employer payroll audit system in place in which the employers are randomly audited to verify that they are contributing in accordance with their signed agreement. Delinquencies may arise due to these payroll audits and are recorded as contributions when collected.

Reciprocity

The Plan has various reciprocal agreements in place with other collectively bargained Local Unions. If a participant works under the jurisdiction of another collectively bargained agreement, the contributions will be transferred to the participant's home Local Union in the subsequent month. During the plan years ended December 31, 2022 and 2021, the Plan received \$227,499 and \$24,948, respectively, in net reciprocity contributions.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

U.A. Local No. 393 Defined Contribution Plan
Notes to Financial Statements
December 31, 2022 and 2021

Expenses

The Plan's expenses are paid by the Plan as provided in the Plan Document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2022 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through October 12, 2023, the date that the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the FASB ASC 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 Plan has the ability to access at the measurement date.

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the assets or liability and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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. During the years ended December 31, 2022 and 2021, there were no transfers in or out of Level 3.

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.

Money Market Deposit Account – Money market deposit accounts are valued at carrying value, which approximates fair value, based on the amount of net contributions plus any investment earnings allocated to the account.

Corporate Bonds – Corporate bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuer with similar credit ratings.

Common and Preferred Stock – Common and preferred stocks are valued at the closing price reported on the active market on which the individual securities are traded.

U.A. Local No. 393 Defined Contribution Plan
Notes to Financial Statements
December 31, 2022 and 2021

Mutual Funds – Mutual funds are valued at quoted market prices.

Common Collective Trusts – Common collective trusts are valued based on the net asset value of the units of participation owned by the Plan at year end as reported by the trustees of the collective investment funds based on the fair value of the underlying investments of the funds. The net asset value is used as a practical expedient to estimate fair value.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets are at fair value as of December 31, 2022 and 2021:

	2022			
	Level 1	Level 2	Level 3	Total
Money market deposit account	\$ -	\$ 14,525,974	\$ -	\$ 14,525,974
Corporate bonds	-	214,966,680	-	214,966,680
Common stock	217,022,644	-	-	217,022,644
Preferred stock	17,539,202	-	-	17,539,202
Mutual funds	72,746,940	-	-	72,746,940
Total investments in the fair value hierarchy	<u>\$ 307,308,786</u>	<u>\$ 229,492,654</u>	<u>\$ -</u>	536,801,440
Investments at net assets value (a)				49,118,836
Total investments at fair value				<u>\$ 585,920,276</u>

	2021			
	Level 1	Level 2	Level 3	Total
Money market deposit account	\$ -	\$ 10,805,559	\$ -	\$ 10,805,559
Corporate bonds	-	230,029,654	-	230,029,654
Common stock	294,801,394	-	-	294,801,394
Preferred stock	14,734,389	-	-	14,734,389
Mutual funds	101,936,540	-	-	101,936,540
Total investments in the fair value hierarchy	<u>\$ 411,472,323</u>	<u>\$ 240,835,213</u>	<u>\$ -</u>	652,307,536
Investments at net assets value (a)				37,765,597
Total investments at fair value				<u>\$ 690,073,133</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following tables summarize investments for which fair value is measured using NAV as the practical expedient. As of December 31, 2022 and 2021, the fair value, unfunded commitments, and redemption rules of those investments are as follows:

	Fair Value December 31, 2022	Fair Value December 31, 2021	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common Collective Trust					
MetLife Stable Value Fund	\$ 49,118,836	\$ 37,765,597	\$ -	Daily	60 Days

U.A. Local No. 393 Defined Contribution Plan
Notes to Financial Statements
December 31, 2022 and 2021

4. TAX STATUS

The Internal Revenue Service ("IRS") determined and informed the Plan by a letter dated August 16, 2016, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code ("IRC"). Subsequent to the issuance of this determination letter, the Plan was amended. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

U.S. GAAP requires management to evaluate tax positions taken and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has evaluated the tax positions taken by the Plan and concluded that as of December 31, 2022 and 2021 there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing and regulatory jurisdictions. The Plan's administrator received a subpoena from the Department of Labor ("DOL") for information related to the Plan's collection of contributions. The Plan also received a letter from the DOL suggesting that it file a voluntary correction procedure for 401(k) contributions for the 2021 Plan year pursuant to its collection procedures and is in the process of filing a voluntary correction procedure as requested by the DOL. Management does not expect any negative outcome to the Plan's tax-exempt status or financial impact as a result of these inquiries. In addition, there have been no tax related interest or penalties for periods presented in these financial statements.

5. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The U.A. Local No. 393 Health and Welfare Trust Fund holds the lockbox account that receives contributions and liquidated damages on behalf of the related U.A. Local 393 Trust Funds. These contributions are allocated based on each trust's contribution rate and are transferred monthly. As of December 31, 2022 and 2021, the amounts of \$25,059 and \$59,321, respectively, was due from U.A. Local 393 Health & Welfare Trust Fund.

The U.A. Local No. 393 Health & Welfare Trust Fund pays for member advocate and plan director costs and is subsequently reimbursed by the U.A. Local 393 Pension and Defined Contribution Trust Funds. As of December 31, 2022 and 2021, there were no amounts due to U.A. Local 393 Health & Welfare Trust Fund.

