

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                     |
| For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                              |
| A                                                                                          | This return/report is for:<br><div><input checked="" type="checkbox"/> a multiemployer plan<br/><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br/><input type="checkbox"/> a single-employer plan<br/><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is:<br><div><input type="checkbox"/> the first return/report<br/><input type="checkbox"/> the final return/report<br/><input type="checkbox"/> an amended return/report<br/><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                                          |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. ....▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                          |
| D                                                                                          | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558<br/><input type="checkbox"/> automatic extension<br/><input type="checkbox"/> the DFVC program<br/><input type="checkbox"/> special extension (enter description)</div>                                                                                                                                     |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                                                |    |                                                    |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                         |    |                                                    |
| 1a      | Name of plan<br>U.A. LOCAL UNION NO. 614 PENSION PLAN                                                                                                                                                                                                                                                                                                          | 1b | Three-digit plan number (PN) ▶ 001                 |
|         |                                                                                                                                                                                                                                                                                                                                                                | 1c | Effective date of plan<br>04/01/1968               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>TRUSTEES - U.A. LOCAL UNION NO. 614 PENSION PLAN<br><br>2001 CALDWELL DRIVE<br>GOODLETTSVILLE, TN 37072 | 2b | Employer Identification Number (EIN)<br>62-6085904 |
|         |                                                                                                                                                                                                                                                                                                                                                                | 2c | Plan Sponsor's telephone number<br>615-859-0131    |
|         |                                                                                                                                                                                                                                                                                                                                                                | 2d | Business code (see instructions)<br>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 | Filed with authorized/valid electronic signature. | 12/20/2023 | JEFF TAYLOR                                                  |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 12/20/2023 | DAVID W. SINK JR.                                            |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                               |                                                                                       | <b>3b</b> Administrator's EIN                                                                                   |
|                                                                                                                                                                                                                                                                                        |                                                                                       | <b>3c</b> Administrator's telephone number                                                                      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name |                                                                                       | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>5</b></span> <span>1352</span> </div>     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                       |                                                                                       |                                                                                                                 |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6a(1)</b></span> <span>1308</span> </div> |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6a(2)</b></span> <span>1248</span> </div> |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                    |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6b</b></span> <span>30</span> </div>      |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                      |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6c</b></span> <span>14</span> </div>      |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                            |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6d</b></span> <span>1292</span> </div>    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                             |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6e</b></span> <span>0</span> </div>       |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6f</b></span> <span>1292</span> </div>    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                         |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6g</b></span> <span>1140</span> </div>    |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                              |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6h</b></span> <span></span> </div>        |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                   |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>7</b></span> <span>59</span> </div>       |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2C  2F  2G  2T                                                                                                         |                                                                                       |                                                                                                                 |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                            |                                                                                       |                                                                                                                 |
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                                                                              |                                                                                       | <b>9b</b> Plan benefit arrangement (check all that apply)                                                       |
| (1) <input checked="" type="checkbox"/> Insurance                                                                                                                                                                                                                                      | (1) <input checked="" type="checkbox"/> Insurance                                     |                                                                                                                 |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts                                                                                                                                                                                                                | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts               |                                                                                                                 |
| (3) <input checked="" type="checkbox"/> Trust                                                                                                                                                                                                                                          | (3) <input checked="" type="checkbox"/> Trust                                         |                                                                                                                 |
| (4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                             | (4) <input type="checkbox"/> General assets of the sponsor                            |                                                                                                                 |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                      |                                                                                       |                                                                                                                 |
| <b>a Pension Schedules</b>                                                                                                                                                                                                                                                             |                                                                                       | <b>b General Schedules</b>                                                                                      |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                                                                                                                                         | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)              |                                                                                                                 |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                                                                                                                         | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)            |                                                                                                                 |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                       | (3) <input checked="" type="checkbox"/> <b>2</b> <b>A</b> (Insurance Information)     |                                                                                                                 |
|                                                                                                                                                                                                                                                                                        | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)       |                                                                                                                 |
|                                                                                                                                                                                                                                                                                        | (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) |                                                                                                                 |
|                                                                                                                                                                                                                                                                                        | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)               |                                                                                                                 |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                        |     |
|--------------------------------------------------------------------------------------------|----------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023 |                                        |     |
| A Name of plan                                                                             | B Three-digit plan number (PN)         | 001 |
| U.A. LOCAL UNION NO. 614 PENSION PLAN                                                      |                                        |     |
| C Plan sponsor's name as shown on line 2a of Form 5500                                     | D Employer Identification Number (EIN) |     |
| TRUSTEES - U.A. LOCAL UNION NO. 614 PENSION PLAN                                           | 62-6085904                             |     |

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

|                         |
|-------------------------|
| 1 Coverage Information: |
|-------------------------|

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

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 04-1590850 | 65935         | 780510-01                             | 98                                                                          | 10/29/2022              | 03/31/2023 |

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

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

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                       |          |          |
|-------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> | 14072176 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> | 0        |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

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

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

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

**b** Balance at the end of the previous year ..... **7b** 14227783

|                                                                       |              |         |  |
|-----------------------------------------------------------------------|--------------|---------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 175840  |  |
| (2) Dividends and credits.....                                        | <b>7c(2)</b> | 0       |  |
| (3) Interest credited during the year.....                            | <b>7c(3)</b> | 189340  |  |
| (4) Transferred from separate account.....                            | <b>7c(4)</b> | 2144231 |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> | 0       |  |

(6) Total additions..... **7c(6)** 2509411

**d** Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 16737194

**e** Deductions:

|                                                                           |              |         |  |
|---------------------------------------------------------------------------|--------------|---------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> | 784424  |  |
| (2) Administration charge made by carrier.....                            | <b>7e(2)</b> | 0       |  |
| (3) Transferred to separate account.....                                  | <b>7e(3)</b> | 1880594 |  |
| (4) Other (specify below) .....                                           | <b>7e(4)</b> | 0       |  |

(5) Total deductions..... **7e(5)** 2665018

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 14072176

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                               |                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023                                    |                                                                         |  |
| <div>A Name of plan</div> <div>U.A. LOCAL UNION NO. 614 PENSION PLAN</div>                                                    | <div>B Three-digit plan number (PN)</div> <div>►</div> <div>001</div>   |  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>TRUSTEES - U.A. LOCAL UNION NO. 614 PENSION PLAN</div> | <div>D Employer Identification Number (EIN)</div> <div>62-6085904</div> |  |

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

|                         |
|-------------------------|
| 1 Coverage Information: |
|-------------------------|

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

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 04-1590850 | 65935         | MR 60369 - 1                          |                                                                             | 04/01/2022              | 10/28/2022 |

|                                                                                                                                                                                            |                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. |                               |
| (a) Total amount of commissions paid                                                                                                                                                       | (b) Total amount of fees paid |
| 0                                                                                                                                                                                          | 0                             |

|                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------|--|
| 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |  |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid      |  |

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                                                                                                                                                                                                          |              |          |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end.....                                                                                                                                                                             | <b>4</b>     |          |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....                                                                                                                                                                               | <b>5</b>     |          |
| <b>6</b> | Contracts With Allocated Funds:                                                                                                                                                                                                                                          |              |          |
| <b>a</b> | State the basis of premium rates ▶                                                                                                                                                                                                                                       |              |          |
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                                                                                           | <b>6b</b>    |          |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                                                                                     | <b>6c</b>    |          |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.....<br>Specify nature of costs ▶                                                                     | <b>6d</b>    |          |
| <b>e</b> | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                                                                 |              |          |
| <b>f</b> | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>                                                                                                                                        |              |          |
| <b>7</b> | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                                                            |              |          |
| <b>a</b> | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ <b>GROUP ANNUITY CONTRACT</b> |              |          |
| <b>b</b> | Balance at the end of the previous year .....                                                                                                                                                                                                                            | <b>7b</b>    | 9677518  |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                                                                                                                                                                                             | <b>7c(1)</b> | 209998   |
|          | (2) Dividends and credits.....                                                                                                                                                                                                                                           | <b>7c(2)</b> | 0        |
|          | (3) Interest credited during the year.....                                                                                                                                                                                                                               | <b>7c(3)</b> | 159804   |
|          | (4) Transferred from separate account.....                                                                                                                                                                                                                               | <b>7c(4)</b> | 4640494  |
|          | (5) Other (specify below) .....                                                                                                                                                                                                                                          | <b>7c(5)</b> |          |
|          |                                                                                                                                                                                                                                                                          |              |          |
|          | (6) Total additions.....                                                                                                                                                                                                                                                 | <b>7c(6)</b> | 5010296  |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                                                             | <b>7d</b>    | 14687814 |
| <b>e</b> | Deductions:                                                                                                                                                                                                                                                              |              |          |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                                                          | <b>7e(1)</b> | 460031   |
|          | (2) Administration charge made by carrier.....                                                                                                                                                                                                                           | <b>7e(2)</b> | 0        |
|          | (3) Transferred to separate account.....                                                                                                                                                                                                                                 | <b>7e(3)</b> | 0        |
|          | (4) Other (specify below) .....                                                                                                                                                                                                                                          | <b>7e(4)</b> | 0        |
|          |                                                                                                                                                                                                                                                                          |              |          |
|          | (5) Total deductions.....                                                                                                                                                                                                                                                | <b>7e(5)</b> | 460031   |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....                                                                                                                                                                           | <b>7f</b>    | 14227783 |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                            |                                                      |     |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023                 |                                                      |     |
| A Name of plan<br>U.A. LOCAL UNION NO. 614 PENSION PLAN                                                    | B Three-digit plan number (PN) ►                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TRUSTEES - U.A. LOCAL UNION NO. 614 PENSION PLAN | D Employer Identification Number (EIN)<br>62-6085904 |     |

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

|                         |
|-------------------------|
| 1 Coverage Information: |
|-------------------------|

|                                                                   |
|-------------------------------------------------------------------|
| (a) Name of insurance carrier<br>PRINCIPAL LIFE INSURANCE COMPANY |
|-------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 42-0127290 | 61271         | 706365                                | 0                                                                           | 04/01/2022              | 03/31/2023 |

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

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

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                              |          |          |
|----------|----------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> | 0        |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> | 10138761 |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

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

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

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

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

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

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

|                                                                                                                       |                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023                            |                                                                 |     |
| <div>A</div> Name of plan<br>U.A. LOCAL UNION NO. 614 PENSION PLAN                                                    | <div>B</div> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                                       |                                                                 |     |
| <div>C</div> Plan sponsor's name as shown on line 2a of Form 5500<br>TRUSTEES - U.A. LOCAL UNION NO. 614 PENSION PLAN | <div>D</div> Employer Identification Number (EIN)<br>62-6085904 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
|------------------------------------------------------------------------------------------------------------|

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

HIGHLAND CAPITAL MANAGEMENT, LLC

27-5440911

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 28 50               | NONE                                                                                              | 647227                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 4135                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

REGIONS BANK

250 RIVERCHASE PARKWAY  
4TH FLOOR  
BIRMINGHAM, AL 35244

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19                     | NONE                                                                                              | 190044                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SOUTHERN BENEFIT ADMINISTRATORS INC

62-1116095

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14 16 17 50            | NONE                                                                                              | 65333                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

NOVARA TESIJA & CATENACCI, PLLC

888 W BIG BEAVER RD  
STE 600  
TROY, MI 48084

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 63814                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

REYNOLDS CONSULTING SERVICES

20-1899564

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

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

NEEDLES & ASSOICATES, LLC

51-0435869

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 29697                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

EBERTS AND HARRISON, INC

1604 RIDGESIDE DR#203  
MOUNT AIRY, MD 21771

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 22 23                         | NONE                                                                                                     |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

UNITED MEMBERS INSURANCE

6826 W LINEBAUGH AVE  
TAMPA, MD 21771

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 22 23                         | NONE                                                                                                     |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

PLAN ADMINISTRATOR

62-6085904

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 14                            | TAFT HARTLEY PLAN PAYMENT                                                                                |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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)

GREAT WEST LIFE AND ANNUITY INS CO

84-0467907

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 52 60 62<br>64 67 72          | CONTRACT ADMINISTRATOR                                                                                   |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

AMERICAN FUNDS

52-0792143

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 52                            | INVESTMENT PROVIDER                                                                                      |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

BARON

13-6891420

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 52                            | INVESTMENT PROVIDER                                                                                      |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

COLUMBIA

93-0577450

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 52                            | INVESTMENT PROVIDER                                                                                      |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

DODGE AND COX

94-6067274

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 52                            | INVESTMENT PROVIDER                                                                                      |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

EATON VANCE

04-6039283

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 52                            | INVESTMENT PROVIDER                                                                                      |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

HARRIS

52-2237782

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 52                            | INVESTMENT PROVIDER                                                                                      |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

INVESCO

76-0343427

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 52                            | INVESTMENT PROVIDER                                                                                      |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

PIMCO FUNDS

95-2632339

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 52                            | INVESTMENT PROVIDER                                                                                      |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

PUTNAM

04-3159710

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

RPYCE

13-3139046

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THORNBURG

06-1158764

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

VANGUARD

23-1899003

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT PROVIDER                                                                               |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

VANGUARD

23-1999755

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | INVESTMENT ADVISOR                                                                                |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MASSACHUSETTS MUTUAL LIFE INS CO

04-1590850

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52 72                  | INVESTMENT PROVIDER                                                                               |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| UA LOCAL UNION NO. 614 PENSION FUND                                 | 14                                                                                                                                                                 |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MASSACHUSETTS MUTUAL LIFE INS CO<br><br>04-1590850                  |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS CO                                    | 67                                                                                                                                                                 |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| UA LOCAL 614 CORE FUND<br><br>04-1590850                            |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS CO                                    | 72                                                                                                                                                                 |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SAGIC (60369)<br><br>04-1590850                                     |                                                                                                                                                                    |                                           |

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 63                                                                                                                                                                 |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BARON GROWTH FUND<br><br>13-6861420                                 |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 60                                                                                                                                                                 |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ROYCE TOTAL RETURN FUND<br><br>13-3139046                           |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 63                                                                                                                                                                 |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ROYCE TOTAL RETURN FUND<br><br>13-3139046                           |                                                                                                                                                                    |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                      | 60                                      |                                           |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INVESCO REAL ESTATE FUND<br><br>76-0343427                          |                                                                                                                                                                    |

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

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DODGE & COX INTL STOCK FUND<br><br>94-6067274                       |                                                                                                                                                                    |

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

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OAKMARK EQUITY & INCOME FUND<br><br>52-2257782                      |                                                                                                                                                                    |

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

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

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                     | 60                                      |                                           |

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

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

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

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

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

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

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

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

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

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSMUTUAL LIFE INSURANCE COMPANY                                   | 72                                                                                                                                                                 |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T. ROWE PRICE RETIREMENT 2060 FUND                                  |                                                                                                                                                                    |                                           |
| 82-3525148                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSMUTUAL LIFE INSURANCE COMPANY                                   | 72                                                                                                                                                                 |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T. ROWE PRICE RTMT BLND FD                                          |                                                                                                                                                                    |                                           |
| 82-3533944                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSMUTUAL LIFE INSURANCE COMPANY                                   | 72                                                                                                                                                                 |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MASSMUTUAL US GOVERNMENT MNY MKT FD                                 |                                                                                                                                                                    |                                           |
| 04-3212059                                                          |                                                                                                                                                                    |                                           |

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASS MUTUAL LIFE INS                                                | 72 52                                                                                                                                                              |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MASS MUTUAL US GOV'T MONEY MKT FUND<br><br>04-3212059               |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASS MUTUAL LIFE INS                                                | 72 52                                                                                                                                                              |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MM S&P 500 INDEX FDNORTHERN TRUST<br><br>04-3410047                 |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASS MUTUAL LIFE INS                                                | 72 52                                                                                                                                                              |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MASSMUTUAL DIVERSIFIED BOND FUND<br><br>04-3464165                  |                                                                                                                                                                    |                                           |

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

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

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

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

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                      | 63 72 52                                |                                           |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MM SELECT T.ROWE PRICE RTMT 2050 FD<br><br>82-3481715               |                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                      | 63 72 52                                |                                           |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MM SELECT T.ROWE PRICE RTMT 2060 FD<br><br>82-3525148               |                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                      | 63 72 52                                |                                           |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MM SELECT T.ROWE PRICE RTMT BLND FD<br><br>82-3533944               |                                                                                                                                                                    |

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                                   |                                                      |     |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023                        |                                                      |     |
| A Name of plan<br>U.A. LOCAL UNION NO. 614 PENSION PLAN                                                           | B Three-digit plan number (PN) ►                     | 001 |
|                                                                                                                   |                                                      |     |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>TRUSTEES - U.A. LOCAL UNION NO. 614 PENSION PLAN | D Employer Identification Number (EIN)<br>62-6085904 |     |

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

|                                         |                               |
|-----------------------------------------|-------------------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: | PRINCIPAL US PROPERTY ACCOUNT |
|-----------------------------------------|-------------------------------|

|                                            |                           |
|--------------------------------------------|---------------------------|
| b Name of sponsor of entity listed in (a): | PRINCIPAL FINANCIAL GROUP |
|--------------------------------------------|---------------------------|

|                         |                 |                                                                                                       |
|-------------------------|-----------------|-------------------------------------------------------------------------------------------------------|
| c EIN-PN 42-0127290-027 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10138761 |
|-------------------------|-----------------|-------------------------------------------------------------------------------------------------------|

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <b>04/01/2022</b> and ending <b>03/31/2023</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>U.A. LOCAL UNION NO. 614 PENSION PLAN</b>                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>                                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TRUSTEES - U.A. LOCAL UNION NO. 614 PENSION PLAN</b>                                                                                                                                                 |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><b>62-6085904</b>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       | 585537                | 649710          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 600046                | 789791          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 147792                | 295529          |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 25350558              | 27357388        |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    | 15103097              | 5438765         |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> | 8713034               | 15431033        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> | 74757372              | 63612232        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   | 10804455              | 10138761        |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 32185225              | 27931467        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   | 10558037              | 14498461        |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 178805153             | 166143137       |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 16897 | 16974 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       | 13991 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 16897 | 30965 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 178788256 | 166112172 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 6581211    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 6581211   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 64724      |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 179392     |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 458392     |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 702508    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 1130406    |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 2362147    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 3492553   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 55126419   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 57683154   |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -2556735  |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -11514234  |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | -11514234 |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            | -664520   |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            | 387649    |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -3571568  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 8358199    |           |
| (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)  |            | 8358199   |
| 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)  | 105486     |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 65669      |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 554590     |           |
| (4) Other .....                                                                                 | 2i(4)  | 20572      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 746317    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 9104516   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -12676084 |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            |           |
| (2) From this plan .....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **NEEDLES & ASSOCIATES, LLC**

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|           | Yes | No | Amount |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |     | X  |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |     | X  |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>4e</b>                                                                                                                                                                                                                                                                                                  | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |     | X  |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |     | X  |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     | X   |    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     | X  |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |         |

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

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>U.A. LOCAL UNION NO. 614 PENSION PLAN                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TRUSTEES - U.A. LOCAL UNION NO. 614 PENSION PLAN                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>62-6085904                                            |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): _____<br><br>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3 38                                                                                            |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | 6a 0                                                                                            |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | 6b 0                                                                                            |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c 0                                                                                            |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation \_\_\_\_\_

***U.A. LOCAL UNION NO. 614 PENSION PLAN***

---

***FINANCIAL STATEMENTS***  
***March 31, 2023 and 2022***

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

***Table of Contents***  
***March 31, 2023 and 2022***

|                                                            | <u>Pages</u> |
|------------------------------------------------------------|--------------|
| Independent Auditor's Report                               | 1 – 3        |
| Statements of Net Assets Available for Benefits            | 4            |
| Statements of Changes in Net Assets Available for Benefits | 5            |
| Notes to Financial Statements                              | 6 – 12       |
| Schedule of Assets (Held at End of Year)                   | 13 – 22      |
| Schedule of Reportable Transactions                        | 23           |

## INDEPENDENT AUDITOR'S REPORT

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

### Opinion

We have audited the accompanying financial statements of the U.A. Local Union No. 614 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of March 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the U.A. Local Union No. 614 Pension Plan as of March 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America

### Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the U.A. Local Union No. 614 Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

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

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

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

### **Auditors' Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the U.A. Local Union No. 614 Pension Plan 's ability to continue as a going concern for a reasonable period of time.

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

## **Supplemental Schedules Required by ERISA**

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

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

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

*Needle & Associates, LLC*

Broomfield, CO  
November 8, 2023

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

***Statements of Net Assets Available for Benefits***  
***March 31, 2023 and 2022***

|                                                     | <u>2023</u>                  | <u>2022</u>                  |
|-----------------------------------------------------|------------------------------|------------------------------|
| <b><i>Assets</i></b>                                |                              |                              |
| Accounts receivable                                 |                              |                              |
| Employers' contributions                            | \$ 789,791                   | \$ 600,046                   |
| Accrued income                                      | 139,746                      | 147,792                      |
| Other receivable                                    | <u>155,783</u>               | <u>-</u>                     |
| Total accounts receivable                           | 1,085,320                    | 747,838                      |
| Investments, at fair value                          |                              |                              |
| Money market funds                                  | 27,357,388                   | 25,350,558                   |
| Corporate bonds                                     | 15,431,033                   | 8,713,034                    |
| Common stock                                        | 63,612,232                   | 74,757,372                   |
| Municipal obligations                               | 426,285                      | 880,519                      |
| Government and agency obligations                   | 5,438,765                    | 15,103,097                   |
| Mutual funds                                        | 27,931,467                   | 32,185,225                   |
| Pooled separate account                             | 10,138,761                   | 10,804,455                   |
| Investments, at contract value                      |                              |                              |
| Stable value fund                                   | <u>14,072,176</u>            | <u>9,677,518</u>             |
| Total investments                                   | <u>164,408,107</u>           | <u>177,471,778</u>           |
| Cash                                                | <u>649,710</u>               | <u>585,537</u>               |
| Total assets                                        | <u>\$ 166,143,137</u>        | <u>\$ 178,805,153</u>        |
| <br><b><i>Liabilities</i></b>                       |                              |                              |
| Accounts payable                                    | \$ 16,974                    | \$ 16,897                    |
| Due to other funds                                  | <u>13,991</u>                | <u>\$ -</u>                  |
| Total liabilities                                   | <u>\$ 30,965</u>             | <u>\$ 16,897</u>             |
| <br><b><i>Net assets available for benefits</i></b> | <u><u>\$ 166,112,172</u></u> | <u><u>\$ 178,788,256</u></u> |

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

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

***Statements of Changes in Net Assets Available for Benefits  
Years Ended March 31, 2023 and 2022***

|                                                 | <u>2023</u>                  | <u>2022</u>                  |
|-------------------------------------------------|------------------------------|------------------------------|
| <b><i>Additions</i></b>                         |                              |                              |
| Contributions                                   |                              |                              |
| Employers'                                      | \$ 6,449,550                 | \$ 5,521,430                 |
| Reciprocity in                                  | <u>131,661</u>               | <u>329,670</u>               |
| Total contributions                             | <u>6,581,211</u>             | <u>5,851,100</u>             |
| Investment earnings                             |                              |                              |
| Interest                                        | 702,508                      | 759,859                      |
| Equity Dividends                                | 1,130,406                    | 807,556                      |
| Mutual Fund Dividends                           | 2,362,147                    | 2,267,418                    |
| Pooled separate account                         | (664,520)                    | 2,383,011                    |
| Net appreciation (depreciation) fair value      | <u>(14,070,969)</u>          | <u>7,519,845</u>             |
| Total investment earnings                       | <u>(10,540,428)</u>          | <u>13,737,689</u>            |
| Other                                           | <u>387,649</u>               | <u>294,426</u>               |
| Total additions                                 | <u>\$ (3,571,568)</u>        | <u>\$ 19,883,215</u>         |
| <b><i>Deductions</i></b>                        |                              |                              |
| Benefit payments                                | \$ 8,358,199                 | \$ 7,637,274                 |
| Operating expenses (Note F)                     | <u>746,317</u>               | <u>872,279</u>               |
| Total deductions                                | <u>\$ 9,104,516</u>          | <u>\$ 8,509,553</u>          |
| Net increase (decrease)                         | (12,676,084)                 | 11,373,662                   |
| <b><i>Net assets available for benefits</i></b> |                              |                              |
| Beginning of year                               | <u>\$ 178,788,256</u>        | <u>\$ 167,414,594</u>        |
| End of year                                     | <u><u>\$ 166,112,172</u></u> | <u><u>\$ 178,788,256</u></u> |

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

## **U.A. LOCAL UNION NO. 614 PENSION PLAN**

### ***Notes to Financial Statements March 31, 2023 and 2022***

#### **NOTE A - DESCRIPTION OF PLAN**

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

- **General**

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

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

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

- **Federal tax status**

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

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has evaluated the Plan's tax positions and concluded that the Plan has taken no uncertain tax positions that would require financial statement recognition or disclosure for the years ended March 31, 2023 and 2022

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the Plan is no longer subject to tax examinations by tax authorities for years preceding March 31, 2019.

## **U.A. LOCAL UNION NO. 614 PENSION PLAN**

### ***Notes to Financial Statements March 31, 2023 and 2022***

#### **NOTE A - DESCRIPTION OF PLAN (Continued)**

- **Funding**

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

- **Participant accounts**

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

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

- **Pension benefits**

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

- **Vesting**

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

- **Priorities upon termination**

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

#### **NOTE B – SUMMARY OF ACCOUNTING POLICIES**

The following are significant accounting policies used by the Plan:

- **Basis of accounting**

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

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

***Notes to Financial Statements  
March 31, 2023 and 2022***

**NOTE B – SUMMARY OF ACCOUNTING POLICIES (Continued)**

- **Use of estimates**

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

- **Investment valuation and income recognition**

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

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

- **Employer' contributions receivable**

Employers' contributions are recorded as income in the month the hours are worked. Employers' contributions receivable represents contributions applicable to work months prior to March 31, 2023 and 2022, but collected subsequent to those dates. Plan management believes these receivables to be fully collectible. The Board of Trustees has a policy of performing agreed-upon procedures on the payroll records of contributing employers on a regular basis. Delinquencies may arise from these procedures, but due to the uncertainty of collections, no estimates of amounts due will be accrued until settlements are reached. Consequently, no allowance for uncollectible receivables is recorded.

- **Payment of benefits**

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

- **Subsequent events**

Management has evaluated subsequent events through November 8, 2023, the date the financial statements were available to be issued. No subsequent events occurred requiring accrual or disclosure.

## U.A. LOCAL UNION NO. 614 PENSION PLAN

### *Notes to Financial Statements* *March 31, 2023 and 2022*

#### **NOTE C - FAIR VALUE MEASUREMENTS**

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2023 and 2022.

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

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

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

# U.A. LOCAL UNION NO. 614 PENSION PLAN

## Notes to Financial Statements March 31, 2023 and 2022

### NOTE C - FAIR VALUE MEASUREMENTS (Continued)

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2023 and March 31, 2022:

#### Assets at fair value as of March 31, 2023

| Description                             | Level 1       | Level 2       | Level 3 | Total          |
|-----------------------------------------|---------------|---------------|---------|----------------|
| Money market funds                      | \$ 27,357,388 | \$ -          | \$ -    | \$ 27,357,388  |
| Corporate bonds                         | -             | 15,431,033    | -       | 15,431,033     |
| Common stock                            | 63,612,232    | -             | -       | 63,612,232     |
| Municipal obligations                   | -             | 426,285       | -       | 426,285        |
| Government and agency obligations       | -             | 5,438,765     | -       | 5,438,765      |
| Mutual funds                            | 27,931,467    | -             | -       | 27,931,467     |
| Total assets in fair value hierarchy    | 118,901,087   | 21,296,083    | -       | 140,197,170    |
| Investments measured at net asset value |               |               |         | 10,138,761     |
| Total investments at fair value         | 118,901,087   | \$ 21,296,083 | \$ -    | \$ 150,335,931 |

#### Assets at fair value as of March 31, 2022

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

## **U.A. LOCAL UNION NO. 614 PENSION PLAN**

### ***Notes to Financial Statements March 31, 2023 and 2022***

#### **NOTE C - FAIR VALUE MEASUREMENTS (Continued)**

- **Stable value fund**

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

#### **NOTE D - RISKS AND UNCERTAINTIES**

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

#### **NOTE E - PARTY-IN-INTEREST TRANSACTIONS**

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

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

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

***Notes to Financial Statements  
March 31, 2023 and 2022***

**NOTE F - OPERATING EXPENSES**

The following is a detailed summary of the Plan's administrative expenses for the fiscal years ended March 31, 2023 and 2022:

|                                 | <u>2023</u>       | <u>2022</u>       |
|---------------------------------|-------------------|-------------------|
| Administrative                  | \$ 65,669         | \$ 55,933         |
| Consulting                      | 9,400             | 9,400             |
| Investment fees                 | 504,715           | 647,228           |
| Investment consulting           | 49,875            | 49,875            |
| Legal fees                      | 63,814            | 53,481            |
| Audit fees                      | 32,272            | 29,697            |
| Insurance - bonding premiums    | 13,951            | 20,297            |
| Meeting and conference expenses | 2,598             | 1,982             |
| Other                           | <u>4,023</u>      | <u>4,386</u>      |
| Total administrative expenses   | <u>\$ 746,317</u> | <u>\$ 872,279</u> |

**NOTE G – AMENDMENTS**

The following amendment was adopted during the Plan year.

There were no new amendments during the Plan year.

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

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2023**

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

| (a)                       | (b) Identity of issue, borrower, lessor, or similar party | Maturity Date | Rate of Interest | Maturity Value | (d) Cost      | (e) Current value |
|---------------------------|-----------------------------------------------------------|---------------|------------------|----------------|---------------|-------------------|
| <b>Money market funds</b> |                                                           |               |                  |                |               |                   |
| *                         | Fidelity Institutional Money Mkt                          | N/A           | N/A              | N/A            | \$ 27,357,388 | \$ 27,357,388     |
| <b>Common stock</b>       |                                                           |               |                  |                |               |                   |
|                           | AbbVie Inc                                                | N/A           | N/A              | N/A            | \$ 466,642    | \$ 644,014        |
|                           | Accenture PLC                                             | N/A           | N/A              | N/A            | 24,959        | 28,581            |
|                           | Adobe Inc                                                 | N/A           | N/A              | N/A            | 209,840       | 285,559           |
|                           | Advanced Micro Devices Inc                                | N/A           | N/A              | N/A            | 98,094        | 192,492           |
|                           | Aegon NV                                                  | N/A           | N/A              | N/A            | 6,659         | 4,300             |
|                           | AES Corp/VA                                               | N/A           | N/A              | N/A            | 247,741       | 294,739           |
|                           | Airbnb Inc                                                | N/A           | N/A              | N/A            | 220,393       | 321,574           |
|                           | Alphabet Inc                                              | N/A           | N/A              | N/A            | 822,821       | 738,400           |
|                           | Alphabet Inc                                              | N/A           | N/A              | N/A            | 247,645       | 817,911           |
|                           | Alphabet Inc                                              | N/A           | N/A              | N/A            | 388,500       | 848,016           |
|                           | Amazon.com Inc                                            | N/A           | N/A              | N/A            | 595,627       | 1,477,563         |
|                           | American Electric Power Co Inc                            | N/A           | N/A              | N/A            | 274,835       | 332,114           |
|                           | American Express Co                                       | N/A           | N/A              | N/A            | 299,551       | 410,726           |
|                           | American International Group Inc                          | N/A           | N/A              | N/A            | 263,761       | 334,390           |
|                           | American Tower Corp                                       | N/A           | N/A              | N/A            | 180,568       | 207,814           |
|                           | Ameriprise Financial Inc                                  | N/A           | N/A              | N/A            | 223,488       | 355,540           |
|                           | Amgen Inc                                                 | N/A           | N/A              | N/A            | 287,430       | 306,056           |
|                           | Anheuser-Busch InBev SA/NV                                | N/A           | N/A              | N/A            | 37,566        | 23,356            |
|                           | Apple Inc                                                 | N/A           | N/A              | N/A            | 501,101       | 3,871,028         |
|                           | ArcelorMittal SA                                          | N/A           | N/A              | N/A            | 12,756        | 12,048            |
|                           | Arista Networks Inc                                       | N/A           | N/A              | N/A            | 276,788       | 354,017           |
|                           | ASML Holding NV                                           | N/A           | N/A              | N/A            | 32,981        | 34,036            |
|                           | AT&T Inc                                                  | N/A           | N/A              | N/A            | 314,831       | 261,993           |
|                           | Atlas Copco AB                                            | N/A           | N/A              | N/A            | 13,172        | 12,620            |
|                           | Autodesk Inc                                              | N/A           | N/A              | N/A            | 230,546       | 260,200           |
|                           | AutoZone Inc                                              | N/A           | N/A              | N/A            | 367,289       | 430,176           |
|                           | Baidu Inc                                                 | N/A           | N/A              | N/A            | 15,508        | 15,092            |
|                           | Bank of America Corp                                      | N/A           | N/A              | N/A            | 306,387       | 529,071           |
|                           | Bank of Nova Scotia/The                                   | N/A           | N/A              | N/A            | 27,832        | 22,662            |
|                           | Barrick Gold Corp                                         | N/A           | N/A              | N/A            | 7,304         | 10,214            |
|                           | Berkshire Hathaway Inc                                    | N/A           | N/A              | N/A            | 664,267       | 818,241           |
|                           | Boeing Co/The                                             | N/A           | N/A              | N/A            | 313,724       | 403,617           |
|                           | Booz Allen Hamilton Holding Corp                          | N/A           | N/A              | N/A            | 237,663       | 225,237           |
|                           | BP PLC                                                    | N/A           | N/A              | N/A            | 37,716        | 36,043            |
|                           | Bristol-Myers Squibb Co                                   | N/A           | N/A              | N/A            | 264,329       | 397,146           |
|                           | Broadcom Inc                                              | N/A           | N/A              | N/A            | 389,520       | 728,148           |
|                           | Cadence Design Systems Inc                                | N/A           | N/A              | N/A            | 306,591       | 370,599           |
|                           | Capri Holdings Ltd                                        | N/A           | N/A              | N/A            | 5,202         | 7,050             |
|                           | Carlisle Cos Inc                                          | N/A           | N/A              | N/A            | 220,713       | 216,575           |
|                           | Carrier Global Corp                                       | N/A           | N/A              | N/A            | 151,983       | 204,274           |
|                           | Caterpillar Inc                                           | N/A           | N/A              | N/A            | 328,098       | 350,125           |