As of December 31, 2022 and 2021, the amounts of \$33,398 and \$55,055, respectively, was due to other labor union related entities for trustee payroll related expenses.

As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under ERISA.

6. RISKS AND UNCERTAINTIES

Due to various risk (e.g., interest rate, market, credit) associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

7. DELINQUENT PARTICIPANT CONTRIBUTIONS

It was noted in 2022, that there were delays by the employers in submitting employee elective contributions to the Plan in the aggregate amount of \$396,753. The contributions were remitted in 2022. The Plan calculated lost earnings of \$1,952 and credited the participant accounts in 2022.

U.A. Local No. 393 Defined Contribution Plan
Notes to Financial Statements
December 31, 2022 and 2021

8. PLAN RESTATEMENT

The Plan had no significant amendments during the year ended December 31, 2022.

Additionally, the Plan restated the Plan Document and the Summary Plan Description, effective November 1, 2021 in order to comply with the SECURE Act.

SUPPLEMENTARY INFORMATION

**REPORT ON SUPPLEMENTARY INFORMATION REQUIRED BY THE DEPARTMENT OF
LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE
EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974**

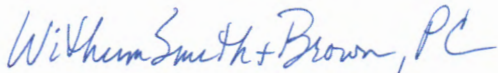
To the Trustees and Participants of
U.A. Local No. 393 Defined Contribution Plan:

We have audited the financial statements of the U.A. Local 393 Defined Contribution Plan as of and for the years ended December 31, 2022, and have issued our report thereon, dated October 12, 2023, which contained an unmodified opinion on the financial statements. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole.

The supplemental schedules of schedule h, part IV, line 4a - schedule of delinquent participant contributions, schedule h, part IV, line 4i - schedule of assets (held at end of year) and schedule h, part IV, line 4j - schedule of reportable transactions as of and 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 the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In 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.



October 12, 2023

U.A. Local No. 393 Defined Contribution Plan
Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions
EIN #94-6075617, Plan #003
December 31, 2022

	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002- 51
	Check Here if Late Participant Loan Repayments are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2021:	\$ 983,810	\$ 60,897	\$ 922,913	\$ -	\$ -
2022:	\$ 396,753	\$ -	\$ 396,753	\$ -	\$ -

U.A. Local No. 393 Defined Contribution Plan
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
EIN #94-6075617, Plan #003
December 31, 2022

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
Cash and Equivalents								
	Cash	Cash	N/A	N/A	N/A	N/A	\$ 60,729	\$ 60,729
	Retirement Savings Plan - Cash	Cash	N/A	N/A	N/A	N/A	372,062	372,062
	Funds-in-transfer Account	Cash	N/A	N/A	N/A	N/A	198,459	198,459
	Accrued Dividend	Cash	N/A	N/A	N/A	N/A	72,205	72,205
	Raymond James Cash Acct	Cash	N/A	N/A	N/A	N/A	7,399,932	7,399,932
	Accrued Dividend	Cash	N/A	N/A	N/A	N/A	1,755	1,755
	Raymond James Cash Acct	Cash	N/A	N/A	N/A	N/A	1,201,084	1,201,084
	Cash	Cash	N/A	N/A	N/A	N/A	25,145	25,145
	Accrued Dividend	Cash	N/A	N/A	N/A	N/A	100,401	100,401
	Raymond James Cash Acct	Cash	N/A	N/A	N/A	N/A	5,094,202	5,094,202
							14,525,974	14,525,974
Common Collective Funds								
	WTRISC CIT III for Metlife Group Annuity Contract No. 25554 CI J	Collective Funds	N/A	N/A	N/A	N/A	48,647,045	49,118,836
							48,647,045	49,118,836
Convertible bonds								
	Liberty Media Conv.	Convertible Bonds	N/A	4.000%	11/15/2029	N/A	1,532,776	678,318
							1,532,776	678,318
Convertible Preferred								
	Bank of America Corp	Convertible Preferred	N/A	7.250%	N/A	N/A	2,408,783	1,885,000
	Wells Fargo & Company	Convertible Preferred	N/A	7.500%	N/A	N/A	2,549,270	2,212,395
							4,958,053	4,097,395
Corporate Bonds								
	Albertsons Cos/Safeway	Corporate Bonds	N/A	7.500%	3/15/2026	N/A	2,609,812	2,388,937
	Alexandria Real Estate E	Corporate Bonds	N/A	4.700%	7/1/2030	N/A	1,286,166	1,032,626
	Ally Financial Inc	Corporate Bonds	N/A	5.750%	11/20/2025	N/A	1,093,092	953,559
	Altria Group Inc	Corporate Bonds	N/A	5.800%	2/14/2039	N/A	2,262,187	1,668,186
	Amkor Technology Inc	Corporate Bonds	N/A	6.625%	9/15/2027	N/A	2,885,268	2,621,715
	Anheuser-Busch Inbev Fin	Corporate Bonds	N/A	4.900%	2/1/2046	N/A	3,092,500	2,243,514
	Antero Resources Corp	Corporate Bonds	N/A	7.625%	2/1/2029	N/A	693,563	666,665
	Arcelormittal	Corporate Bonds	N/A	7.000%	10/15/2039	N/A	1,156,250	942,806
	Arcelormittal Sa	Corporate Bonds	N/A	6.800%	11/29/2032	N/A	248,427	249,822
	Ashland LLC	Corporate Bonds	N/A	6.875%	5/15/2043	N/A	1,623,187	1,249,500
	Ashtead Capital Inc	Corporate Bonds	N/A	4.000%	5/1/2028	N/A	2,268,804	2,057,434
	Ashtead Capital Inc	Corporate Bonds	N/A	5.500%	8/11/2032	N/A	974,418	983,645
	Assured Guaranty US Hldg	Corporate Bonds	N/A	5.000%	7/1/2024	N/A	510,950	512,230
	AT&T Inc	Corporate Bonds	N/A	3.956%	6/12/2024	N/A	2,282,747	2,291,243
	Automation Tooling Syste	Corporate Bonds	N/A	4.125%	12/15/2028	N/A	1,391,636	1,177,667
	Avantor Funding Inc	Corporate Bonds	N/A	4.625%	7/15/2028	N/A	4,428,943	3,862,612
	Bank Of America Corp	Corporate Bonds	N/A	6.250%	12/5/2049	N/A	1,339,531	1,191,128
	Bank Of America Corp	Corporate Bonds	N/A	6.500%	10/23/2024	N/A	2,049,800	1,832,603
	Bank Of America Corp	Corporate Bonds	N/A	3.248%	10/21/2027	N/A	1,903,384	1,854,660
	Broadcom Inc	Corporate Bonds	N/A	3.187%	11/15/2036	N/A	4,478,449	2,775,850
	CCO Hldgs LLC/Cap Corp	Corporate Bonds	N/A	5.125%	5/1/2027	N/A	2,601,127	2,379,379
	Celanese US Holdings LLC	Corporate Bonds	N/A	6.165%	7/15/2027	N/A	1,205,677	1,229,079
	Centene Corp	Corporate Bonds	N/A	4.625%	12/15/2029	N/A	2,697,503	2,291,600