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2023**

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

| (a) | (b) Identity of issue, borrower, lessor, or similar party | Maturity Date | Rate of Interest | Maturity Value | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|---------------|------------------|----------------|----------|-------------------|
|     | Cboe Global Markets Inc                                   | N/A           | N/A              | N/A            | 306,527  | 344,997           |
|     | Cheniere Energy Inc                                       | N/A           | N/A              | N/A            | 326,995  | 357,752           |
|     | Cheniere Energy Inc                                       | N/A           | N/A              | N/A            | 105,306  | 186,441           |
|     | Chevron Corp                                              | N/A           | N/A              | N/A            | 185,324  | 561,923           |
|     | Chubb Ltd                                                 | N/A           | N/A              | N/A            | 252,381  | 339,815           |
|     | Cigna Group/The                                           | N/A           | N/A              | N/A            | 162,324  | 332,189           |
|     | Citigroup Inc                                             | N/A           | N/A              | N/A            | 312,751  | 272,900           |
|     | Cloudflare Inc                                            | N/A           | N/A              | N/A            | 184,494  | 197,805           |
|     | Comcast Corp                                              | N/A           | N/A              | N/A            | 335,784  | 310,862           |
|     | ConocoPhillips                                            | N/A           | N/A              | N/A            | 160,697  | 376,006           |
|     | Corning Inc                                               | N/A           | N/A              | N/A            | 203,427  | 290,354           |
|     | CoStar Group Inc                                          | N/A           | N/A              | N/A            | 410,853  | 339,293           |
|     | Costco Wholesale Corp                                     | N/A           | N/A              | N/A            | 176,610  | 344,331           |
|     | Coterra Energy Inc                                        | N/A           | N/A              | N/A            | 144,646  | 108,467           |
|     | CRH PLC                                                   | N/A           | N/A              | N/A            | 19,147   | 27,979            |
|     | Crowdstrike Holdings Inc                                  | N/A           | N/A              | N/A            | 228,346  | 144,535           |
|     | Cummins Inc                                               | N/A           | N/A              | N/A            | 292,428  | 441,928           |
|     | CVS Health Corp                                           | N/A           | N/A              | N/A            | 308,633  | 333,652           |
|     | Daimler Truck Holding AG                                  | N/A           | N/A              | N/A            | 10,584   | 10,137            |
|     | Danaher Corp                                              | N/A           | N/A              | N/A            | 303,984  | 287,326           |
|     | Datadog Inc                                               | N/A           | N/A              | N/A            | 295,982  | 145,901           |
|     | Deere & Co                                                | N/A           | N/A              | N/A            | 396,586  | 424,854           |
|     | Dell Technologies Inc                                     | N/A           | N/A              | N/A            | 224,140  | 256,138           |
|     | Delta Air Lines Inc                                       | N/A           | N/A              | N/A            | 253,760  | 261,271           |
|     | DENTSPLY SIRONA Inc                                       | N/A           | N/A              | N/A            | 346,858  | 343,700           |
|     | Deutsche Bank AG                                          | N/A           | N/A              | N/A            | 7,392    | 5,105             |
|     | Diageo PLC                                                | N/A           | N/A              | N/A            | 13,590   | 18,118            |
|     | Duke Energy Corp                                          | N/A           | N/A              | N/A            | 253,866  | 324,139           |
|     | Eagle Materials Inc                                       | N/A           | N/A              | N/A            | 357,612  | 410,900           |
|     | Eaton Corp PLC                                            | N/A           | N/A              | N/A            | 135,074  | 358,101           |
|     | Edwards Lifesciences Corp                                 | N/A           | N/A              | N/A            | 225,731  | 217,745           |
|     | Electronic Arts Inc                                       | N/A           | N/A              | N/A            | 246,707  | 224,157           |
|     | Elevance Health Inc                                       | N/A           | N/A              | N/A            | 323,258  | 648,332           |
|     | Eli Lilly & Co                                            | N/A           | N/A              | N/A            | 387,688  | 686,497           |
|     | Enphase Energy Inc                                        | N/A           | N/A              | N/A            | 120,137  | 159,813           |
|     | Envista Holdings Corp                                     | N/A           | N/A              | N/A            | 300,796  | 287,386           |
|     | Equitable Holdings Inc                                    | N/A           | N/A              | N/A            | 354,206  | 290,716           |
|     | Estee Lauder Cos Inc/The                                  | N/A           | N/A              | N/A            | 195,468  | 287,619           |
|     | Expedia Group Inc                                         | N/A           | N/A              | N/A            | 326,864  | 180,864           |
|     | Exxon Mobil Corp                                          | N/A           | N/A              | N/A            | 418,824  | 773,103           |
|     | F5 Inc                                                    | N/A           | N/A              | N/A            | 165,858  | 164,630           |
|     | Ferrari NV                                                | N/A           | N/A              | N/A            | 20,642   | 27,094            |
|     | Ford Motor Co                                             | N/A           | N/A              | N/A            | 324,581  | 320,544           |
|     | Fresenius Medical Care AG & Co KGaA                       | N/A           | N/A              | N/A            | 13,500   | 14,882            |
|     | Gaming and Leisure Properties Inc                         | N/A           | N/A              | N/A            | 321,280  | 381,079           |

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2023**

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

| (a) | (b) Identity of issue, borrower, lessor, or similar party | Maturity Date | Rate of Interest | Maturity Value | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|---------------|------------------|----------------|----------|-------------------|
|     | Genuine Parts Co                                          | N/A           | N/A              | N/A            | 247,167  | 239,253           |
|     | GLOBALFOUNDRIES Inc                                       | N/A           | N/A              | N/A            | 171,649  | 234,080           |
|     | Goldman Sachs Group Inc/The                               | N/A           | N/A              | N/A            | 161,134  | 231,921           |
|     | GSK PLC                                                   | N/A           | N/A              | N/A            | 11,685   | 11,030            |
|     | Haleon PLC                                                | N/A           | N/A              | N/A            | 5,407    | 6,512             |
|     | Hilton Worldwide Holdings Inc                             | N/A           | N/A              | N/A            | 205,190  | 359,219           |
|     | Home Depot Inc/The                                        | N/A           | N/A              | N/A            | 390,645  | 656,052           |
|     | Honda Motor Co Ltd                                        | N/A           | N/A              | N/A            | 36,075   | 39,735            |
|     | Huntington Ingalls Industries Inc                         | N/A           | N/A              | N/A            | 232,354  | 210,953           |
|     | ICON PLC                                                  | N/A           | N/A              | N/A            | 20,363   | 21,359            |
|     | ING Groep NV                                              | N/A           | N/A              | N/A            | 20,939   | 19,586            |
|     | Insulet Corp                                              | N/A           | N/A              | N/A            | 250,369  | 312,581           |
|     | InterContinental Hotels Group PLC                         | N/A           | N/A              | N/A            | 38,210   | 38,628            |
|     | Invesco Ltd                                               | N/A           | N/A              | N/A            | 10,377   | 10,660            |
|     | Ionis Pharmaceuticals Inc Com                             | N/A           | N/A              | N/A            | 235,891  | 226,270           |
|     | iShares MSCI Emerging Markets ETF                         | N/A           | N/A              | N/A            | 19,084   | 15,784            |
|     | Jazz Pharmaceuticals PLC                                  | N/A           | N/A              | N/A            | 358,781  | 390,701           |
|     | JD.com Inc                                                | N/A           | N/A              | N/A            | 8,955    | 13,167            |
|     | Johnson & Johnson                                         | N/A           | N/A              | N/A            | 564,877  | 689,750           |
|     | Jones Lang LaSalle Inc                                    | N/A           | N/A              | N/A            | 332,658  | 273,521           |
|     | JPMorgan Chase & Co                                       | N/A           | N/A              | N/A            | 271,314  | 849,621           |
|     | Kimberly-Clark Corp                                       | N/A           | N/A              | N/A            | 353,411  | 375,816           |
|     | Knight-Swift Transportation Holdings Inc                  | N/A           | N/A              | N/A            | 163,077  | 185,017           |
|     | Koninklijke Philips NV                                    | N/A           | N/A              | N/A            | 49,369   | 27,525            |
|     | Kraft Heinz Co/The                                        | N/A           | N/A              | N/A            | 348,559  | 337,589           |
|     | Kyocera Corp                                              | N/A           | N/A              | N/A            | 44,250   | 39,098            |
|     | L3Harris Technologies Inc                                 | N/A           | N/A              | N/A            | 61,203   | 66,722            |
|     | Laboratory Corp of America Holdings                       | N/A           | N/A              | N/A            | 284,861  | 334,953           |
|     | Linde PLC                                                 | N/A           | N/A              | N/A            | 8,880    | 17,772            |
|     | Lithia Motors Inc                                         | N/A           | N/A              | N/A            | 438,695  | 315,923           |
|     | Live Nation Entertainment Inc                             | N/A           | N/A              | N/A            | 331,752  | 250,600           |
|     | LPL Financial Holdings Inc                                | N/A           | N/A              | N/A            | 229,315  | 198,757           |
|     | LVMH Moet Hennessy Louis Vuitton SE                       | N/A           | N/A              | N/A            | 24,915   | 27,560            |
|     | LyondellBasell Industries NV                              | N/A           | N/A              | N/A            | 302,348  | 315,470           |
|     | Marathon Oil Corp                                         | N/A           | N/A              | N/A            | 220,716  | 241,038           |
|     | Marvell Technology Inc                                    | N/A           | N/A              | N/A            | 552,147  | 308,296           |
|     | Mastercard Inc                                            | N/A           | N/A              | N/A            | 423,813  | 842,384           |
|     | Medtronic PLC                                             | N/A           | N/A              | N/A            | 31,345   | 20,155            |
|     | Medtronic PLC                                             | N/A           | N/A              | N/A            | 255,753  | 193,488           |
|     | Mercedes-Benz Group AG                                    | N/A           | N/A              | N/A            | 32,840   | 30,752            |
|     | Meta Platforms Inc                                        | N/A           | N/A              | N/A            | 296,660  | 455,671           |
|     | Meta Platforms Inc                                        | N/A           | N/A              | N/A            | 138,598  | 466,692           |
|     | MetLife Inc                                               | N/A           | N/A              | N/A            | 326,735  | 289,700           |
|     | MGM Resorts International                                 | N/A           | N/A              | N/A            | 324,892  | 417,548           |
|     | Micron Technology Inc                                     | N/A           | N/A              | N/A            | 54,655   | 125,507           |

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2023**

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

| (a) | (b) Identity of issue, borrower, lessor, or similar party | Maturity Date | Rate of Interest | Maturity Value | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|---------------|------------------|----------------|----------|-------------------|
|     | Microsoft Corp                                            | N/A           | N/A              | N/A            | 515,484  | 3,277,106         |
|     | MKS Instruments Inc                                       | N/A           | N/A              | N/A            | 327,687  | 194,964           |
|     | Molson Coors Beverage Co                                  | N/A           | N/A              | N/A            | 391,952  | 402,070           |
|     | Moody's Corp                                              | N/A           | N/A              | N/A            | 300,646  | 310,916           |
|     | Morgan Stanley                                            | N/A           | N/A              | N/A            | 348,405  | 307,300           |
|     | Mowi ASA                                                  | N/A           | N/A              | N/A            | 3,478    | 3,694             |
|     | National Grid PLC                                         | N/A           | N/A              | N/A            | 10,801   | 13,598            |
|     | nCino Inc                                                 | N/A           | N/A              | N/A            | 141,378  | 144,046           |
|     | Newell Brands Inc                                         | N/A           | N/A              | N/A            | 358,107  | 203,892           |
|     | News Corp                                                 | N/A           | N/A              | N/A            | 9,749    | 10,458            |
|     | NICE Systems Ltd                                          | N/A           | N/A              | N/A            | 9,965    | 11,445            |
|     | NIKE Inc                                                  | N/A           | N/A              | N/A            | 141,830  | 240,374           |
|     | Nippon Telegraph & Telephone Corp                         | N/A           | N/A              | N/A            | 23,573   | 29,960            |
|     | Norfolk Southern Corp                                     | N/A           | N/A              | N/A            | 142,667  | 360,400           |
|     | Novartis AG                                               | N/A           | N/A              | N/A            | 27,863   | 27,600            |
|     | NRG Energy Inc                                            | N/A           | N/A              | N/A            | 482,099  | 427,253           |
|     | NVIDIA Corp                                               | N/A           | N/A              | N/A            | 256,799  | 818,866           |
|     | NXP Semiconductors NV                                     | N/A           | N/A              | N/A            | 10,056   | 18,648            |
|     | Occidental Petroleum Corp                                 | N/A           | N/A              | N/A            | 194,922  | 177,301           |
|     | Occidental Petroleum Corp                                 | N/A           | N/A              | N/A            | 156,622  | 156,762           |
|     | Olin Corp                                                 | N/A           | N/A              | N/A            | 130,279  | 393,495           |
|     | Oracle Corp                                               | N/A           | N/A              | N/A            | 216,879  | 366,105           |
|     | Ovintiv Inc                                               | N/A           | N/A              | N/A            | 14,373   | 18,401            |
|     | Ovintiv Inc                                               | N/A           | N/A              | N/A            | 151,340  | 106,220           |
|     | PayPal Holdings Inc                                       | N/A           | N/A              | N/A            | 338,141  | 345,527           |
|     | PDC Energy Inc                                            | N/A           | N/A              | N/A            | 150,083  | 132,403           |
|     | PepsiCo Inc                                               | N/A           | N/A              | N/A            | 261,328  | 413,821           |
|     | PepsiCo Inc                                               | N/A           | N/A              | N/A            | 263,989  | 337,620           |
|     | Performance Food Group Co                                 | N/A           | N/A              | N/A            | 237,813  | 237,740           |
|     | Planet Fitness Inc                                        | N/A           | N/A              | N/A            | 293,245  | 276,894           |
|     | Procter & Gamble Co/The                                   | N/A           | N/A              | N/A            | 341,428  | 639,367           |
|     | Prologis Inc                                              | N/A           | N/A              | N/A            | 235,661  | 338,127           |
|     | Prudential PLC                                            | N/A           | N/A              | N/A            | 22,675   | 12,303            |
|     | Pure Storage Inc                                          | N/A           | N/A              | N/A            | 292,428  | 284,130           |
|     | Qorvo Inc                                                 | N/A           | N/A              | N/A            | 405,042  | 236,658           |
|     | Qualcomm Inc                                              | N/A           | N/A              | N/A            | 151,826  | 254,522           |
|     | Realty Income Corp                                        | N/A           | N/A              | N/A            | 353,124  | 336,229           |
|     | Royal Caribbean Cruises Ltd                               | N/A           | N/A              | N/A            | 43,542   | 26,120            |
|     | Royal Gold Inc                                            | N/A           | N/A              | N/A            | 363,909  | 409,365           |
|     | RTX Corp                                                  | N/A           | N/A              | N/A            | 320,024  | 459,781           |
|     | S&P Global Inc                                            | N/A           | N/A              | N/A            | 310,106  | 320,636           |
|     | Salesforce Inc                                            | N/A           | N/A              | N/A            | 332,333  | 355,608           |
|     | SAP SE                                                    | N/A           | N/A              | N/A            | 31,957   | 37,965            |
|     | Sea Ltd                                                   | N/A           | N/A              | N/A            | 16,148   | 4,328             |
|     | Sensata Technologies Holding PLC                          | N/A           | N/A              | N/A            | 13,151   | 12,505            |
|     | ServiceNow Inc                                            | N/A           | N/A              | N/A            | 237,166  | 241,654           |

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2023**

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

| (a) | (b) Identity of issue, borrower, lessor, or similar party | Maturity Date | Rate of Interest | Maturity Value | (d) Cost      | (e) Current value |
|-----|-----------------------------------------------------------|---------------|------------------|----------------|---------------|-------------------|
|     | Shell PLC                                                 | N/A           | N/A              | N/A            | 26,222        | 23,016            |
|     | Siemens AG                                                | N/A           | N/A              | N/A            | 30,767        | 36,428            |
|     | Skyworks Solutions Inc                                    | N/A           | N/A              | N/A            | 201,815       | 218,263           |
|     | Smith & Nephew PLC                                        | N/A           | N/A              | N/A            | 14,931        | 12,560            |
|     | Snowflake Inc CL A                                        | N/A           | N/A              | N/A            | 193,101       | 154,444           |
|     | SoftBank Group Corp                                       | N/A           | N/A              | N/A            | 11,706        | 9,825             |
|     | Sony Group Corp                                           | N/A           | N/A              | N/A            | 24,564        | 45,325            |
|     | Starbucks Corp                                            | N/A           | N/A              | N/A            | 200,069       | 289,586           |
|     | STMicroelectronics NV                                     | N/A           | N/A              | N/A            | 25,142        | 56,165            |
|     | Synchrony Financial                                       | N/A           | N/A              | N/A            | 334,826       | 198,326           |
|     | Taiwan Semiconductor Manufacturing Co Ltd                 | N/A           | N/A              | N/A            | 21,022        | 37,208            |
|     | Takeda Pharmaceutical Co Ltd                              | N/A           | N/A              | N/A            | 6,246         | 6,592             |
|     | Take-Two Interactive Software Inc                         | N/A           | N/A              | N/A            | 246,320       | 225,119           |
|     | Target Corp                                               | N/A           | N/A              | N/A            | 133,438       | 258,383           |
|     | Tenaris SA                                                | N/A           | N/A              | N/A            | 25,908        | 22,736            |
|     | Tesla Inc                                                 | N/A           | N/A              | N/A            | 275,529       | 683,788           |
|     | Thermo Fisher Scientific Inc                              | N/A           | N/A              | N/A            | 329,622       | 345,822           |
|     | Timken Co/The                                             | N/A           | N/A              | N/A            | 309,339       | 326,880           |
|     | TopBuild Corp                                             | N/A           | N/A              | N/A            | 173,515       | 208,140           |
|     | Toronto-Dominion Bank/The                                 | N/A           | N/A              | N/A            | 22,673        | 23,960            |
|     | Trade Desk Inc/The                                        | N/A           | N/A              | N/A            | 112,317       | 150,935           |
|     | TransDigm Group Inc                                       | N/A           | N/A              | N/A            | 225,769       | 308,087           |
|     | Truist Financial Corp                                     | N/A           | N/A              | N/A            | 402,736       | 346,456           |
|     | UBS Group AG                                              | N/A           | N/A              | N/A            | 30,140        | 34,144            |
|     | UiPath Inc                                                | N/A           | N/A              | N/A            | 125,606       | 182,290           |
|     | Unilever PLC                                              | N/A           | N/A              | N/A            | 27,446        | 25,965            |
|     | United Airlines Holdings Inc                              | N/A           | N/A              | N/A            | 422,520       | 333,203           |
|     | United Parcel Service Inc                                 | N/A           | N/A              | N/A            | 121,189       | 213,777           |
|     | UnitedHealth Group Inc                                    | N/A           | N/A              | N/A            | 390,220       | 439,509           |
|     | UnitedHealth Group Inc                                    | N/A           | N/A              | N/A            | 414,319       | 387,524           |
|     | Valmont Industries Inc                                    | N/A           | N/A              | N/A            | 251,855       | 246,165           |
|     | Verizon Communications Inc                                | N/A           | N/A              | N/A            | 428,841       | 322,009           |
|     | Vertex Pharmaceuticals Inc                                | N/A           | N/A              | N/A            | 305,883       | 419,358           |
|     | VF Corp                                                   | N/A           | N/A              | N/A            | 297,423       | 233,453           |
|     | Visa Inc                                                  | N/A           | N/A              | N/A            | 509,666       | 922,131           |
|     | Vodafone Group PLC                                        | N/A           | N/A              | N/A            | 14,634        | 5,520             |
|     | Walt Disney Co/The                                        | N/A           | N/A              | N/A            | 383,448       | 321,417           |
|     | Wells Fargo & Co                                          | N/A           | N/A              | N/A            | 530,433       | 392,490           |
|     | Wynn Resorts Ltd                                          | N/A           | N/A              | N/A            | 251,529       | 252,021           |
|     | Yum China Holdings Inc                                    | N/A           | N/A              | N/A            | 16,350        | 22,187            |
|     | Zillow Group Inc                                          | N/A           | N/A              | N/A            | 248,957       | 256,388           |
|     | Zscaler Inc                                               | N/A           | N/A              | N/A            | 163,019       | 131,307           |
|     | <b>Total common stock</b>                                 |               |                  |                | \$ 74,296,491 | \$ 63,612,232     |

**Corporate bonds**

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2023**

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

| (a) | (b) Identity of issue, borrower, lessor, or similar party | or maturity value |                  |                | (d) Cost  | (e) Current value |
|-----|-----------------------------------------------------------|-------------------|------------------|----------------|-----------|-------------------|
|     |                                                           | Maturity Date     | Rate of Interest | Maturity Value |           |                   |
|     | Agree LP                                                  | 6.15.2028         | 2.00%            | 100,000        | \$ 99,265 | \$ 84,672         |
|     | Agree LP                                                  | 6.15.2033         | 2.60%            | 28,000         | 27,758    | 22,056            |
|     | Amalgamated Financial Corp                                | 11.15.2031        | 3.25%            | 119,000        | 119,000   | 95,275            |
|     | Aqua Finance Trust                                        | 7.17.2046         | 1.54%            | 179,857        | 179,833   | 161,328           |
|     | Ares Capital Corp                                         | 6.15.2028         | 2.88%            | 50,000         | 51,348    | 41,116            |
|     | Arm Master Trust                                          |                   | 2.43%            | 350,000        | 349,992   | 326,620           |
|     | Avis Budget Rental Car Funding                            |                   | 1.63%            | 150,000        | 149,961   | 130,289           |
|     | Bain Capital Specialty Finance                            | 10.13.2023        | 2.55%            | 68,000         | 67,274    | 57,386            |
|     | Bain Capital Specialty Finance                            | 3.10.2026         | 2.95%            | 254,000        | 252,495   | 224,147           |
|     | Bank of America Corp                                      | 10.21.2027        | 3.25%            | 160,000        | 176,646   | 150,642           |
|     | Bank of America Corp                                      | 3.3.2026          | 4.45%            | 257,000        | 263,384   | 250,769           |
|     | BankUnited Inc                                            | 6.11.2030         | 5.13%            | 40,000         | 39,615    | 33,840            |
|     | BCP Trust                                                 | 6.15.2038         |                  | 169,000        | 167,746   | 150,433           |
|     | BHG Securitization Trust                                  | 11.17.2033        | 1.42%            | 147,652        | 147,514   | 138,140           |
|     | Blackbird Capital Aircraft                                | 7.15.2046         | 2.44%            | 268,666        | 268,659   | 232,880           |
|     | Blue Owl Capital Corp                                     | 4.15.2024         | 5.25%            | 160,000        | 171,640   | 155,682           |
|     | Blue Owl Finance LLC                                      | 6.10.2031         | 3.13%            | 167,000        | 164,879   | 124,562           |
|     | Blue Owl Technology Finance Corp                          | 1.15.2023         | 2.50%            | 139,000        | 137,616   | 114,988           |
|     | Blue Owl Technology Finance Corp                          | 6.17.2026         | 3.75%            | 150,000        | 148,998   | 132,474           |
|     | Blue Owl Technology Finance Corp                          | 12.15.2025        | 4.75%            | 275,000        | 301,656   | 247,082           |
|     | BX Commercial Mortgage Trust                              | 11.15.2038        |                  | 275,000        | 274,329   | 263,444           |
|     | Capital One Financial Corp                                | 2.1.2029          | 5.47%            | 200,000        | 200,000   | 194,914           |
|     | Citigroup Inc                                             | 6.9.2027          | 8.17%            | 276,000        | 276,000   | 270,364           |
|     | Citigroup Inc                                             | 1.29.2031         | 2.67%            | 125,000        | 125,000   | 106,689           |
|     | CLI Funding                                               | 2.18.2046         | 1.64%            | 235,850        | 235,846   | 204,785           |
|     | CLI Funding                                               | 1.18.2047         | 2.72%            | 269,440        | 269,305   | 234,852           |
|     | Commonbond Student Loan Trust                             | 5.10.2026         | 1.17%            | 215,025        | 214,978   | 176,971           |
|     | CoreVest American Finance                                 | 7.15.2054         | 2.38%            | 150,000        | 149,989   | 121,266           |
|     | CoServ Securitization                                     | 8.15.2036         | 5.06%            | 400,000        | 399,995   | 405,455           |
|     | Costco Wholesale Corp                                     | 6.20.2027         | 1.38%            | 150,000        | 149,663   | 134,504           |
|     | Credibly Asset Securitization Ii Llc                      | 4.15.2026         | 2.39%            | 500,000        | 505,449   | 472,628           |
|     | Customers Bancorp Inc                                     | 8.15.2031         | 2.88%            | 89,000         | 89,000    | 76,245            |
|     | Enstar Finance LLC                                        | 1.15.2042         | 5.50%            | 160,000        | 160,000   | 115,242           |
|     | Enterprise Fleet Financing                                | 1.22.2029         | 5.51%            | 250,000        | 249,959   | 250,509           |
|     | Flagstar Mortgage Trust                                   | 9.25.2041         | Var              | 225,430        | 232,862   | 197,716           |
|     | FS KKR Capital Corp                                       | 1.15.2026         | 3.40%            | 230,000        | 227,309   | 206,150           |
|     | Glencore Funding LLC                                      | 4.27.2026         | 1.63%            | 100,000        | 99,895    | 90,471            |
|     | Glencore Funding LLC                                      | 4.27.2031         | 2.85%            | 68,000         | 67,924    | 57,168            |
|     | GS Mortgage-Backed Securities Corp Trust                  | 9.23.2026         |                  | 12,343         | 12,617    | 11,606            |
|     | Harborstone Credit Union                                  | 7.1.2024          | 5.05%            | 250,000        | 250,000   | 249,943           |
|     | Hercules Capital Inc                                      | 9.16.2026         | 2.63%            | 135,000        | 134,654   | 114,118           |
|     | Hercules Capital Inc                                      | 1.20.2027         | 3.38%            | 133,000        | 132,045   | 114,046           |
|     | Highmark Inc                                              | 5.10.2026         | 3.38%            | 150,000        | 149,799   | 135,167           |
|     | Jack in the Box Funding LLC                               | 2.26.2052         | 1.45%            | 294,000        | 294,000   | 243,385           |
|     | JPMorgan Chase & Co Variable                              | 11.19.2026        | 1.05%            | 350,000        | 350,000   | 312,330           |
|     | Kyndryl Holdings Inc                                      | 10.15.2026        | 2.05%            | 27,000         | 26,965    | 23,461            |

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2023**

| (c) Description of investment including<br>maturity date, rate of interest, collateral, par,<br>or maturity value |               |          |          |          |                      |
|-------------------------------------------------------------------------------------------------------------------|---------------|----------|----------|----------|----------------------|
| (b) Identity of issue, borrower, lessor, or similar<br>party                                                      |               | Rate of  | Maturity | (d) Cost | (e) Current<br>value |
| (a)                                                                                                               | Maturity Date | Interest | Value    |          |                      |
| Liberty Mutual Group Inc                                                                                          | 2.1.2061      | 4.30%    | 125,000  | 125,000  | 74,123               |
| Main Street Capital Corp                                                                                          | 5.1.2024      | 5.20%    | 147,000  | 151,685  | 143,759              |
| Marlette Funding Trust                                                                                            | 9.15.2031     | 1.06%    | 220,569  | 220,566  | 216,023              |
| Metropolitan Life Insurance Co                                                                                    | 2.15.2024     | 7.88%    | 265,000  | 280,041  | 269,765              |
| Micron Technology Inc                                                                                             | 2.15.2027     | 4.19%    | 120,000  | 121,049  | 116,120              |
| Morgan Stanley Bank                                                                                               | 3.24.2025     | 5.25%    | 100,000  | 99,950   | 100,555              |
| MVW Owner Trust                                                                                                   | 2.22.2041     | 1.14%    | 151,835  | 151,597  | 138,231              |
| National Rural Utilities Cooperative Finance Corp                                                                 | 4.25.2027     | 3.05%    | 210,000  | 209,570  | 199,784              |
| Navigator Aircraft                                                                                                | 22.15.2046    |          | 226,935  | 226,925  | 196,209              |
| Neighborly Issuer                                                                                                 | 1.30.2053     | 7.31%    | 175,000  | 171,500  | 172,062              |
| Northrop Grumman Corp                                                                                             | 2.1.2027      | 3.20%    | 80,000   | 79,871   | 76,451               |
| OnDeck Asset Securitization Trust                                                                                 | 5.17.2027     | 1.59%    | 300,000  | 299,993  | 278,798              |
| OnDeck Asset Securitization Trust                                                                                 | 5.17.2027     | 2.28%    | 100,000  | 99,985   | 90,679               |
| Oportun Issuance Trust                                                                                            | 10.8.2031     | 2.18%    | 300,000  | 299,965  | 270,116              |
| Owl Rock Core Income Corp                                                                                         | 9.23.2026     | 3.13%    | 271,000  | 270,290  | 235,101              |
| PennantPark Investment Corp                                                                                       | 11.1.2026     | 4.00%    | 135,000  | 134,239  | 112,598              |
| Piedmont Healthcare Inc                                                                                           | 1.1.2032      | 2.04%    | 67,000   | 67,000   | 53,089               |
| Piedmont Operating Partnership                                                                                    | 8.15.2030     | 3.15%    | 138,000  | 136,946  | 102,351              |
| Pioneer Natural Resources Co                                                                                      | 8.15.2030     | 1.90%    | 56,000   | 55,555   | 45,556               |
| Principal Life Global Funding                                                                                     | 11.17.2026    | 1.50%    | 135,000  | 134,212  | 120,149              |
| Progress Residential                                                                                              | 8.17.2040     | 1.69%    | 249,543  | 249,536  | 213,540              |
| SBA Tower Trust                                                                                                   | 1.15.2025     | 2.84%    | 275,000  | 268,813  | 260,500              |
| SBL Holdings Inc                                                                                                  |               | 6.50%    | 190,000  | 190,000  | 133,950              |
| SCF Equipment Leasing                                                                                             | 8.21.2028     | 0.83%    | 120,868  | 120,866  | 116,296              |
| Security Benefit GI Fund                                                                                          | 25.17.2024    | 1.25%    | 250,000  | 251,000  | 237,080              |
| Service Experts                                                                                                   | 2.2.2032      | 2.67%    | 192,428  | 191,961  | 176,689              |
| SERVPRO Master                                                                                                    | 1.25.2052     | 3.13%    | 396,000  | 396,000  | 327,665              |
| Sixth Street Specialty Lending                                                                                    | 11.1.2024     | 3.88%    | 126,000  | 134,709  | 120,105              |
| STWD 2022                                                                                                         | 11.15.2038    |          | 275,000  | 275,000  | 268,850              |
| TAL Advantage VII                                                                                                 | 9.20.2045     | 3.29%    | 213,875  | 213,827  | 189,118              |
| Textainer Marine Containers                                                                                       | 8.20.2046     | 1.94%    | 240,167  | 240,125  | 201,958              |
| Textainer Marine Containers                                                                                       | 8.20.2046     | 2.43%    | 170,300  | 170,221  | 138,255              |
| Textainer Marine Containers                                                                                       | 9.20.2045     | 2.10%    | 151,845  | 151,800  | 134,995              |
| Textainer Marine Containers                                                                                       | 9.20.2045     | 3.34%    | 75,966   | 75,957   | 66,578               |
| Textainer Marine Containers                                                                                       | 2.20.2046     | 1.68%    | 229,167  | 229,097  | 196,056              |
| Textainer Marine Containers                                                                                       | 2.20.2046     | 2.82%    | 84,667   | 84,636   | 69,501               |
| THERMO FISHER SCIENTIFIC INC                                                                                      | 5.23.2023     |          | 240,000  | 237,037  | 238,283              |
| Toyota Motor Credit Corp                                                                                          | 1.10.2025     | 4.80%    | 50,000   | 49,979   | 50,306               |
| TransCanada PipeLines                                                                                             | 3.9.2026      | 6.20%    | 100,000  | 100,000  | 100,691              |
| Trinity Capital Inc                                                                                               | 12.15.2026    | 4.25%    | 83,000   | 83,000   | 70,301               |
| Triton Container Finance VIII                                                                                     | 9.20.2045     | 2.11%    | 196,875  | 199,128  | 172,477              |
| Triton Container International Ltd                                                                                | 6.7.2024      | 1.15%    | 250,000  | 249,735  | 235,128              |
| Triumph Rail Holdings LLC                                                                                         | 6.19.2051     | 2.15%    | 276,897  | 276,783  | 241,868              |
| TRP 2021 LLC                                                                                                      | 6.19.2051     | 3.06%    | 100,000  | 99,971   | 84,466               |
| Unum Group                                                                                                        | 12.15.2028    | 6.75%    | 163,000  | 207,954  | 171,490              |
| Upstart Pass-Through Trust Series 2021                                                                            | 8.20.2027     | 1.85%    | 84,065   | 84,065   | 80,321               |

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2023**

|                                          |                                                              | (c) Description of investment including<br>maturity date, rate of interest, collateral, par,<br>or maturity value |                     |                   |                      |                      |
|------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------|-------------------|----------------------|----------------------|
| (a)                                      | (b) Identity of issue, borrower, lessor, or similar<br>party | Maturity Date                                                                                                     | Rate of<br>Interest | Maturity<br>Value | (d) Cost             | (e) Current<br>value |
|                                          | Velocity Commercial Capital Loan Trust 2021                  | 10.25.2051                                                                                                        |                     | 291,670           | 290,498              | 260,838              |
|                                          | Wendy's Funding LLC                                          | 6.15.2051                                                                                                         | 2.37%               | 174,885           | 172,037              | 146,697              |
|                                          | Westlake Corp                                                | 6.15.2030                                                                                                         | 3.38%               | 33,000            | 32,864               | 29,183               |
|                                          | WP Carey Inc                                                 | 2.1.2031                                                                                                          | 2.40%               | 35,000            | 34,685               | 28,519               |
|                                          | <b>Total corporate bonds</b>                                 | Total corporate bonds                                                                                             |                     |                   | <b>\$ 17,260,085</b> | <b>\$ 15,431,033</b> |
| <b>Municipal obligations</b>             |                                                              |                                                                                                                   |                     |                   |                      |                      |
|                                          | Met Govt Nashville & Davidson Build Amer Bds-Tax             | 7.1.2037                                                                                                          | 6.57%               | 43,000            | \$ 57,749            | \$ 50,039            |
|                                          | Miami-Dade Cnty Fl Aviation Re Txbl-Ref-Ser D                | 10.1.2037                                                                                                         | 3.73%               | 100,000           | 100,000              | 88,096               |
|                                          | San Francisco City & Cnty Ca P Txbl-Green Bond-Se            | 11.1.2032                                                                                                         | 3.70%               | 165,000           | 165,000              | 154,123              |
|                                          | Univ Of Texas Tx Permanent Uni Txbl-Permanent Un             | 7.1.2047                                                                                                          | 3.38%               | 45,000            | 45,000               | 36,603               |
|                                          | Virginia St Port Auth Port Fac Txbl-Ref-Ser A                | 7.1.2045                                                                                                          | 4.48%               | 110,000           | 110,000              | 97,424               |
|                                          | <b>Total municipal bonds</b>                                 |                                                                                                                   |                     |                   | <b>\$ 477,749</b>    | <b>\$ 426,285</b>    |
| <b>Government and agency obligations</b> |                                                              |                                                                                                                   |                     |                   |                      |                      |
|                                          | Fannie Mae Pool FN 109720                                    | 10.1.2025                                                                                                         | 3.42%               | 135,000           | \$ 138,122           | \$ 131,144           |
|                                          | Fannie Mae Pool FN 889579                                    | 5.1.2038                                                                                                          | 6.00%               | 8,079             | 8,838                | 8,437                |
|                                          | Fannie Mae Pool FN 990974                                    | 9.1.2023                                                                                                          | 5.00%               | 2,255             | 2,323                | 2,270                |
|                                          | Fannie Mae Pool FN AD4398                                    | 6.1.2025                                                                                                          | 4.00%               | 23,968            | 24,961               | 23,849               |
|                                          | Fannie Mae Pool FN AL4778                                    | 10.1.2032                                                                                                         | 4.00%               | 30,521            | 32,075               | 29,800               |
|                                          | Fannie Mae Pool FN AN9038                                    | 5.1.2028                                                                                                          | 3.46%               | 55,000            | 61,325               | 52,660               |
|                                          | Fannie Mae Pool FN AQ4539                                    | 11.1.2027                                                                                                         | 2.50%               | 102,039           | 102,932              | 96,535               |
|                                          | Fannie Mae Pool FN AS7986                                    | 9.1.2031                                                                                                          | 2.50%               | 93,886            | 96,761               | 88,536               |
|                                          | Fannie Mae Pool FN BL0484                                    | 11.1.2028                                                                                                         | 4.22%               | 242,000           | 256,501              | 239,701              |
|                                          | Fannie Mae Pool FN MA1167                                    | 9.1.2027                                                                                                          | 2.50%               | 24,610            | 24,080               | 23,693               |
|                                          | Fannie Mae Pool FN MA1517                                    | 7.1.2028                                                                                                          | 3.00%               | 68,481            | 69,829               | 65,615               |
|                                          | Fannie Mae Pool FN MA2798                                    | 10.1.2031                                                                                                         | 2.50%               | 7,224             | 7,201                | 6,740                |
|                                          | Fannie Mae Pool FN MA3030                                    | 6.1.2027                                                                                                          | 3.00%               | 58,760            | 58,760               | 57,128               |
|                                          | Fannie Mae Pool FN MA3040                                    | 6.1.20247                                                                                                         | 3.50%               | 56,323            | 57,907               | 52,060               |
|                                          | Fannie Mae REMICS FNR 2003-130                               | 1.25.2034                                                                                                         |                     | 48,094            | 47,913               | 47,732               |
|                                          | Fannie Mae REMICS FNR 2007-68                                | 7.25.2037                                                                                                         |                     | 9,930             | 9,632                | 9,727                |
|                                          | Fannie Mae REMICS FNR 2010-64                                | 6.25.2040                                                                                                         | 4.50%               | 4,349             | 4,481                | 4,271                |
|                                          | Fannie Mae REMICS FNR 2011-15                                | 3.25.2041                                                                                                         |                     | 10,569            | 10,302               | 10,422               |
|                                          | Fannie Mae REMICS FNR 2012-50                                | 3.25.2042                                                                                                         | 2.50%               | 31,305            | 31,775               | 29,056               |
|                                          | Fannie Mae REMICS FNR 2012-96                                | 5.25.2042                                                                                                         | 3.00%               | 11,234            | 11,290               | 10,877               |
|                                          | Fannie Mae REMICS FNR 2015-2                                 | 3.25.2044                                                                                                         | 2.25%               | 61,821            | 61,155               | 57,428               |
|                                          | Fannie Mae REMICS FNR 2016-31                                | 3.25.2045                                                                                                         | 3.00%               | 34,036            | 33,168               | 32,310               |
|                                          | Fannie Mae REMICS FNR 2017-56                                | 12.25.2045                                                                                                        | 3.00%               | 50,050            | 49,472               | 46,804               |
|                                          | Fannie Mae REMICS FNR 2017-72                                | 8.25.2047                                                                                                         | 2.50%               | 31,319            | 31,023               | 28,810               |
|                                          | Fannie Mae-Aces FNA 2015-M11                                 | 4.25.2025                                                                                                         |                     | 247,414           | 262,568              | 239,187              |
|                                          | Federal Farm Credit Banks Funding Corp                       | 5.3.2031                                                                                                          | 4.09%               | 130,000           | 129,675              | 122,994              |
|                                          | Federal Home Loan Banks                                      | 7.25.2025                                                                                                         | 3.55%               | 200,000           | 200,000              | 196,006              |
|                                          | Freddie Mac Gold Pool FG C09016                              | 10.1.2042                                                                                                         | 3.50%               | 8,942             | 8,784                | 8,540                |
|                                          | Freddie Mac Gold Pool FG C91065                              | 7.1.2027                                                                                                          | 6.00%               | 28,277            | 30,609               | 28,889               |
|                                          | Freddie Mac Gold Pool FG G13840                              | 9.1.2024                                                                                                          | 5.50%               | 130               | 133                  | 130                  |