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

U.A. Local No. 393 Defined Contribution Plan
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
EIN #94-6075617, Plan #003
December 31, 2022

Charter Comm Opt LLC/Cap	Corporate Bonds	N/A	6.484%	10/23/2045	N/A	3,324,780	2,312,340
Cheniere Corp Christi Hd	Corporate Bonds	N/A	5.125%	6/30/2027	N/A	1,968,701	1,785,996
Citigroup Inc	Corporate Bonds	N/A	5.950%	12/31/2049	N/A	275,250	225,175
Citigroup Inc	Corporate Bonds	N/A	6.250%	12/31/2049	N/A	2,355,125	1,999,387
Comcast Corp	Corporate Bonds	N/A	4.150%	10/15/2028	N/A	2,346,492	2,066,107
Crown Castle Intl Corp	Corporate Bonds	N/A	3.300%	7/1/2030	N/A	1,665,174	1,296,539
CVS Health Corp	Corporate Bonds	N/A	4.300%	3/25/2028	N/A	991,121	968,440
CVS Health Corp	Corporate Bonds	N/A	4.780%	3/25/2038	N/A	1,426,805	1,328,519
Dana Financing Lux Sarl	Corporate Bonds	N/A	5.750%	4/15/2025	N/A	2,475,150	2,322,965
Dana Inc	Corporate Bonds	N/A	4.250%	9/1/2030	N/A	1,352,681	1,091,304
Dell Int LLC / EMC Corp	Corporate Bonds	N/A	6.020%	6/15/2026	N/A	1,659,670	1,484,234
Dell Int LLC / EMC Corp	Corporate Bonds	N/A	6.200%	7/15/2030	N/A	294,266	282,007
Dish DBS Corp	Corporate Bonds	N/A	7.375%	7/1/2028	N/A	893,568	587,862
Edison International	Corporate Bonds	N/A	5.750%	6/15/2027	N/A	930,352	804,384
Encompass Health Corp	Corporate Bonds	N/A	4.750%	2/1/2030	N/A	830,500	703,680
Enviva Partners LP/Fin C	Corporate Bonds	N/A	6.500%	1/15/2026	N/A	1,795,367	1,610,075
Ford Motor Company	Corporate Bonds	N/A	5.291%	12/8/2046	N/A	2,883,256	1,965,183
Ford Motor Credit Co LLC	Corporate Bonds	N/A	7.350%	11/4/2027	N/A	720,000	738,180
Gap Inc/The	Corporate Bonds	N/A	3.625%	10/1/2029	N/A	1,519,387	1,118,363
Gap Inc/The	Corporate Bonds	N/A	3.875%	10/1/2031	N/A	1,363,371	951,331
GCI LLC	Corporate Bonds	N/A	4.750%	10/15/2028	N/A	2,739,093	2,256,121
General Dynamics Corp	Corporate Bonds	N/A	3.625%	4/1/2030	N/A	1,219,883	961,993
General Motors Co	Corporate Bonds	N/A	6.600%	4/1/2036	N/A	3,971,703	3,040,824
GLP Capital LP / Fin II	Corporate Bonds	N/A	5.375%	4/15/2026	N/A	670,025	666,198
GLP Capital LP / Fin II	Corporate Bonds	N/A	5.250%	6/1/2025	N/A	868,076	873,246
Gmac Inc	Corporate Bonds	N/A	8.000%	11/1/2031	N/A	1,456,527	1,085,049
Goodyear Tire & Rubber	Corporate Bonds	N/A	5.250%	7/15/2031	N/A	3,281,331	2,638,036
Greystar Real Estate Par	Corporate Bonds	N/A	5.750%	12/1/2025	N/A	1,091,956	1,050,546
Hat Holdings I Llc/Hat	Corporate Bonds	N/A	6.000%	4/15/2025	N/A	2,308,132	2,102,942
HCA Inc	Corporate Bonds	N/A	5.125%	6/15/2039	N/A	2,107,673	1,754,883
Horizon Therapeutics USA	Corporate Bonds	N/A	5.500%	8/1/2027	N/A	1,235,481	1,273,549
Hp Enterprise Co	Corporate Bonds	N/A	6.350%	10/15/2045	N/A	6,608,760	5,317,252
International Game Tech	Corporate Bonds	N/A	5.250%	1/15/2029	N/A	839,812	815,376
Iron Mountain Inc	Corporate Bonds	N/A	4.875%	9/15/2029	N/A	1,372,281	1,154,658
JPMorgan Chase & Co	Corporate Bonds	N/A	6.750%	1/29/2049	N/A	3,899,381	3,596,076
JPMorgan Chase & Co	Corporate Bonds	N/A	6.100%	9/23/2040	N/A	821,531	723,750
L Brands Inc	Corporate Bonds	N/A	6.875%	11/1/2035	N/A	2,801,025	2,257,555
Lam Research Corp	Corporate Bonds	N/A	4.875%	3/15/2049	N/A	1,621,354	1,080,810
Liberty Interactive Llc	Corporate Bonds	N/A	8.500%	7/15/2029	N/A	1,997,332	908,170
Liberty Media LLC	Corporate Bonds	N/A	8.250%	2/1/2030	N/A	324,375	128,646
Liberty Mutual Group Inc	Corporate Bonds	N/A	7.800%	3/15/2037	N/A	1,631,137	1,339,598
M&T Bank Corporation	Corporate Bonds	N/A	5.125%	1/31/2057	N/A	1,174,060	914,517
Magallanes Inc	Corporate Bonds	N/A	5.141%	3/15/2052	N/A	1,281,612	937,405
Marriott International	Corporate Bonds	N/A	4.625%	6/15/2030	N/A	1,835,891	1,811,482
McDonald's Corp	Corporate Bonds	N/A	4.875%	12/9/2045	N/A	3,938,751	2,750,167
Metlife Inc	Corporate Bonds	N/A	9.250%	4/8/2038	N/A	1,831,499	1,397,925
NCR Corp	Corporate Bonds	N/A	5.125%	4/15/2029	N/A	1,320,587	1,066,881
Ncr Corp	Corporate Bonds	N/A	5.250%	10/1/2030	N/A	2,258,024	1,815,000
Nexstar Broadcasting Inc	Corporate Bonds	N/A	4.750%	11/1/2028	N/A	1,734,665	1,448,372
Nexstar Broadcasting Inc	Corporate Bonds	N/A	5.625%	7/15/2027	N/A	2,443,687	2,138,488