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2023**

|                                                     |                                                       | (c) Description of investment including<br>maturity date, rate of interest, collateral, par,<br>or maturity value |          |         |             |         |
|-----------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------|---------|-------------|---------|
| (b) Identity of issue, borrower, lessor, or similar |                                                       | Rate of                                                                                                           | Maturity |         | (e) Current |         |
| (a)                                                 | party                                                 | Maturity Date                                                                                                     | Interest | Value   | (d) Cost    | value   |
|                                                     | Freddie Mac Gold Pool FG G13884                       | 6.1.2025                                                                                                          | 4.50%    | 11,228  | 11,505      | 11,269  |
|                                                     | Freddie Mac Gold Pool FG G30701                       | 11.1.2031                                                                                                         | 5.00%    | 50,937  | 56,540      | 51,849  |
|                                                     | Freddie Mac Gold Pool FG J07908                       | 5.1.2023                                                                                                          | 5.00%    | 2,585   | 2,656       | 2,605   |
|                                                     | Freddie Mac Gold Pool FG J34676                       | 7.1.2031                                                                                                          | 3.00%    | 61,182  | 64,547      | 58,443  |
|                                                     | Freddie Mac Multifamily Structured Pass Through Ce    | 8.25.2027                                                                                                         | 3.24%    | 267,000 | 275,001     | 256,589 |
|                                                     | Freddie Mac Multifamily Structured Pass Through Ce    | 1.25.2029                                                                                                         | 3.69%    | 129,000 | 132,864     | 125,595 |
|                                                     | Freddie Mac Multifamily Structured Pass Through Ce    | 1.25.2026                                                                                                         | 3.50%    | 262,245 | 267,506     | 256,442 |
|                                                     | Freddie Mac Multifamily Structured Pass Through Ce    | 1.25.2029                                                                                                         | 2.94%    | 249,000 | 256,466     | 232,125 |
|                                                     | Freddie Mac Multifamily Structured Pass Through Ce    | 4.25.2026                                                                                                         | 2.88%    | 275,000 | 283,239     | 263,652 |
|                                                     | Freddie Mac Multifamily Structured Pass Through Ce    | 11.25.2025                                                                                                        | 2.98%    | 144,862 | 147,758     | 140,635 |
|                                                     | Freddie Mac REMICS FHR 2526 FA Flt 15                 | 11.15.2032                                                                                                        |          | 51,774  | 50,674      | 51,465  |
|                                                     | Freddie Mac REMICS FHR 3342 PZ                        | 6.15.2037                                                                                                         | 5.00%    | 46,056  | 48,330      | 46,565  |
|                                                     | Freddie Mac REMICS FHR 3372 F Flt 15                  | 10.15.2037                                                                                                        |          | 13,193  | 12,929      | 13,067  |
|                                                     | Freddie Mac REMICS FHR 3708 PE                        | 7.15.2040                                                                                                         | 3.50%    | 21,979  | 22,584      | 21,391  |
|                                                     | Freddie Mac REMICS FHR 3914 NA                        | 6.15.2039                                                                                                         | 4.00%    | 154,821 | 155,982     | 149,817 |
|                                                     | Freddie Mac REMICS FHR 4022 PA                        | 3.15.2027                                                                                                         | 3.00%    | 62,594  | 63,592      | 60,680  |
|                                                     | Freddie Mac REMICS FHR 4098 HA                        | 5.15.2041                                                                                                         | 2.00%    | 112,124 | 111,230     | 104,697 |
|                                                     | Freddie Mac REMICS FHR 4388 MC                        | 7.15.2044                                                                                                         | 2.50%    | 46,536  | 46,589      | 43,214  |
|                                                     | Freddie Mac REMICS FHR 4546 TH                        | 12.15.2045                                                                                                        | 2.50%    | 54,224  | 51,733      | 48,337  |
|                                                     | Freddie Mac REMICS FHR 4635 PH                        | 12.15.2046                                                                                                        | 2.75%    | 34,150  | 34,150      | 30,863  |
|                                                     | Freddie Mac REMICS FHR 4682 LD                        | 5.15.2047                                                                                                         | 2.75%    | 13,024  | 12,536      | 11,771  |
|                                                     | Ginnie Mae I Pool GN 552509                           | 4.15.2032                                                                                                         | 6.00%    | 4,519   | 4,464       | 4,611   |
|                                                     | Ginnie Mae I Pool GN 582153                           | 6.15.2032                                                                                                         | 6.00%    | 3,116   | 3,111       | 3,174   |
|                                                     | Ginnie Mae I pool GN 737261                           | 5.15.2025                                                                                                         | 4.00%    | 11,657  | 11,926      | 11,507  |
|                                                     | Ginnie Mae I Pool GN 782119                           | 8.15.2036                                                                                                         | 6.00%    | 21,103  | 22,597      | 22,218  |
|                                                     | Ginnie Mae II Pool G2 4194                            | 7.20.2038                                                                                                         | 5.50%    | 18,290  | 19,410      | 19,096  |
|                                                     | Ginnie Mae II Pool G2 4195                            | 7.20.2038                                                                                                         | 6.00%    | 6,393   | 6,386       | 6,766   |
|                                                     | Ginnie Mae II Pool G2 4496                            | 7.20.2039                                                                                                         | 5.00%    | 45,854  | 50,245      | 47,077  |
|                                                     | Ginnie Mae II Pool G2 4877                            | 12.20.2025                                                                                                        | 3.50%    | 13,617  | 13,804      | 13,346  |
|                                                     | Ginnie Mae II Pool G2 MA0756                          | 2.20.2028                                                                                                         | 2.50%    | 40,215  | 39,574      | 38,623  |
|                                                     | Government National Mortgage Association GNR 2011     | 11.20.2042                                                                                                        | 1.75%    | 9,699   | 9,460       | 8,484   |
|                                                     | Government National Mortgage Association GNR 2011     | 11.20.2045                                                                                                        | 3.00%    | 1,759   | 1,805       | 1,706   |
|                                                     | Government National Mortgage Association GNR 2019     | 20.2047                                                                                                           | 2.50%    | 185,609 | 182,477     | 166,875 |
|                                                     | Government National Mortgage Association GNR 2011     | 20.2048                                                                                                           | 2.50%    | 200,000 | 191,313     | 169,780 |
|                                                     | Government National Mortgage Association GNR 2011     | 11.20.2047                                                                                                        | 3.50%    | 24,900  | 24,635      | 24,073  |
|                                                     | Government National Mortgage Association GNR 2014     | 20.2048                                                                                                           | 3.00%    | 93,203  | 88,310      | 87,748  |
|                                                     | Government National Mortgage Association GNR 2014     | 20.2048                                                                                                           | 2.00%    | 258,000 | 238,650     | 204,914 |
|                                                     | Government National Mortgage Association GNR 2011     | 10.20.2049                                                                                                        | 3.00%    | 12,183  | 12,274      | 11,505  |
|                                                     | SBA Small Business Investment Cos SBIC 2015-10A       | 3.10.2025                                                                                                         | 2.52%    | 14,481  | 14,068      | 13,956  |
|                                                     | SBA Small Business Investment Cos SBIC 2019-10B       | 9.10.2029                                                                                                         | 2.28%    | 343,356 | 343,356     | 317,539 |
|                                                     | Tennessee Valley Authority                            | 2.1.2027                                                                                                          | 2.88%    | 140,000 | 139,892     | 134,289 |
|                                                     | United States Small Business Administration SBAP 2016 | 1.2026                                                                                                            | 5.87%    | 67,470  | 71,539      | 67,183  |
|                                                     | United States Small Business Administration SBAP 2019 | 1.2026                                                                                                            | 5.54%    | 33,089  | 34,780      | 33,163  |
|                                                     | United States Small Business Administration SBAP 2015 | 1.2033                                                                                                            | 2.07%    | 42,111  | 42,006      | 38,597  |
|                                                     | United States Treasury Note/Bond                      | 2.15.2031                                                                                                         | 2.07%    | 71,000  | 68,285      | 59,787  |
|                                                     | United States Treasury Note/Bond                      | 8.15.2031                                                                                                         | 1.13%    | 175,000 | 173,864     | 146,788 |

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2023**

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

| (a) | (b) Identity of issue, borrower, lessor, or similar party | Maturity Date | Rate of Interest | Maturity Value | (d) Cost         | (e) Current value |
|-----|-----------------------------------------------------------|---------------|------------------|----------------|------------------|-------------------|
|     | United States Treasury Note/Bond                          | 8.31.2029     | 1.25%            | 55,000         | 53,427           | 53,538            |
|     | <b>Total government and agency obligations</b>            |               |                  |                | <u>5,833,664</u> | <u>5,438,765</u>  |
|     | <b>Mutual funds</b>                                       |               |                  |                |                  |                   |
|     | American Fds Grth Fnd America                             | N/A           | N/A              | N/A            |                  | 3,331,465         |
|     | Baron Growth Fund                                         | N/A           | N/A              | N/A            |                  | 1,355,565         |
|     | Columbia Seligman Tech Info Fund                          | N/A           | N/A              | N/A            |                  | 6,316,487         |
|     | Dodge & Cox International Stock Fund                      | N/A           | N/A              | N/A            |                  | 616,137           |
|     | Eaton Vance Large-Cap Value Fd                            | N/A           | N/A              | N/A            |                  | 1,390,123         |
|     | Fidelity Mid Cap incex                                    | N/A           | N/A              | N/A            |                  | 1,113,329         |
|     | Invesco Real Estate Fund                                  | N/A           | N/A              | N/A            |                  | 664,223           |
| *   | MassMutual Diversified Bond Fd                            | N/A           | N/A              | N/A            |                  | 836,271           |
| *   | MM Slct T.Rowe Pr Rtmt 2010 Fd                            | N/A           | N/A              | N/A            |                  | 10,850            |
| *   | MM Slct T.Rowe Pr Rtmt 2020 Fd                            | N/A           | N/A              | N/A            |                  | 14,773            |
| *   | MM Slct T.Rowe Pr Rtmt 2030 Fd                            | N/A           | N/A              | N/A            |                  | 711,894           |
| *   | MM Slct T.Rowe Pr Rtmt 2040 Fd                            | N/A           | N/A              | N/A            |                  | 1,887,578         |
| *   | MM Slct T.Rowe Pr Rtmt 2050 Fd                            | N/A           | N/A              | N/A            |                  | 1,627,499         |
| *   | MM Slct T.Rowe Pr Rtmt 2060 Fd                            | N/A           | N/A              | N/A            |                  | 83,210            |
| *   | MM Slct T.Rowe Pr Rtmt Blnd Fd                            | N/A           | N/A              | N/A            |                  | 75,948            |
| *   | MM S&P 500 Index Fd(Nrthrn Tr)                            | N/A           | N/A              | N/A            |                  | 3,407,527         |
|     | Oakmark Equity & Income Fund                              | N/A           | N/A              | N/A            |                  | 441,603           |
|     | PIMCO Total return Fund                                   | N/A           | N/A              | N/A            |                  | 47,395            |
|     | Royce Total Return Fund                                   | N/A           | N/A              | N/A            |                  | 407,233           |
|     | Thornburg Intl Equity Fd                                  | N/A           | N/A              | N/A            |                  | 896,962           |
|     | Vanguard Interm-Term Treas Fd                             | N/A           | N/A              | N/A            |                  | 679,027           |
|     | Vanguard Sm Cap Grwth Indx Fnd                            | N/A           | N/A              | N/A            |                  | 482,874           |
|     | Vanguard Small Cap Index Fund                             | N/A           | N/A              | N/A            |                  | 635,911           |
|     | Vanguard Small-Cap Val Indx Fd                            | N/A           | N/A              | N/A            |                  | 897,583           |
|     | <b>Total mutual funds</b>                                 |               |                  |                |                  | <u>27,931,467</u> |
|     | <b>Pooled separate account</b>                            |               |                  |                |                  |                   |
|     | Principal U.S. Property Account                           | N/A           | N/A              | N/A            | 10,804,455       | 10,138,761        |
|     | <b>Stable value fund</b>                                  |               |                  |                |                  |                   |
|     | Mass Mutual SAGIC Core Bond Fund                          | N/A           | N/A              | N/A            | 14,072,176       | 14,072,176        |
|     | <b>Total assets (held at end of year)</b>                 |               |                  |                |                  | 164,408,107       |

\* Denotes party in interest

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4j**

**Schedule of Reportable Transactions**

**Year Ended March 31, 2023**

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|--------------------------------|---------------------------------------------------------------------------------|--------------------|-------------------|------------------|---------------------------------------|-------------------|------------------------------------------------|------------------------|
| Regions Bank                   | Regions Trust Cash Sweep                                                        | \$ 26,245,778      | \$ -              | \$ -             | \$ -                                  | \$ 26,245,778     | \$ 26,245,778                                  | \$ -                   |
| Regions Bank                   | Regions Trust Cash Sweep                                                        | -                  | 26,780,295        | -                | -                                     | 26,780,295        | 26,780,295                                     | -                      |

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2023**

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

| (a)                       | (b) Identity of issue, borrower, lessor, or similar party | Maturity Date | Rate of Interest | Maturity Value | (d) Cost      | (e) Current value |
|---------------------------|-----------------------------------------------------------|---------------|------------------|----------------|---------------|-------------------|
| <b>Money market funds</b> |                                                           |               |                  |                |               |                   |
| *                         | Fidelity Institutional Money Mkt                          | N/A           | N/A              | N/A            | \$ 27,357,388 | \$ 27,357,388     |
| <b>Common stock</b>       |                                                           |               |                  |                |               |                   |
|                           | AbbVie Inc                                                | N/A           | N/A              | N/A            | \$ 466,642    | \$ 644,014        |
|                           | Accenture PLC                                             | N/A           | N/A              | N/A            | 24,959        | 28,581            |
|                           | Adobe Inc                                                 | N/A           | N/A              | N/A            | 209,840       | 285,559           |
|                           | Advanced Micro Devices Inc                                | N/A           | N/A              | N/A            | 98,094        | 192,492           |
|                           | Aegon NV                                                  | N/A           | N/A              | N/A            | 6,659         | 4,300             |
|                           | AES Corp/VA                                               | N/A           | N/A              | N/A            | 247,741       | 294,739           |
|                           | Airbnb Inc                                                | N/A           | N/A              | N/A            | 220,393       | 321,574           |
|                           | Alphabet Inc                                              | N/A           | N/A              | N/A            | 822,821       | 738,400           |
|                           | Alphabet Inc                                              | N/A           | N/A              | N/A            | 247,645       | 817,911           |
|                           | Alphabet Inc                                              | N/A           | N/A              | N/A            | 388,500       | 848,016           |
|                           | Amazon.com Inc                                            | N/A           | N/A              | N/A            | 595,627       | 1,477,563         |
|                           | American Electric Power Co Inc                            | N/A           | N/A              | N/A            | 274,835       | 332,114           |
|                           | American Express Co                                       | N/A           | N/A              | N/A            | 299,551       | 410,726           |
|                           | American International Group Inc                          | N/A           | N/A              | N/A            | 263,761       | 334,390           |
|                           | American Tower Corp                                       | N/A           | N/A              | N/A            | 180,568       | 207,814           |
|                           | Ameriprise Financial Inc                                  | N/A           | N/A              | N/A            | 223,488       | 355,540           |
|                           | Amgen Inc                                                 | N/A           | N/A              | N/A            | 287,430       | 306,056           |
|                           | Anheuser-Busch InBev SA/NV                                | N/A           | N/A              | N/A            | 37,566        | 23,356            |
|                           | Apple Inc                                                 | N/A           | N/A              | N/A            | 501,101       | 3,871,028         |
|                           | ArcelorMittal SA                                          | N/A           | N/A              | N/A            | 12,756        | 12,048            |
|                           | Arista Networks Inc                                       | N/A           | N/A              | N/A            | 276,788       | 354,017           |
|                           | ASML Holding NV                                           | N/A           | N/A              | N/A            | 32,981        | 34,036            |
|                           | AT&T Inc                                                  | N/A           | N/A              | N/A            | 314,831       | 261,993           |
|                           | Atlas Copco AB                                            | N/A           | N/A              | N/A            | 13,172        | 12,620            |
|                           | Autodesk Inc                                              | N/A           | N/A              | N/A            | 230,546       | 260,200           |
|                           | AutoZone Inc                                              | N/A           | N/A              | N/A            | 367,289       | 430,176           |
|                           | Baidu Inc                                                 | N/A           | N/A              | N/A            | 15,508        | 15,092            |
|                           | Bank of America Corp                                      | N/A           | N/A              | N/A            | 306,387       | 529,071           |
|                           | Bank of Nova Scotia/The                                   | N/A           | N/A              | N/A            | 27,832        | 22,662            |
|                           | Barrick Gold Corp                                         | N/A           | N/A              | N/A            | 7,304         | 10,214            |
|                           | Berkshire Hathaway Inc                                    | N/A           | N/A              | N/A            | 664,267       | 818,241           |
|                           | Boeing Co/The                                             | N/A           | N/A              | N/A            | 313,724       | 403,617           |
|                           | Booz Allen Hamilton Holding Corp                          | N/A           | N/A              | N/A            | 237,663       | 225,237           |
|                           | BP PLC                                                    | N/A           | N/A              | N/A            | 37,716        | 36,043            |
|                           | Bristol-Myers Squibb Co                                   | N/A           | N/A              | N/A            | 264,329       | 397,146           |
|                           | Broadcom Inc                                              | N/A           | N/A              | N/A            | 389,520       | 728,148           |
|                           | Cadence Design Systems Inc                                | N/A           | N/A              | N/A            | 306,591       | 370,599           |
|                           | Capri Holdings Ltd                                        | N/A           | N/A              | N/A            | 5,202         | 7,050             |
|                           | Carlisle Cos Inc                                          | N/A           | N/A              | N/A            | 220,713       | 216,575           |
|                           | Carrier Global Corp                                       | N/A           | N/A              | N/A            | 151,983       | 204,274           |
|                           | Caterpillar Inc                                           | N/A           | N/A              | N/A            | 328,098       | 350,125           |

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2023**

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

| (a) | (b) Identity of issue, borrower, lessor, or similar party | Maturity Date | Rate of Interest | Maturity Value | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|---------------|------------------|----------------|----------|-------------------|
|     | Cboe Global Markets Inc                                   | N/A           | N/A              | N/A            | 306,527  | 344,997           |
|     | Cheniere Energy Inc                                       | N/A           | N/A              | N/A            | 326,995  | 357,752           |
|     | Cheniere Energy Inc                                       | N/A           | N/A              | N/A            | 105,306  | 186,441           |
|     | Chevron Corp                                              | N/A           | N/A              | N/A            | 185,324  | 561,923           |
|     | Chubb Ltd                                                 | N/A           | N/A              | N/A            | 252,381  | 339,815           |
|     | Cigna Group/The                                           | N/A           | N/A              | N/A            | 162,324  | 332,189           |
|     | Citigroup Inc                                             | N/A           | N/A              | N/A            | 312,751  | 272,900           |
|     | Cloudflare Inc                                            | N/A           | N/A              | N/A            | 184,494  | 197,805           |
|     | Comcast Corp                                              | N/A           | N/A              | N/A            | 335,784  | 310,862           |
|     | ConocoPhillips                                            | N/A           | N/A              | N/A            | 160,697  | 376,006           |
|     | Corning Inc                                               | N/A           | N/A              | N/A            | 203,427  | 290,354           |
|     | CoStar Group Inc                                          | N/A           | N/A              | N/A            | 410,853  | 339,293           |
|     | Costco Wholesale Corp                                     | N/A           | N/A              | N/A            | 176,610  | 344,331           |
|     | Coterra Energy Inc                                        | N/A           | N/A              | N/A            | 144,646  | 108,467           |
|     | CRH PLC                                                   | N/A           | N/A              | N/A            | 19,147   | 27,979            |
|     | Crowdstrike Holdings Inc                                  | N/A           | N/A              | N/A            | 228,346  | 144,535           |
|     | Cummins Inc                                               | N/A           | N/A              | N/A            | 292,428  | 441,928           |
|     | CVS Health Corp                                           | N/A           | N/A              | N/A            | 308,633  | 333,652           |
|     | Daimler Truck Holding AG                                  | N/A           | N/A              | N/A            | 10,584   | 10,137            |
|     | Danaher Corp                                              | N/A           | N/A              | N/A            | 303,984  | 287,326           |
|     | Datadog Inc                                               | N/A           | N/A              | N/A            | 295,982  | 145,901           |
|     | Deere & Co                                                | N/A           | N/A              | N/A            | 396,586  | 424,854           |
|     | Dell Technologies Inc                                     | N/A           | N/A              | N/A            | 224,140  | 256,138           |
|     | Delta Air Lines Inc                                       | N/A           | N/A              | N/A            | 253,760  | 261,271           |
|     | DENTSPLY SIRONA Inc                                       | N/A           | N/A              | N/A            | 346,858  | 343,700           |
|     | Deutsche Bank AG                                          | N/A           | N/A              | N/A            | 7,392    | 5,105             |
|     | Diageo PLC                                                | N/A           | N/A              | N/A            | 13,590   | 18,118            |
|     | Duke Energy Corp                                          | N/A           | N/A              | N/A            | 253,866  | 324,139           |
|     | Eagle Materials Inc                                       | N/A           | N/A              | N/A            | 357,612  | 410,900           |
|     | Eaton Corp PLC                                            | N/A           | N/A              | N/A            | 135,074  | 358,101           |
|     | Edwards Lifesciences Corp                                 | N/A           | N/A              | N/A            | 225,731  | 217,745           |
|     | Electronic Arts Inc                                       | N/A           | N/A              | N/A            | 246,707  | 224,157           |
|     | Elevance Health Inc                                       | N/A           | N/A              | N/A            | 323,258  | 648,332           |
|     | Eli Lilly & Co                                            | N/A           | N/A              | N/A            | 387,688  | 686,497           |
|     | Enphase Energy Inc                                        | N/A           | N/A              | N/A            | 120,137  | 159,813           |
|     | Envista Holdings Corp                                     | N/A           | N/A              | N/A            | 300,796  | 287,386           |
|     | Equitable Holdings Inc                                    | N/A           | N/A              | N/A            | 354,206  | 290,716           |
|     | Estee Lauder Cos Inc/The                                  | N/A           | N/A              | N/A            | 195,468  | 287,619           |
|     | Expedia Group Inc                                         | N/A           | N/A              | N/A            | 326,864  | 180,864           |
|     | Exxon Mobil Corp                                          | N/A           | N/A              | N/A            | 418,824  | 773,103           |
|     | F5 Inc                                                    | N/A           | N/A              | N/A            | 165,858  | 164,630           |
|     | Ferrari NV                                                | N/A           | N/A              | N/A            | 20,642   | 27,094            |
|     | Ford Motor Co                                             | N/A           | N/A              | N/A            | 324,581  | 320,544           |
|     | Fresenius Medical Care AG & Co KGaA                       | N/A           | N/A              | N/A            | 13,500   | 14,882            |
|     | Gaming and Leisure Properties Inc                         | N/A           | N/A              | N/A            | 321,280  | 381,079           |

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2023**

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

| (a) | (b) Identity of issue, borrower, lessor, or similar party | Maturity Date | Rate of Interest | Maturity Value | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|---------------|------------------|----------------|----------|-------------------|
|     | Genuine Parts Co                                          | N/A           | N/A              | N/A            | 247,167  | 239,253           |
|     | GLOBALFOUNDRIES Inc                                       | N/A           | N/A              | N/A            | 171,649  | 234,080           |
|     | Goldman Sachs Group Inc/The                               | N/A           | N/A              | N/A            | 161,134  | 231,921           |
|     | GSK PLC                                                   | N/A           | N/A              | N/A            | 11,685   | 11,030            |
|     | Haleon PLC                                                | N/A           | N/A              | N/A            | 5,407    | 6,512             |
|     | Hilton Worldwide Holdings Inc                             | N/A           | N/A              | N/A            | 205,190  | 359,219           |
|     | Home Depot Inc/The                                        | N/A           | N/A              | N/A            | 390,645  | 656,052           |
|     | Honda Motor Co Ltd                                        | N/A           | N/A              | N/A            | 36,075   | 39,735            |
|     | Huntington Ingalls Industries Inc                         | N/A           | N/A              | N/A            | 232,354  | 210,953           |
|     | ICON PLC                                                  | N/A           | N/A              | N/A            | 20,363   | 21,359            |
|     | ING Groep NV                                              | N/A           | N/A              | N/A            | 20,939   | 19,586            |
|     | Insulet Corp                                              | N/A           | N/A              | N/A            | 250,369  | 312,581           |
|     | InterContinental Hotels Group PLC                         | N/A           | N/A              | N/A            | 38,210   | 38,628            |
|     | Invesco Ltd                                               | N/A           | N/A              | N/A            | 10,377   | 10,660            |
|     | Ionis Pharmaceuticals Inc Com                             | N/A           | N/A              | N/A            | 235,891  | 226,270           |
|     | iShares MSCI Emerging Markets ETF                         | N/A           | N/A              | N/A            | 19,084   | 15,784            |
|     | Jazz Pharmaceuticals PLC                                  | N/A           | N/A              | N/A            | 358,781  | 390,701           |
|     | JD.com Inc                                                | N/A           | N/A              | N/A            | 8,955    | 13,167            |
|     | Johnson & Johnson                                         | N/A           | N/A              | N/A            | 564,877  | 689,750           |
|     | Jones Lang LaSalle Inc                                    | N/A           | N/A              | N/A            | 332,658  | 273,521           |
|     | JPMorgan Chase & Co                                       | N/A           | N/A              | N/A            | 271,314  | 849,621           |
|     | Kimberly-Clark Corp                                       | N/A           | N/A              | N/A            | 353,411  | 375,816           |
|     | Knight-Swift Transportation Holdings Inc                  | N/A           | N/A              | N/A            | 163,077  | 185,017           |
|     | Koninklijke Philips NV                                    | N/A           | N/A              | N/A            | 49,369   | 27,525            |
|     | Kraft Heinz Co/The                                        | N/A           | N/A              | N/A            | 348,559  | 337,589           |
|     | Kyocera Corp                                              | N/A           | N/A              | N/A            | 44,250   | 39,098            |
|     | L3Harris Technologies Inc                                 | N/A           | N/A              | N/A            | 61,203   | 66,722            |
|     | Laboratory Corp of America Holdings                       | N/A           | N/A              | N/A            | 284,861  | 334,953           |
|     | Linde PLC                                                 | N/A           | N/A              | N/A            | 8,880    | 17,772            |
|     | Lithia Motors Inc                                         | N/A           | N/A              | N/A            | 438,695  | 315,923           |
|     | Live Nation Entertainment Inc                             | N/A           | N/A              | N/A            | 331,752  | 250,600           |
|     | LPL Financial Holdings Inc                                | N/A           | N/A              | N/A            | 229,315  | 198,757           |
|     | LVMH Moet Hennessy Louis Vuitton SE                       | N/A           | N/A              | N/A            | 24,915   | 27,560            |
|     | LyondellBasell Industries NV                              | N/A           | N/A              | N/A            | 302,348  | 315,470           |
|     | Marathon Oil Corp                                         | N/A           | N/A              | N/A            | 220,716  | 241,038           |
|     | Marvell Technology Inc                                    | N/A           | N/A              | N/A            | 552,147  | 308,296           |
|     | Mastercard Inc                                            | N/A           | N/A              | N/A            | 423,813  | 842,384           |
|     | Medtronic PLC                                             | N/A           | N/A              | N/A            | 31,345   | 20,155            |
|     | Medtronic PLC                                             | N/A           | N/A              | N/A            | 255,753  | 193,488           |
|     | Mercedes-Benz Group AG                                    | N/A           | N/A              | N/A            | 32,840   | 30,752            |
|     | Meta Platforms Inc                                        | N/A           | N/A              | N/A            | 296,660  | 455,671           |
|     | Meta Platforms Inc                                        | N/A           | N/A              | N/A            | 138,598  | 466,692           |
|     | MetLife Inc                                               | N/A           | N/A              | N/A            | 326,735  | 289,700           |
|     | MGM Resorts International                                 | N/A           | N/A              | N/A            | 324,892  | 417,548           |
|     | Micron Technology Inc                                     | N/A           | N/A              | N/A            | 54,655   | 125,507           |

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2023**

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

| (a) | (b) Identity of issue, borrower, lessor, or similar party | Maturity Date | Rate of Interest | Maturity Value | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|---------------|------------------|----------------|----------|-------------------|
|     | Microsoft Corp                                            | N/A           | N/A              | N/A            | 515,484  | 3,277,106         |
|     | MKS Instruments Inc                                       | N/A           | N/A              | N/A            | 327,687  | 194,964           |
|     | Molson Coors Beverage Co                                  | N/A           | N/A              | N/A            | 391,952  | 402,070           |
|     | Moody's Corp                                              | N/A           | N/A              | N/A            | 300,646  | 310,916           |
|     | Morgan Stanley                                            | N/A           | N/A              | N/A            | 348,405  | 307,300           |
|     | Mowi ASA                                                  | N/A           | N/A              | N/A            | 3,478    | 3,694             |
|     | National Grid PLC                                         | N/A           | N/A              | N/A            | 10,801   | 13,598            |
|     | nCino Inc                                                 | N/A           | N/A              | N/A            | 141,378  | 144,046           |
|     | Newell Brands Inc                                         | N/A           | N/A              | N/A            | 358,107  | 203,892           |
|     | News Corp                                                 | N/A           | N/A              | N/A            | 9,749    | 10,458            |
|     | NICE Systems Ltd                                          | N/A           | N/A              | N/A            | 9,965    | 11,445            |
|     | NIKE Inc                                                  | N/A           | N/A              | N/A            | 141,830  | 240,374           |
|     | Nippon Telegraph & Telephone Corp                         | N/A           | N/A              | N/A            | 23,573   | 29,960            |
|     | Norfolk Southern Corp                                     | N/A           | N/A              | N/A            | 142,667  | 360,400           |
|     | Novartis AG                                               | N/A           | N/A              | N/A            | 27,863   | 27,600            |
|     | NRG Energy Inc                                            | N/A           | N/A              | N/A            | 482,099  | 427,253           |
|     | NVIDIA Corp                                               | N/A           | N/A              | N/A            | 256,799  | 818,866           |
|     | NXP Semiconductors NV                                     | N/A           | N/A              | N/A            | 10,056   | 18,648            |
|     | Occidental Petroleum Corp                                 | N/A           | N/A              | N/A            | 194,922  | 177,301           |
|     | Occidental Petroleum Corp                                 | N/A           | N/A              | N/A            | 156,622  | 156,762           |
|     | Olin Corp                                                 | N/A           | N/A              | N/A            | 130,279  | 393,495           |
|     | Oracle Corp                                               | N/A           | N/A              | N/A            | 216,879  | 366,105           |
|     | Ovintiv Inc                                               | N/A           | N/A              | N/A            | 14,373   | 18,401            |
|     | Ovintiv Inc                                               | N/A           | N/A              | N/A            | 151,340  | 106,220           |
|     | PayPal Holdings Inc                                       | N/A           | N/A              | N/A            | 338,141  | 345,527           |
|     | PDC Energy Inc                                            | N/A           | N/A              | N/A            | 150,083  | 132,403           |
|     | PepsiCo Inc                                               | N/A           | N/A              | N/A            | 261,328  | 413,821           |
|     | PepsiCo Inc                                               | N/A           | N/A              | N/A            | 263,989  | 337,620           |
|     | Performance Food Group Co                                 | N/A           | N/A              | N/A            | 237,813  | 237,740           |
|     | Planet Fitness Inc                                        | N/A           | N/A              | N/A            | 293,245  | 276,894           |
|     | Procter & Gamble Co/The                                   | N/A           | N/A              | N/A            | 341,428  | 639,367           |
|     | Prologis Inc                                              | N/A           | N/A              | N/A            | 235,661  | 338,127           |
|     | Prudential PLC                                            | N/A           | N/A              | N/A            | 22,675   | 12,303            |
|     | Pure Storage Inc                                          | N/A           | N/A              | N/A            | 292,428  | 284,130           |
|     | Qorvo Inc                                                 | N/A           | N/A              | N/A            | 405,042  | 236,658           |
|     | Qualcomm Inc                                              | N/A           | N/A              | N/A            | 151,826  | 254,522           |
|     | Realty Income Corp                                        | N/A           | N/A              | N/A            | 353,124  | 336,229           |
|     | Royal Caribbean Cruises Ltd                               | N/A           | N/A              | N/A            | 43,542   | 26,120            |
|     | Royal Gold Inc                                            | N/A           | N/A              | N/A            | 363,909  | 409,365           |
|     | RTX Corp                                                  | N/A           | N/A              | N/A            | 320,024  | 459,781           |
|     | S&P Global Inc                                            | N/A           | N/A              | N/A            | 310,106  | 320,636           |
|     | Salesforce Inc                                            | N/A           | N/A              | N/A            | 332,333  | 355,608           |
|     | SAP SE                                                    | N/A           | N/A              | N/A            | 31,957   | 37,965            |
|     | Sea Ltd                                                   | N/A           | N/A              | N/A            | 16,148   | 4,328             |
|     | Sensata Technologies Holding PLC                          | N/A           | N/A              | N/A            | 13,151   | 12,505            |
|     | ServiceNow Inc                                            | N/A           | N/A              | N/A            | 237,166  | 241,654           |

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2023**

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

| (a) | (b) Identity of issue, borrower, lessor, or similar party | Maturity Date | Rate of Interest | Maturity Value | (d) Cost      | (e) Current value |
|-----|-----------------------------------------------------------|---------------|------------------|----------------|---------------|-------------------|
|     | Shell PLC                                                 | N/A           | N/A              | N/A            | 26,222        | 23,016            |
|     | Siemens AG                                                | N/A           | N/A              | N/A            | 30,767        | 36,428            |
|     | Skyworks Solutions Inc                                    | N/A           | N/A              | N/A            | 201,815       | 218,263           |
|     | Smith & Nephew PLC                                        | N/A           | N/A              | N/A            | 14,931        | 12,560            |
|     | Snowflake Inc CL A                                        | N/A           | N/A              | N/A            | 193,101       | 154,444           |
|     | SoftBank Group Corp                                       | N/A           | N/A              | N/A            | 11,706        | 9,825             |
|     | Sony Group Corp                                           | N/A           | N/A              | N/A            | 24,564        | 45,325            |
|     | Starbucks Corp                                            | N/A           | N/A              | N/A            | 200,069       | 289,586           |
|     | STMicroelectronics NV                                     | N/A           | N/A              | N/A            | 25,142        | 56,165            |
|     | Synchrony Financial                                       | N/A           | N/A              | N/A            | 334,826       | 198,326           |
|     | Taiwan Semiconductor Manufacturing Co Ltd                 | N/A           | N/A              | N/A            | 21,022        | 37,208            |
|     | Takeda Pharmaceutical Co Ltd                              | N/A           | N/A              | N/A            | 6,246         | 6,592             |
|     | Take-Two Interactive Software Inc                         | N/A           | N/A              | N/A            | 246,320       | 225,119           |
|     | Target Corp                                               | N/A           | N/A              | N/A            | 133,438       | 258,383           |
|     | Tenaris SA                                                | N/A           | N/A              | N/A            | 25,908        | 22,736            |
|     | Tesla Inc                                                 | N/A           | N/A              | N/A            | 275,529       | 683,788           |
|     | Thermo Fisher Scientific Inc                              | N/A           | N/A              | N/A            | 329,622       | 345,822           |
|     | Timken Co/The                                             | N/A           | N/A              | N/A            | 309,339       | 326,880           |
|     | TopBuild Corp                                             | N/A           | N/A              | N/A            | 173,515       | 208,140           |
|     | Toronto-Dominion Bank/The                                 | N/A           | N/A              | N/A            | 22,673        | 23,960            |
|     | Trade Desk Inc/The                                        | N/A           | N/A              | N/A            | 112,317       | 150,935           |
|     | TransDigm Group Inc                                       | N/A           | N/A              | N/A            | 225,769       | 308,087           |
|     | Truist Financial Corp                                     | N/A           | N/A              | N/A            | 402,736       | 346,456           |
|     | UBS Group AG                                              | N/A           | N/A              | N/A            | 30,140        | 34,144            |
|     | UiPath Inc                                                | N/A           | N/A              | N/A            | 125,606       | 182,290           |
|     | Unilever PLC                                              | N/A           | N/A              | N/A            | 27,446        | 25,965            |
|     | United Airlines Holdings Inc                              | N/A           | N/A              | N/A            | 422,520       | 333,203           |
|     | United Parcel Service Inc                                 | N/A           | N/A              | N/A            | 121,189       | 213,777           |
|     | UnitedHealth Group Inc                                    | N/A           | N/A              | N/A            | 390,220       | 439,509           |
|     | UnitedHealth Group Inc                                    | N/A           | N/A              | N/A            | 414,319       | 387,524           |
|     | Valmont Industries Inc                                    | N/A           | N/A              | N/A            | 251,855       | 246,165           |
|     | Verizon Communications Inc                                | N/A           | N/A              | N/A            | 428,841       | 322,009           |
|     | Vertex Pharmaceuticals Inc                                | N/A           | N/A              | N/A            | 305,883       | 419,358           |
|     | VF Corp                                                   | N/A           | N/A              | N/A            | 297,423       | 233,453           |
|     | Visa Inc                                                  | N/A           | N/A              | N/A            | 509,666       | 922,131           |
|     | Vodafone Group PLC                                        | N/A           | N/A              | N/A            | 14,634        | 5,520             |
|     | Walt Disney Co/The                                        | N/A           | N/A              | N/A            | 383,448       | 321,417           |
|     | Wells Fargo & Co                                          | N/A           | N/A              | N/A            | 530,433       | 392,490           |
|     | Wynn Resorts Ltd                                          | N/A           | N/A              | N/A            | 251,529       | 252,021           |
|     | Yum China Holdings Inc                                    | N/A           | N/A              | N/A            | 16,350        | 22,187            |
|     | Zillow Group Inc                                          | N/A           | N/A              | N/A            | 248,957       | 256,388           |
|     | Zscaler Inc                                               | N/A           | N/A              | N/A            | 163,019       | 131,307           |
|     | <b>Total common stock</b>                                 |               |                  |                | \$ 74,296,491 | \$ 63,612,232     |