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Nordstrom Inc	Corporate Bonds	N/A	5.000%	1/15/2044	N/A	2,371,294	1,463,000
Oracle Corp	Corporate Bonds	N/A	4.300%	7/8/2034	N/A	1,838,075	1,818,760
Performance Food Group I	Corporate Bonds	N/A	5.500%	10/15/2027	N/A	645,690	616,425
Phillips 66	Corporate Bonds	N/A	4.650%	11/15/2034	N/A	2,492,013	2,088,329
PNC Financial Services	Corporate Bonds	N/A	6.750%	7/27/2099	N/A	1,775,012	1,754,702
Pulte Group Inc	Corporate Bonds	N/A	6.375%	5/15/2033	N/A	1,042,992	809,640
Pulte Group Inc	Corporate Bonds	N/A	6.000%	2/15/2035	N/A	1,484,002	1,127,855
Raymond James Financial	Corporate Bonds	N/A	4.950%	7/15/2046	N/A	2,160,433	1,477,689
Roller Bearing Co Of Ame	Corporate Bonds	N/A	4.375%	10/15/2029	N/A	2,061,379	1,766,508
Seagate Hdd Cayman	Corporate Bonds	N/A	4.875%	6/1/2027	N/A	1,114,500	938,700
Seagate Hdd Cayman	Corporate Bonds	N/A	4.091%	6/1/2029	N/A	2,235,218	1,754,907
Sealed Air Corp	Corporate Bonds	N/A	6.875%	7/15/2033	N/A	3,600,546	2,920,774
Seg Hld LLC/Seg Fin Corp	Corporate Bonds	N/A	5.625%	10/15/2028	N/A	1,320,162	1,222,000
Sirius XM Radio Inc	Corporate Bonds	N/A	4.000%	7/15/2028	N/A	1,326,943	1,157,499
Southern Copper Corp	Corporate Bonds	N/A	5.875%	4/23/2045	N/A	2,214,795	1,687,125
SS&C Technologies Inc	Corporate Bonds	N/A	5.500%	9/30/2027	N/A	1,297,518	1,178,887
Stevens Holding Co Inc	Corporate Bonds	N/A	6.125%	10/1/2026	N/A	788,093	751,875
T-Mobile USA Inc	Corporate Bonds	N/A	5.375%	4/15/2027	N/A	298,187	302,637
T-Mobile USA Inc	Corporate Bonds	N/A	4.750%	2/1/2028	N/A	2,335,342	2,329,559
Tenet Healthcare Corp	Corporate Bonds	N/A	6.125%	10/1/2028	N/A	566,968	509,795
Tenet Healthcare Corp	Corporate Bonds	N/A	4.250%	6/1/2029	N/A	2,761,812	2,372,684
Transcanada Trust	Corporate Bonds	N/A	5.875%	8/15/2076	N/A	2,028,297	1,802,356
Trinseo Op / Trinseo Fin	Corporate Bonds	N/A	5.375%	9/1/2025	N/A	3,131,656	2,632,486
Tripadvisor Inc	Corporate Bonds	N/A	7.000%	7/15/2025	N/A	2,861,166	2,655,582
United Rentals North Am	Corporate Bonds	N/A	5.250%	1/15/2030	N/A	2,018,187	1,761,712
Viacom Inc	Corporate Bonds	N/A	6.875%	4/30/2036	N/A	5,399,573	3,804,785
Viasat Inc	Corporate Bonds	N/A	5.625%	4/15/2027	N/A	2,707,893	2,364,969
Vistra Corp	Corporate Bonds	N/A	5.000%	7/31/2027	N/A	2,390,375	2,082,822
Vmware Inc	Corporate Bonds	N/A	4.700%	5/15/2030	N/A	1,377,050	1,126,560
Warnermedia Holdings Inc	Corporate Bonds	N/A	3.428%	3/15/2024	N/A	667,677	669,929
Wells Fargo & Company	Corporate Bonds	N/A	5.875%	12/31/2049	N/A	2,750,797	2,460,520
Wesco Distribution Inc	Corporate Bonds	N/A	7.250%	6/15/2028	N/A	573,004	577,114
XPO CNW Inc	Corporate Bonds	N/A	6.700%	5/1/2034	N/A	1,470,937	1,199,522
						199,947,667	166,591,753
Mutual Funds							
Af Rtrmnt Inc-Conserv-R6	Mutual Fund	N/A	N/A	N/A	N/A	3,114,087	2,838,298
American Funds 2010 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	N/A	8,624	8,088
American Funds 2015 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	N/A	2,564	2,235
American Funds 2020 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	N/A	554,304	468,008
American Funds 2025 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	N/A	9,265	7,882
American Funds 2030 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	N/A	7,876	6,549
American Funds 2035 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	N/A	322,714	278,257
American Funds 2040 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	N/A	8,689	7,014
American Funds 2045 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	N/A	33,829	27,035
American Funds 2050 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	N/A	11,475	9,508
American Funds 2055 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	N/A	28,273	25,658
American Funds 2060 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	N/A	119,028	105,176
American Funds 2065 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	N/A	116,611	105,270
American Funds American Mutual R6	Mutual Fund	N/A	N/A	N/A	N/A	6,989,171	6,735,135
American Funds Europacific Growth R6	Mutual Fund	N/A	N/A	N/A	N/A	5,757,495	4,482,414
American Funds Growth Fund of Amer R6	Mutual Fund	N/A	N/A	N/A	N/A	12,245,022	9,616,561