**Corporate bonds**

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2023**

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

| (a) | (b) Identity of issue, borrower, lessor, or similar party | Maturity Date | Rate of Interest | Maturity Value | (d) Cost  | (e) Current value |
|-----|-----------------------------------------------------------|---------------|------------------|----------------|-----------|-------------------|
|     | Agree LP                                                  | 6.15.2028     | 2.00%            | 100,000        | \$ 99,265 | \$ 84,672         |
|     | Agree LP                                                  | 6.15.2033     | 2.60%            | 28,000         | 27,758    | 22,056            |
|     | Amalgamated Financial Corp                                | 11.15.2031    | 3.25%            | 119,000        | 119,000   | 95,275            |
|     | Aqua Finance Trust                                        | 7.17.2046     | 1.54%            | 179,857        | 179,833   | 161,328           |
|     | Ares Capital Corp                                         | 6.15.2028     | 2.88%            | 50,000         | 51,348    | 41,116            |
|     | Arm Master Trust                                          |               | 2.43%            | 350,000        | 349,992   | 326,620           |
|     | Avis Budget Rental Car Funding                            |               | 1.63%            | 150,000        | 149,961   | 130,289           |
|     | Bain Capital Specialty Finance                            | 10.13.2023    | 2.55%            | 68,000         | 67,274    | 57,386            |
|     | Bain Capital Specialty Finance                            | 3.10.2026     | 2.95%            | 254,000        | 252,495   | 224,147           |
|     | Bank of America Corp                                      | 10.21.2027    | 3.25%            | 160,000        | 176,646   | 150,642           |
|     | Bank of America Corp                                      | 3.3.2026      | 4.45%            | 257,000        | 263,384   | 250,769           |
|     | BankUnited Inc                                            | 6.11.2030     | 5.13%            | 40,000         | 39,615    | 33,840            |
|     | BCP Trust                                                 | 6.15.2038     |                  | 169,000        | 167,746   | 150,433           |
|     | BHG Securitization Trust                                  | 11.17.2033    | 1.42%            | 147,652        | 147,514   | 138,140           |
|     | Blackbird Capital Aircraft                                | 7.15.2046     | 2.44%            | 268,666        | 268,659   | 232,880           |
|     | Blue Owl Capital Corp                                     | 4.15.2024     | 5.25%            | 160,000        | 171,640   | 155,682           |
|     | Blue Owl Finance LLC                                      | 6.10.2031     | 3.13%            | 167,000        | 164,879   | 124,562           |
|     | Blue Owl Technology Finance Corp                          | 1.15.2023     | 2.50%            | 139,000        | 137,616   | 114,988           |
|     | Blue Owl Technology Finance Corp                          | 6.17.2026     | 3.75%            | 150,000        | 148,998   | 132,474           |
|     | Blue Owl Technology Finance Corp                          | 12.15.2025    | 4.75%            | 275,000        | 301,656   | 247,082           |
|     | BX Commercial Mortgage Trust                              | 11.15.2038    |                  | 275,000        | 274,329   | 263,444           |
|     | Capital One Financial Corp                                | 2.1.2029      | 5.47%            | 200,000        | 200,000   | 194,914           |
|     | Citigroup Inc                                             | 6.9.2027      | 8.17%            | 276,000        | 276,000   | 270,364           |
|     | Citigroup Inc                                             | 1.29.2031     | 2.67%            | 125,000        | 125,000   | 106,689           |
|     | CLI Funding                                               | 2.18.2046     | 1.64%            | 235,850        | 235,846   | 204,785           |
|     | CLI Funding                                               | 1.18.2047     | 2.72%            | 269,440        | 269,305   | 234,852           |
|     | Commonbond Student Loan Trust                             | 5.10.2026     | 1.17%            | 215,025        | 214,978   | 176,971           |
|     | CoreVest American Finance                                 | 7.15.2054     | 2.38%            | 150,000        | 149,989   | 121,266           |
|     | CoServ Securitization                                     | 8.15.2036     | 5.06%            | 400,000        | 399,995   | 405,455           |
|     | Costco Wholesale Corp                                     | 6.20.2027     | 1.38%            | 150,000        | 149,663   | 134,504           |
|     | Credibly Asset Securitization Ii Llc                      | 4.15.2026     | 2.39%            | 500,000        | 505,449   | 472,628           |
|     | Customers Bancorp Inc                                     | 8.15.2031     | 2.88%            | 89,000         | 89,000    | 76,245            |
|     | Enstar Finance LLC                                        | 1.15.2042     | 5.50%            | 160,000        | 160,000   | 115,242           |
|     | Enterprise Fleet Financing                                | 1.22.2029     | 5.51%            | 250,000        | 249,959   | 250,509           |
|     | Flagstar Mortgage Trust                                   | 9.25.2041     | Var              | 225,430        | 232,862   | 197,716           |
|     | FS KKR Capital Corp                                       | 1.15.2026     | 3.40%            | 230,000        | 227,309   | 206,150           |
|     | Glencore Funding LLC                                      | 4.27.2026     | 1.63%            | 100,000        | 99,895    | 90,471            |
|     | Glencore Funding LLC                                      | 4.27.2031     | 2.85%            | 68,000         | 67,924    | 57,168            |
|     | GS Mortgage-Backed Securities Corp Trust                  | 9.23.2026     |                  | 12,343         | 12,617    | 11,606            |
|     | Harborstone Credit Union                                  | 7.1.2024      | 5.05%            | 250,000        | 250,000   | 249,943           |
|     | Hercules Capital Inc                                      | 9.16.2026     | 2.63%            | 135,000        | 134,654   | 114,118           |
|     | Hercules Capital Inc                                      | 1.20.2027     | 3.38%            | 133,000        | 132,045   | 114,046           |
|     | Highmark Inc                                              | 5.10.2026     | 3.38%            | 150,000        | 149,799   | 135,167           |
|     | Jack in the Box Funding LLC                               | 2.26.2052     | 1.45%            | 294,000        | 294,000   | 243,385           |
|     | JPMorgan Chase & Co Variable                              | 11.19.2026    | 1.05%            | 350,000        | 350,000   | 312,330           |
|     | Kyndryl Holdings Inc                                      | 10.15.2026    | 2.05%            | 27,000         | 26,965    | 23,461            |

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2023**

|     |                                                              | (c) Description of investment including<br>maturity date, rate of interest, collateral, par,<br>or maturity value |                     |                   |          |                      |
|-----|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------|-------------------|----------|----------------------|
| (a) | (b) Identity of issue, borrower, lessor, or similar<br>party | Maturity Date                                                                                                     | Rate of<br>Interest | Maturity<br>Value | (d) Cost | (e) Current<br>value |
|     | Liberty Mutual Group Inc                                     | 2.1.2061                                                                                                          | 4.30%               | 125,000           | 125,000  | 74,123               |
|     | Main Street Capital Corp                                     | 5.1.2024                                                                                                          | 5.20%               | 147,000           | 151,685  | 143,759              |
|     | Marlette Funding Trust                                       | 9.15.2031                                                                                                         | 1.06%               | 220,569           | 220,566  | 216,023              |
|     | Metropolitan Life Insurance Co                               | 2.15.2024                                                                                                         | 7.88%               | 265,000           | 280,041  | 269,765              |
|     | Micron Technology Inc                                        | 2.15.2027                                                                                                         | 4.19%               | 120,000           | 121,049  | 116,120              |
|     | Morgan Stanley Bank                                          | 3.24.2025                                                                                                         | 5.25%               | 100,000           | 99,950   | 100,555              |
|     | MVW Owner Trust                                              | 2.22.2041                                                                                                         | 1.14%               | 151,835           | 151,597  | 138,231              |
|     | National Rural Utilities Cooperative Finance Corp            | 4.25.2027                                                                                                         | 3.05%               | 210,000           | 209,570  | 199,784              |
|     | Navigator Aircraft                                           | 22.15.2046                                                                                                        |                     | 226,935           | 226,925  | 196,209              |
|     | Neighborly Issuer                                            | 1.30.2053                                                                                                         | 7.31%               | 175,000           | 171,500  | 172,062              |
|     | Northrop Grumman Corp                                        | 2.1.2027                                                                                                          | 3.20%               | 80,000            | 79,871   | 76,451               |
|     | OnDeck Asset Securitization Trust                            | 5.17.2027                                                                                                         | 1.59%               | 300,000           | 299,993  | 278,798              |
|     | OnDeck Asset Securitization Trust                            | 5.17.2027                                                                                                         | 2.28%               | 100,000           | 99,985   | 90,679               |
|     | Oportun Issuance Trust                                       | 10.8.2031                                                                                                         | 2.18%               | 300,000           | 299,965  | 270,116              |
|     | Owl Rock Core Income Corp                                    | 9.23.2026                                                                                                         | 3.13%               | 271,000           | 270,290  | 235,101              |
|     | PennantPark Investment Corp                                  | 11.1.2026                                                                                                         | 4.00%               | 135,000           | 134,239  | 112,598              |
|     | Piedmont Healthcare Inc                                      | 1.1.2032                                                                                                          | 2.04%               | 67,000            | 67,000   | 53,089               |
|     | Piedmont Operating Partnership                               | 8.15.2030                                                                                                         | 3.15%               | 138,000           | 136,946  | 102,351              |
|     | Pioneer Natural Resources Co                                 | 8.15.2030                                                                                                         | 1.90%               | 56,000            | 55,555   | 45,556               |
|     | Principal Life Global Funding                                | 11.17.2026                                                                                                        | 1.50%               | 135,000           | 134,212  | 120,149              |
|     | Progress Residential                                         | 8.17.2040                                                                                                         | 1.69%               | 249,543           | 249,536  | 213,540              |
|     | SBA Tower Trust                                              | 1.15.2025                                                                                                         | 2.84%               | 275,000           | 268,813  | 260,500              |
|     | SBL Holdings Inc                                             |                                                                                                                   | 6.50%               | 190,000           | 190,000  | 133,950              |
|     | SCF Equipment Leasing                                        | 8.21.2028                                                                                                         | 0.83%               | 120,868           | 120,866  | 116,296              |
|     | Security Benefit Gl Fund                                     | 25.17.2024                                                                                                        | 1.25%               | 250,000           | 251,000  | 237,080              |
|     | Service Experts                                              | 2.2.2032                                                                                                          | 2.67%               | 192,428           | 191,961  | 176,689              |
|     | SERVPRO Master                                               | 1.25.2052                                                                                                         | 3.13%               | 396,000           | 396,000  | 327,665              |
|     | Sixth Street Specialty Lending                               | 11.1.2024                                                                                                         | 3.88%               | 126,000           | 134,709  | 120,105              |
|     | STWD 2022                                                    | 11.15.2038                                                                                                        |                     | 275,000           | 275,000  | 268,850              |
|     | TAL Advantage VII                                            | 9.20.2045                                                                                                         | 3.29%               | 213,875           | 213,827  | 189,118              |
|     | Textainer Marine Containers                                  | 8.20.2046                                                                                                         | 1.94%               | 240,167           | 240,125  | 201,958              |
|     | Textainer Marine Containers                                  | 8.20.2046                                                                                                         | 2.43%               | 170,300           | 170,221  | 138,255              |
|     | Textainer Marine Containers                                  | 9.20.2045                                                                                                         | 2.10%               | 151,845           | 151,800  | 134,995              |
|     | Textainer Marine Containers                                  | 9.20.2045                                                                                                         | 3.34%               | 75,966            | 75,957   | 66,578               |
|     | Textainer Marine Containers                                  | 2.20.2046                                                                                                         | 1.68%               | 229,167           | 229,097  | 196,056              |
|     | Textainer Marine Containers                                  | 2.20.2046                                                                                                         | 2.82%               | 84,667            | 84,636   | 69,501               |
|     | THERMO FISHER SCIENTIFIC INC                                 | 5.23.2023                                                                                                         |                     | 240,000           | 237,037  | 238,283              |
|     | Toyota Motor Credit Corp                                     | 1.10.2025                                                                                                         | 4.80%               | 50,000            | 49,979   | 50,306               |
|     | TransCanada PipeLines                                        | 3.9.2026                                                                                                          | 6.20%               | 100,000           | 100,000  | 100,691              |
|     | Trinity Capital Inc                                          | 12.15.2026                                                                                                        | 4.25%               | 83,000            | 83,000   | 70,301               |
|     | Triton Container Finance VIII                                | 9.20.2045                                                                                                         | 2.11%               | 196,875           | 199,128  | 172,477              |
|     | Triton Container International Ltd                           | 6.7.2024                                                                                                          | 1.15%               | 250,000           | 249,735  | 235,128              |
|     | Triumph Rail Holdings LLC                                    | 6.19.2051                                                                                                         | 2.15%               | 276,897           | 276,783  | 241,868              |
|     | TRP 2021 LLC                                                 | 6.19.2051                                                                                                         | 3.06%               | 100,000           | 99,971   | 84,466               |
|     | Unum Group                                                   | 12.15.2028                                                                                                        | 6.75%               | 163,000           | 207,954  | 171,490              |
|     | Upstart Pass-Through Trust Series 2021                       | 8.20.2027                                                                                                         | 1.85%               | 84,065            | 84,065   | 80,321               |