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American Funds Invest co R6	Mutual Fund	N/A	N/A	N/A	N/A	3,981,013	3,536,976
Delaware Smid Cap Growth R6	Mutual Fund	N/A	N/A	N/A	N/A	13,001,030	7,014,980
Fidelity Advisor® Total Bond I	Mutual Fund	N/A	N/A	N/A	N/A	2,237,699	2,008,607
JPMorgan Investor Growth R6	Mutual Fund	N/A	N/A	N/A	N/A	3,134,484	2,580,113
Neuberger Berman Sustainable Equity R6	Mutual Fund	N/A	N/A	N/A	N/A	5,390,025	4,393,013
Parnassus Mid Cap Fund-Ins	Mutual Fund	N/A	N/A	N/A	N/A	2,004,887	1,658,675
Vanguard Institutional Index I	Mutual Fund	N/A	N/A	N/A	N/A	30,934,971	26,831,488
						<u>90,013,136</u>	<u>72,746,940</u>
Preferred Stocks							
Algonquin Power Utilities Corp Sub Nt A 19	Preferred Stock	N/A	N/A	N/A	N/A	1,136,864	909,298
Athene Holding Ltd	Preferred Stock	N/A	N/A	N/A	N/A	2,352,336	2,061,856
CHS Inc 6.75%	Preferred Stock	N/A	6.750%	N/A	N/A	569,790	490,212
Chs Inc 7.1%	Preferred Stock	N/A	7.100%	N/A	N/A	1,806,171	1,583,785
CHS Inc 7.875	Preferred Stock	N/A	7.875%	N/A	N/A	60,544	56,506
Citigrp Inc 7.125%-J	Preferred Stock	N/A	7.125%	N/A	N/A	574,734	515,783
Ford Motor Company	Preferred Stock	N/A	N/A	N/A	N/A	1,362,411	1,087,628
KeyCorp Pfd H	Preferred Stock	N/A	N/A	N/A	N/A	1,182,500	1,160,269
Morgan Stanley 7.125	Preferred Stock	N/A	7.125%	N/A	N/A	1,168,524	1,156,900
National Storage Affilia 6	Preferred Stock	N/A	N/A	N/A	N/A	674,627	561,110
Nextera Energy Capital	Preferred Stock	N/A	N/A	N/A	N/A	1,170,895	1,046,988
Reinsurance Grp Of Amer	Preferred Stock	N/A	7.125%	10/15/2052	N/A	1,183,125	1,228,083
Synchrony Financial	Preferred Stock	N/A	N/A	N/A	N/A	686,089	435,610
Western Alliance Bancorp	Preferred Stock	N/A	N/A	N/A	N/A	1,318,019	1,060,416
Qurate Retail inc 8% Pfd	Preferred Stock	N/A	N/A	N/A	N/A	465,544	87,363
						<u>15,712,173</u>	<u>13,441,807</u>
Common Stocks							
Abbott Laboratories	Stock	N/A	N/A	N/A	N/A	3,302,840	3,987,902
Accenture PLC	Stock	N/A	N/A	N/A	N/A	2,404,261	3,587,930
Adobe Inc	Stock	N/A	N/A	N/A	N/A	5,975,557	5,592,119
Airbnb Inc Class A	Stock	N/A	N/A	N/A	N/A	4,939,935	2,846,124
Align Technology Inc.	Stock	N/A	N/A	N/A	N/A	795,194	820,611
Alphabet Inc CL C	Stock	N/A	N/A	N/A	N/A	4,996,439	6,890,771
Amazon Com Inc	Stock	N/A	N/A	N/A	N/A	15,430,401	8,571,948
Autodesk Inc	Stock	N/A	N/A	N/A	N/A	4,440,720	3,764,496
DocuSign Inc	Stock	N/A	N/A	N/A	N/A	3,251,476	1,331,132
Gartner Inc	Stock	N/A	N/A	N/A	N/A	966,061	2,721,725
Illumina Inc	Stock	N/A	N/A	N/A	N/A	3,672,014	2,915,117
Mastercard Inc A	Stock	N/A	N/A	N/A	N/A	3,921,121	4,685,661
Microsoft Corporation	Stock	N/A	N/A	N/A	N/A	4,124,889	5,615,145
Netflix Inc	Stock	N/A	N/A	N/A	N/A	7,633,489	5,825,354
Nike Inc.	Stock	N/A	N/A	N/A	N/A	1,767,984	2,173,343
Paypal Holdings Inc	Stock	N/A	N/A	N/A	N/A	3,667,089	2,429,670
Salesforce Inc	Stock	N/A	N/A	N/A	N/A	5,152,320	4,015,620
Servicenow Inc	Stock	N/A	N/A	N/A	N/A	3,994,728	4,573,044
Thermo Fisher Scientific Inc	Stock	N/A	N/A	N/A	N/A	3,191,048	3,258,432
Unitedhealth Group Inc	Stock	N/A	N/A	N/A	N/A	2,502,470	3,995,436
Visa Inc Class A Shares	Stock	N/A	N/A	N/A	N/A	3,248,850	4,338,859
Zoetis Inc	Stock	N/A	N/A	N/A	N/A	2,019,822	2,271,525
Aes Corp	Stock	N/A	N/A	N/A	N/A	2,614,325	3,871,901
American International Group	Stock	N/A	N/A	N/A	N/A	2,398,452	3,465,931