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2023**

|                                          |                                                              | (c) Description of investment including<br>maturity date, rate of interest, collateral, par,<br>or maturity value |                     |                   |                      |                      |
|------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------|-------------------|----------------------|----------------------|
| (a)                                      | (b) Identity of issue, borrower, lessor, or similar<br>party | Maturity Date                                                                                                     | Rate of<br>Interest | Maturity<br>Value | (d) Cost             | (e) Current<br>value |
|                                          | Velocity Commercial Capital Loan Trust 2021                  | 10.25.2051                                                                                                        |                     | 291,670           | 290,498              | 260,838              |
|                                          | Wendy's Funding LLC                                          | 6.15.2051                                                                                                         | 2.37%               | 174,885           | 172,037              | 146,697              |
|                                          | Westlake Corp                                                | 6.15.2030                                                                                                         | 3.38%               | 33,000            | 32,864               | 29,183               |
|                                          | WP Carey Inc                                                 | 2.1.2031                                                                                                          | 2.40%               | 35,000            | 34,685               | 28,519               |
|                                          | <b>Total corporate bonds</b>                                 | Total corporate bonds                                                                                             |                     |                   | <b>\$ 17,260,085</b> | <b>\$ 15,431,033</b> |
| <b>Municipal obligations</b>             |                                                              |                                                                                                                   |                     |                   |                      |                      |
|                                          | Met Govt Nashville & Davidson Build Amer Bds-Tax             | 7.1.2037                                                                                                          | 6.57%               | 43,000            | \$ 57,749            | \$ 50,039            |
|                                          | Miami-Dade Cnty Fl Aviation Re Txbl-Ref-Ser D                | 10.1.2037                                                                                                         | 3.73%               | 100,000           | 100,000              | 88,096               |
|                                          | San Francisco City & Cnty Ca P Txbl-Green Bond-Se            | 11.1.2032                                                                                                         | 3.70%               | 165,000           | 165,000              | 154,123              |
|                                          | Univ Of Texas Tx Permanent Uni Txbl-Permanent Un             | 7.1.2047                                                                                                          | 3.38%               | 45,000            | 45,000               | 36,603               |
|                                          | Virginia St Port Auth Port Fac Txbl-Ref-Ser A                | 7.1.2045                                                                                                          | 4.48%               | 110,000           | 110,000              | 97,424               |
|                                          | <b>Total municipal bonds</b>                                 |                                                                                                                   |                     |                   | <b>\$ 477,749</b>    | <b>\$ 426,285</b>    |
| <b>Government and agency obligations</b> |                                                              |                                                                                                                   |                     |                   |                      |                      |
|                                          | Fannie Mae Pool FN 109720                                    | 10.1.2025                                                                                                         | 3.42%               | 135,000           | \$ 138,122           | \$ 131,144           |
|                                          | Fannie Mae Pool FN 889579                                    | 5.1.2038                                                                                                          | 6.00%               | 8,079             | 8,838                | 8,437                |
|                                          | Fannie Mae Pool FN 990974                                    | 9.1.2023                                                                                                          | 5.00%               | 2,255             | 2,323                | 2,270                |
|                                          | Fannie Mae Pool FN AD4398                                    | 6.1.2025                                                                                                          | 4.00%               | 23,968            | 24,961               | 23,849               |
|                                          | Fannie Mae Pool FN AL4778                                    | 10.1.2032                                                                                                         | 4.00%               | 30,521            | 32,075               | 29,800               |
|                                          | Fannie Mae Pool FN AN9038                                    | 5.1.2028                                                                                                          | 3.46%               | 55,000            | 61,325               | 52,660               |
|                                          | Fannie Mae Pool FN AQ4539                                    | 11.1.2027                                                                                                         | 2.50%               | 102,039           | 102,932              | 96,535               |
|                                          | Fannie Mae Pool FN AS7986                                    | 9.1.2031                                                                                                          | 2.50%               | 93,886            | 96,761               | 88,536               |
|                                          | Fannie Mae Pool FN BL0484                                    | 11.1.2028                                                                                                         | 4.22%               | 242,000           | 256,501              | 239,701              |
|                                          | Fannie Mae Pool FN MA1167                                    | 9.1.2027                                                                                                          | 2.50%               | 24,610            | 24,080               | 23,693               |
|                                          | Fannie Mae Pool FN MA1517                                    | 7.1.2028                                                                                                          | 3.00%               | 68,481            | 69,829               | 65,615               |
|                                          | Fannie Mae Pool FN MA2798                                    | 10.1.2031                                                                                                         | 2.50%               | 7,224             | 7,201                | 6,740                |
|                                          | Fannie Mae Pool FN MA3030                                    | 6.1.2027                                                                                                          | 3.00%               | 58,760            | 58,760               | 57,128               |
|                                          | Fannie Mae Pool FN MA3040                                    | 6.1.20247                                                                                                         | 3.50%               | 56,323            | 57,907               | 52,060               |
|                                          | Fannie Mae REMICS FNR 2003-130                               | 1.25.2034                                                                                                         |                     | 48,094            | 47,913               | 47,732               |
|                                          | Fannie Mae REMICS FNR 2007-68                                | 7.25.2037                                                                                                         |                     | 9,930             | 9,632                | 9,727                |
|                                          | Fannie Mae REMICS FNR 2010-64                                | 6.25.2040                                                                                                         | 4.50%               | 4,349             | 4,481                | 4,271                |
|                                          | Fannie Mae REMICS FNR 2011-15                                | 3.25.2041                                                                                                         |                     | 10,569            | 10,302               | 10,422               |
|                                          | Fannie Mae REMICS FNR 2012-50                                | 3.25.2042                                                                                                         | 2.50%               | 31,305            | 31,775               | 29,056               |
|                                          | Fannie Mae REMICS FNR 2012-96                                | 5.25.2042                                                                                                         | 3.00%               | 11,234            | 11,290               | 10,877               |
|                                          | Fannie Mae REMICS FNR 2015-2                                 | 3.25.2044                                                                                                         | 2.25%               | 61,821            | 61,155               | 57,428               |
|                                          | Fannie Mae REMICS FNR 2016-31                                | 3.25.2045                                                                                                         | 3.00%               | 34,036            | 33,168               | 32,310               |
|                                          | Fannie Mae REMICS FNR 2017-56                                | 12.25.2045                                                                                                        | 3.00%               | 50,050            | 49,472               | 46,804               |
|                                          | Fannie Mae REMICS FNR 2017-72                                | 8.25.2047                                                                                                         | 2.50%               | 31,319            | 31,023               | 28,810               |
|                                          | Fannie Mae-Aces FNA 2015-M11                                 | 4.25.2025                                                                                                         |                     | 247,414           | 262,568              | 239,187              |
|                                          | Federal Farm Credit Banks Funding Corp                       | 5.3.2031                                                                                                          | 4.09%               | 130,000           | 129,675              | 122,994              |
|                                          | Federal Home Loan Banks                                      | 7.25.2025                                                                                                         | 3.55%               | 200,000           | 200,000              | 196,006              |
|                                          | Freddie Mac Gold Pool FG C09016                              | 10.1.2042                                                                                                         | 3.50%               | 8,942             | 8,784                | 8,540                |
|                                          | Freddie Mac Gold Pool FG C91065                              | 7.1.2027                                                                                                          | 6.00%               | 28,277            | 30,609               | 28,889               |
|                                          | Freddie Mac Gold Pool FG G13840                              | 9.1.2024                                                                                                          | 5.50%               | 130               | 133                  | 130                  |

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2023**

|                                                     |                                                               | (c) Description of investment including<br>maturity date, rate of interest, collateral, par,<br>or maturity value |          |         |             |         |
|-----------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------|---------|-------------|---------|
| (b) Identity of issue, borrower, lessor, or similar |                                                               | Rate of                                                                                                           | Maturity |         | (e) Current |         |
| (a)                                                 | party                                                         | Maturity Date                                                                                                     | Interest | Value   | (d) Cost    | value   |
|                                                     | Freddie Mac Gold Pool FG G13884                               | 6.1.2025                                                                                                          | 4.50%    | 11,228  | 11,505      | 11,269  |
|                                                     | Freddie Mac Gold Pool FG G30701                               | 11.1.2031                                                                                                         | 5.00%    | 50,937  | 56,540      | 51,849  |
|                                                     | Freddie Mac Gold Pool FG J07908                               | 5.1.2023                                                                                                          | 5.00%    | 2,585   | 2,656       | 2,605   |
|                                                     | Freddie Mac Gold Pool FG J34676                               | 7.1.2031                                                                                                          | 3.00%    | 61,182  | 64,547      | 58,443  |
|                                                     | Freddie Mac Multifamily Structured Pass Through Ce 8.25.2027  |                                                                                                                   | 3.24%    | 267,000 | 275,001     | 256,589 |
|                                                     | Freddie Mac Multifamily Structured Pass Through Ce 1.25.2029  |                                                                                                                   | 3.69%    | 129,000 | 132,864     | 125,595 |
|                                                     | Freddie Mac Multifamily Structured Pass Through Ce 1.25.2026  |                                                                                                                   | 3.50%    | 262,245 | 267,506     | 256,442 |
|                                                     | Freddie Mac Multifamily Structured Pass Through Ce 1.25.2029  |                                                                                                                   | 2.94%    | 249,000 | 256,466     | 232,125 |
|                                                     | Freddie Mac Multifamily Structured Pass Through Ce 4.25.2026  |                                                                                                                   | 2.88%    | 275,000 | 283,239     | 263,652 |
|                                                     | Freddie Mac Multifamily Structured Pass Through Ce 11.25.2025 |                                                                                                                   | 2.98%    | 144,862 | 147,758     | 140,635 |
|                                                     | Freddie Mac REMICS FHR 2526 FA Flt 15                         | 11.15.2032                                                                                                        |          | 51,774  | 50,674      | 51,465  |
|                                                     | Freddie Mac REMICS FHR 3342 PZ                                | 6.15.2037                                                                                                         | 5.00%    | 46,056  | 48,330      | 46,565  |
|                                                     | Freddie Mac REMICS FHR 3372 F Flt 15                          | 10.15.2037                                                                                                        |          | 13,193  | 12,929      | 13,067  |
|                                                     | Freddie Mac REMICS FHR 3708 PE                                | 7.15.2040                                                                                                         | 3.50%    | 21,979  | 22,584      | 21,391  |
|                                                     | Freddie Mac REMICS FHR 3914 NA                                | 6.15.2039                                                                                                         | 4.00%    | 154,821 | 155,982     | 149,817 |
|                                                     | Freddie Mac REMICS FHR 4022 PA                                | 3.15.2027                                                                                                         | 3.00%    | 62,594  | 63,592      | 60,680  |
|                                                     | Freddie Mac REMICS FHR 4098 HA                                | 5.15.2041                                                                                                         | 2.00%    | 112,124 | 111,230     | 104,697 |
|                                                     | Freddie Mac REMICS FHR 4388 MC                                | 7.15.2044                                                                                                         | 2.50%    | 46,536  | 46,589      | 43,214  |
|                                                     | Freddie Mac REMICS FHR 4546 TH                                | 12.15.2045                                                                                                        | 2.50%    | 54,224  | 51,733      | 48,337  |
|                                                     | Freddie Mac REMICS FHR 4635 PH                                | 12.15.2046                                                                                                        | 2.75%    | 34,150  | 34,150      | 30,863  |
|                                                     | Freddie Mac REMICS FHR 4682 LD                                | 5.15.2047                                                                                                         | 2.75%    | 13,024  | 12,536      | 11,771  |
|                                                     | Ginnie Mae I Pool GN 552509                                   | 4.15.2032                                                                                                         | 6.00%    | 4,519   | 4,464       | 4,611   |
|                                                     | Ginnie Mae I Pool GN 582153                                   | 6.15.2032                                                                                                         | 6.00%    | 3,116   | 3,111       | 3,174   |
|                                                     | Ginnie Mae I pool GN 737261                                   | 5.15.2025                                                                                                         | 4.00%    | 11,657  | 11,926      | 11,507  |
|                                                     | Ginnie Mae I Pool GN 782119                                   | 8.15.2036                                                                                                         | 6.00%    | 21,103  | 22,597      | 22,218  |
|                                                     | Ginnie Mae II Pool G2 4194                                    | 7.20.2038                                                                                                         | 5.50%    | 18,290  | 19,410      | 19,096  |
|                                                     | Ginnie Mae II Pool G2 4195                                    | 7.20.2038                                                                                                         | 6.00%    | 6,393   | 6,386       | 6,766   |
|                                                     | Ginnie Mae II Pool G2 4496                                    | 7.20.2039                                                                                                         | 5.00%    | 45,854  | 50,245      | 47,077  |
|                                                     | Ginnie Mae II Pool G2 4877                                    | 12.20.2025                                                                                                        | 3.50%    | 13,617  | 13,804      | 13,346  |
|                                                     | Ginnie Mae II Pool G2 MA0756                                  | 2.20.2028                                                                                                         | 2.50%    | 40,215  | 39,574      | 38,623  |
|                                                     | Government National Mortgage Association GNR 2011.20.2042     |                                                                                                                   | 1.75%    | 9,699   | 9,460       | 8,484   |
|                                                     | Government National Mortgage Association GNR 2011.20.2045     |                                                                                                                   | 3.00%    | 1,759   | 1,805       | 1,706   |
|                                                     | Government National Mortgage Association GNR 2019.20.2047     |                                                                                                                   | 2.50%    | 185,609 | 182,477     | 166,875 |
|                                                     | Government National Mortgage Association GNR 2011.20.2048     |                                                                                                                   | 2.50%    | 200,000 | 191,313     | 169,780 |
|                                                     | Government National Mortgage Association GNR 2011.20.2047     |                                                                                                                   | 3.50%    | 24,900  | 24,635      | 24,073  |
|                                                     | Government National Mortgage Association GNR 2014.20.2048     |                                                                                                                   | 3.00%    | 93,203  | 88,310      | 87,748  |
|                                                     | Government National Mortgage Association GNR 2014.20.2048     |                                                                                                                   | 2.00%    | 258,000 | 238,650     | 204,914 |
|                                                     | Government National Mortgage Association GNR 20110.20.2049    |                                                                                                                   | 3.00%    | 12,183  | 12,274      | 11,505  |
|                                                     | SBA Small Business Investment Cos SBIC 2015-10A 3.10.2025     |                                                                                                                   | 2.52%    | 14,481  | 14,068      | 13,956  |
|                                                     | SBA Small Business Investment Cos SBIC 2019-10B 9.10.2029     |                                                                                                                   | 2.28%    | 343,356 | 343,356     | 317,539 |
|                                                     | Tennessee Valley Authority 2.1.2027                           |                                                                                                                   | 2.88%    | 140,000 | 139,892     | 134,289 |
|                                                     | United States Small Business Administration SBAP 2016.1.2026  |                                                                                                                   | 5.87%    | 67,470  | 71,539      | 67,183  |
|                                                     | United States Small Business Administration SBAP 2019.1.2026  |                                                                                                                   | 5.54%    | 33,089  | 34,780      | 33,163  |
|                                                     | United States Small Business Administration SBAP 2015.1.2033  |                                                                                                                   | 2.07%    | 42,111  | 42,006      | 38,597  |
|                                                     | United States Treasury Note/Bond 2.15.2031                    |                                                                                                                   | 2.07%    | 71,000  | 68,285      | 59,787  |
|                                                     | United States Treasury Note/Bond 8.15.2031                    |                                                                                                                   | 1.13%    | 175,000 | 173,864     | 146,788 |

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2023**

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

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value |                  |                | (d) Cost         | (e) Current value |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------|----------------|------------------|-------------------|
|     |                                                           | Maturity Date                                                                                               | Rate of Interest | Maturity Value |                  |                   |
|     | United States Treasury Note/Bond                          | 8.31.2029                                                                                                   | 1.25%            | 55,000         | 53,427           | 53,538            |
|     | <b>Total government and agency obligations</b>            |                                                                                                             |                  |                | <u>5,833,664</u> | <u>5,438,765</u>  |
|     | <b>Mutual funds</b>                                       |                                                                                                             |                  |                |                  |                   |
|     | American Fds Grth Fnd America                             | N/A                                                                                                         | N/A              | N/A            |                  | 3,331,465         |
|     | Baron Growth Fund                                         | N/A                                                                                                         | N/A              | N/A            |                  | 1,355,565         |
|     | Columbia Seligman Tech Info Fund                          | N/A                                                                                                         | N/A              | N/A            |                  | 6,316,487         |
|     | Dodge & Cox International Stock Fund                      | N/A                                                                                                         | N/A              | N/A            |                  | 616,137           |
|     | Eaton Vance Large-Cap Value Fd                            | N/A                                                                                                         | N/A              | N/A            |                  | 1,390,123         |
|     | Fidelity Mid Cap incex                                    | N/A                                                                                                         | N/A              | N/A            |                  | 1,113,329         |
|     | Invesco Real Estate Fund                                  | N/A                                                                                                         | N/A              | N/A            |                  | 664,223           |
| *   | MassMutual Diversified Bond Fd                            | N/A                                                                                                         | N/A              | N/A            |                  | 836,271           |
| *   | MM Slct T.Rowe Pr Rtmt 2010 Fd                            | N/A                                                                                                         | N/A              | N/A            |                  | 10,850            |
| *   | MM Slct T.Rowe Pr Rtmt 2020 Fd                            | N/A                                                                                                         | N/A              | N/A            |                  | 14,773            |
| *   | MM Slct T.Rowe Pr Rtmt 2030 Fd                            | N/A                                                                                                         | N/A              | N/A            |                  | 711,894           |
| *   | MM Slct T.Rowe Pr Rtmt 2040 Fd                            | N/A                                                                                                         | N/A              | N/A            |                  | 1,887,578         |
| *   | MM Slct T.Rowe Pr Rtmt 2050 Fd                            | N/A                                                                                                         | N/A              | N/A            |                  | 1,627,499         |
| *   | MM Slct T.Rowe Pr Rtmt 2060 Fd                            | N/A                                                                                                         | N/A              | N/A            |                  | 83,210            |
| *   | MM Slct T.Rowe Pr Rtmt Blnd Fd                            | N/A                                                                                                         | N/A              | N/A            |                  | 75,948            |
| *   | MM S&P 500 Index Fd(Nrthrn Tr)                            | N/A                                                                                                         | N/A              | N/A            |                  | 3,407,527         |
|     | Oakmark Equity & Income Fund                              | N/A                                                                                                         | N/A              | N/A            |                  | 441,603           |
|     | PIMCO Total return Fund                                   | N/A                                                                                                         | N/A              | N/A            |                  | 47,395            |
|     | Royce Total Return Fund                                   | N/A                                                                                                         | N/A              | N/A            |                  | 407,233           |
|     | Thornburg Intl Equity Fd                                  | N/A                                                                                                         | N/A              | N/A            |                  | 896,962           |
|     | Vanguard Interm-Term Treas Fd                             | N/A                                                                                                         | N/A              | N/A            |                  | 679,027           |
|     | Vanguard Sm Cap Grwth Indx Fnd                            | N/A                                                                                                         | N/A              | N/A            |                  | 482,874           |
|     | Vanguard Small Cap Index Fund                             | N/A                                                                                                         | N/A              | N/A            |                  | 635,911           |
|     | Vanguard Small-Cap Val Indx Fd                            | N/A                                                                                                         | N/A              | N/A            |                  | 897,583           |
|     | <b>Total mutual funds</b>                                 |                                                                                                             |                  |                |                  | <u>27,931,467</u> |
|     | <b>Pooled separate account</b>                            |                                                                                                             |                  |                |                  |                   |
|     | Principal U.S. Property Account                           | N/A                                                                                                         | N/A              | N/A            | 10,804,455       | 10,138,761        |
|     | <b>Stable value fund</b>                                  |                                                                                                             |                  |                |                  |                   |
|     | Mass Mutual SAGIC Core Bond Fund                          | N/A                                                                                                         | N/A              | N/A            | 14,072,176       | 14,072,176        |
|     | <b>Total assets (held at end of year)</b>                 |                                                                                                             |                  |                |                  | 164,408,107       |

\* Denotes party in interest

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4j**

**Schedule of Reportable Transactions**

**Year Ended March 31, 2023**

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|--------------------------------|---------------------------------------------------------------------------------|--------------------|-------------------|------------------|---------------------------------------|-------------------|------------------------------------------------|------------------------|
| Regions Bank                   | Regions Trust Cash Sweep                                                        | \$ 26,245,778      | \$ -              | \$ -             | \$ -                                  | \$ 26,245,778     | \$ 26,245,778                                  | \$ -                   |
| Regions Bank                   | Regions Trust Cash Sweep                                                        | -                  | 26,780,295        | -                | -                                     | 26,780,295        | 26,780,295                                     | -                      |

**Form 5500**Department 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 04/01/2022 and ending 03/31/2023

- 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 Union No. 614 Pension Plan

**1b** Three-digit plan number (PN) ▶ 001**1c** Effective date of plan 04/01/1968**2a** Plan sponsor's name (employer, if for a single-employer plan)Mailing address (include room, apt., suite no. and street, or P.O. Box)  
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  
Trustees - U.A. Local Union No. 614  
Pension Plan**2b** Employer Identification Number (EIN)  
62-6085904**2c** Plan Sponsor's telephone number  
(615) 859-0131**2d** Business code (see instructions)  
238220

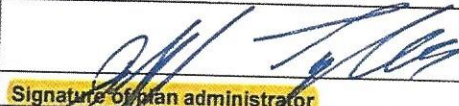
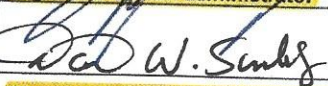
2001 Caldwell Drive

Goodlettsville

TN 37072

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

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

|                  |                                                                                     |                 |                                                              |
|------------------|-------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |  | <u>12-15-23</u> | Jeff Taylor                                                  |
|                  | Signature of plan administrator                                                     | Date            | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |  | <u>12/18/23</u> | David W. Sink Jr.                                            |
|                  | Signature of employer/plan sponsor                                                  | Date            | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                                                     |                 |                                                              |
|                  | 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