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Applied Material	Stock	N/A	N/A	N/A	N/A	2,841,148	3,770,164
Bank Of America Corp	Stock	N/A	N/A	N/A	N/A	2,882,737	3,714,076
Barrick Gold Corp	Stock	N/A	N/A	N/A	N/A	4,368,401	3,674,784
Baxter Intl Inc	Stock	N/A	N/A	N/A	N/A	2,727,872	2,050,930
Bristol-Myers Squibb Co	Stock	N/A	N/A	N/A	N/A	3,368,446	3,947,536
Caterpillar Inc	Stock	N/A	N/A	N/A	N/A	1,884,722	2,401,109
Centene Corp	Stock	N/A	N/A	N/A	N/A	3,164,356	3,849,221
Chevron Corp	Stock	N/A	N/A	N/A	N/A	1,598,695	2,926,225
Cigna Corp	Stock	N/A	N/A	N/A	N/A	3,171,527	5,508,527
Cisco Systems Inc	Stock	N/A	N/A	N/A	N/A	3,928,322	4,333,763
Citigroup Inc	Stock	N/A	N/A	N/A	N/A	3,174,633	2,453,591
Corning Inc	Stock	N/A	N/A	N/A	N/A	4,110,265	3,880,454
CSX Corp	Stock	N/A	N/A	N/A	N/A	1,506,668	2,190,502
Firstenergy Corp	Stock	N/A	N/A	N/A	N/A	3,989,547	5,243,716
FMC Corp	Stock	N/A	N/A	N/A	N/A	3,853,612	5,374,137
Freeport-Mcmoran Inc	Stock	N/A	N/A	N/A	N/A	3,347,453	5,233,740
Humana Inc.	Stock	N/A	N/A	N/A	N/A	2,133,682	3,334,869
JPMorgan Chase & Co	Stock	N/A	N/A	N/A	N/A	2,732,295	3,553,918
Lowes Co Inc	Stock	N/A	N/A	N/A	N/A	2,689,646	4,365,348
Marathon Petroleum Corp	Stock	N/A	N/A	N/A	N/A	2,052,428	4,809,351
Metlife Inc	Stock	N/A	N/A	N/A	N/A	2,720,955	4,067,917
Morgan Stanley	Stock	N/A	N/A	N/A	N/A	1,788,305	2,606,118
Pg&e Corp	Stock	N/A	N/A	N/A	N/A	3,237,162	4,893,999
Philip Morris International	Stock	N/A	N/A	N/A	N/A	3,918,779	4,672,359
Qualcomm	Stock	N/A	N/A	N/A	N/A	3,607,464	3,279,510
Qurate Retail Inc	Stock	N/A	N/A	N/A	N/A	2,865,425	394,599
Raytheon Technologies Corp	Stock	N/A	N/A	N/A	N/A	3,048,227	3,819,216
Southwest Airlines Company	Stock	N/A	N/A	N/A	N/A	3,855,653	3,061,949
TechnipFMC PLC	Stock	N/A	N/A	N/A	N/A	2,855,371	3,179,846
Teradata Corp Del	Stock	N/A	N/A	N/A	N/A	2,471,576	2,657,759
Union Pacific Corp.	Stock	N/A	N/A	N/A	N/A	1,230,699	1,552,611
Verizon Communications	Stock	N/A	N/A	N/A	N/A	6,502,514	4,646,323
Wells Fargo & Co New	Stock	N/A	N/A	N/A	N/A	3,133,351	3,890,632
Williams Co.	Stock	N/A	N/A	N/A	N/A	3,240,257	4,134,049
						<u>200,413,678</u>	<u>217,022,644</u>
Variable Rate Corporate Bonds							
Algonquin Pwr & Utility	Variable Rate Corporate Bonds	N/A	4.750%	1/18/2082		582,000	472,397
Ally Financial Inc	Variable Rate Corporate Bonds	N/A	4.700%	12/31/2099		4,035,376	2,468,934
Ally Financial Inc	Variable Rate Corporate Bonds	N/A	4.700%	12/31/2099		594,062	361,548
American Express Co	Variable Rate Corporate Bonds	N/A	3.550%	12/31/2099		2,432,612	1,972,398
Ares Finance Co	Variable Rate Corporate Bonds	N/A	4.125%	6/30/2051		2,054,375	1,560,911
Bank Of America Corp	Variable Rate Corporate Bonds	N/A	6.100%	12/31/2049		113,875	96,765
Bayer US Finance II LLC	Variable Rate Corporate Bonds	N/A	4.303%	12/15/2023		785,927	788,217
Capital One Financial Co	Variable Rate Corporate Bonds	N/A	3.950%	12/31/2099		1,785,625	1,388,047
Charles Schwab Corp	Variable Rate Corporate Bonds	N/A	5.375%	12/1/2099		3,058,968	2,756,545
Citigroup Inc	Variable Rate Corporate Bonds	N/A	4.000%	12/1/2099		2,088,042	1,781,200
Cobank ACB	Variable Rate Corporate Bonds	N/A	6.450%	12/31/2099		2,225,000	2,186,062
Discover Financial Svs	Variable Rate Corporate Bonds	N/A	6.125%	12/31/2099		1,160,818	983,557
Dominion Energy Inc	Variable Rate Corporate Bonds	N/A	1.356%	9/15/2023		1,145,127	1,144,629
Dominion Energy Inc	Variable Rate Corporate Bonds	N/A	4.350%	12/31/2099		2,011,500	1,650,961

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Edison International	Variable Rate Corporate Bonds	N/A	5.000%	12/31/2099	2,030,375	1,795,625
Emera Inc	Variable Rate Corporate Bonds	N/A	6.750%	6/15/2076	4,104,825	4,169,624
Enstar Finance LLC	Variable Rate Corporate Bonds	N/A	5.750%	9/1/2040	2,167,912	1,894,913
Enstar Finance Llc	Variable Rate Corporate Bonds	N/A	5.500%	1/15/2042	525,437	419,627
First Citizens Bancshare 5.8%	Variable Rate Corporate Bonds	N/A	5.800%	12/1/2099	1,027,480	1,006,300
General Motors Finl Co	Variable Rate Corporate Bonds	N/A	5.700%	12/31/2099	2,211,005	1,733,150
Goldman Sachs Group Inc	Variable Rate Corporate Bonds	N/A	4.950%	1/1/2099	1,408,531	1,239,895
Morgan Stanley	Variable Rate Corporate Bonds	N/A	6.138%	10/16/2026	1,762,636	1,792,175
Morgan Stanley	Variable Rate Corporate Bonds	N/A	5.875%	12/1/2099	610,845	619,662
Nextera Energy Capital	Variable Rate Corporate Bonds	N/A	5.650%	5/1/2079	4,187,051	3,272,076
Paramount Global	Variable Rate Corporate Bonds	N/A	6.375%	3/30/2062	1,000,000	813,300
PNC Financial Services	Variable Rate Corporate Bonds	N/A	6.200%	12/31/2099	1,550,000	1,530,315
Sempra Energy	Variable Rate Corporate Bonds	N/A	4.875%	12/1/2099	2,164,525	1,886,082
Transcanada Trust	Variable Rate Corporate Bonds	N/A	5.600%	3/7/2082	625,000	534,375
Vistra Corp	Variable Rate Corporate Bonds	N/A	8.000%	12/31/2099	3,233,497	2,936,830
Vistra Corp	Variable Rate Corporate Bonds	N/A	7.000%	12/31/2099	905,594	818,939
Wells Fargo & Company	Variable Rate Corporate Bonds	N/A	3.584%	5/22/2028	1,888,285	1,621,550
					<u>55,476,305</u>	<u>47,696,609</u>
Total Market Value					<u>\$ 631,226,807</u>	<u>\$ 585,920,276</u>

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

U.A. Local No. 393 Defined Contribution Plan
Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
EIN #94-6075617, Plan #003
Year Ended December 31, 2022

<u>(a)</u>	<u>(b) Identity of Party Involved</u>	<u>(c) Description of Asset (include interest rate and maturity in case of a loan)</u>	<u>(d) Purchase Price</u>	<u>(e) Selling Price</u>	<u>(f) Lease Rental</u>	<u>(g) Expenses Incurred with Transaction</u>	<u>(h) Cost of Asset</u>	<u>(i) Current Value of Asset on Transaction Date</u>	<u>(j) Net Gain or (Loss)</u>
<i>Single Transactions</i>									
No single transactions during the year exceeding 5% of total net assets.									
<i>Series of Transactions</i>									
	Great Gray CIT III for MetLife Group Annuity Contract		\$ 84,257,447	N/A	N/A	N/A	\$ 84,257,447	\$ 84,257,447	\$ -
	Great Gray CIT III for MetLife Group Annuity Contract		N/A	73,618,120	N/A	N/A	73,145,949	73,618,120	472,172

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2022****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan U. A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN	1b Three-digit plan number (PN) ▶ 003
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) BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN 1731 TECHNOLOGY DR SUITE 570 SAN JOSE CA 95110	1c Effective date of plan 07/01/1979 2b Employer Identification Number (EIN) 94-6075617 2c Plan Sponsor's telephone number (408) 588-3770 2d Business code (see instructions) 238220

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>Eric Mussynski</i>	10/13/2023	ERIC MUSSYNSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Alex Hall</i>	10/16/2023	ALEX HALL
	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 U.A. LOCAL NO. 393 PENSION DEFINED CONTRIBUTION PLAN c Plan Name U.A. LOCAL 393 TRUST FUND DEFINED CONTRIBUTION PLAN		4b EIN 04-6075617 4d PN 003	
5 Total number of participants at the beginning of the plan year		5	3,162
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)	2,017
a(2) Total number of active participants at the end of the plan year		6a(2)	2,024
b Retired or separated participants receiving benefits.....		6b	164
c Other retired or separated participants entitled to future benefits		6c	943
d Subtotal. Add lines 6a(2), 6b, and 6c.....		6d	3,131
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	53
f Total. Add lines 6d and 6e.....		6f	3,184
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	3,184
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	123
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2S 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ 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 _____

Signings for the Local 393 Plans

Final Audit Report

October 16, 2023

Created: October 13, 2023
By: Withum Document Center(cwarnock@withum.com)
Status: ESigned
Transaction ID: U2NNDZUJ7Q54XD2T2DH3KR75DD
Documents: 393 e file auth.pdf
dbp rep letter.pdf
dbp 5500 pages.pdf
H & W Rep Letter.pdf
H & W 5500 pgs.pdf
dcp rep letter.pdf
dcp 5500 pages.pdf
supp 5500 pages.pdf

"Signings for the Local 393 Plans" History

-  Document emailed to (ahall@norcalmca.org) for signature
10/13/2023 16:12:02 PM Pacific Daylight Time
-  Document viewed by (ahall@norcalmca.org)
10/16/2023 08:08:15 AM Pacific Daylight Time - IP address: 76.126.217.46
-  Document e-signed by (ahall@norcalmca.org)
Signature Date: 10/16/2023 08:09:22 AM Pacific Daylight Time - IP address: 76.126.217.46
-  Document Signed
10/16/2023 08:09:22 AM Pacific Daylight Time

U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN

EIN 94-6075617

Plan No. 003

Plan Year Ended December 31, 2022

Form 5500, Schedule H, Part IV, Line 4i

Schedule of Assets (Held at Year End)

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN

EIN 94-6075617

Plan No. 003

Plan Year Ended December 31, 2022

**Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN

EIN 94-6075617

Plan No. 003

Plan Year Ended December 31, 2022

**Form 5500, Schedule H, Part IV, Line 4a
Schedule of Delinquent Participant Contributions**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN

EIN 94-6075617

Plan No. 003

Plan Year Ended December 31, 2022

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion