

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan U. A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 07/01/1979
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN 6293 SAN IGNACIO AVENUE SAN JOSE, CA 95119
2b	Employer Identification Number (EIN) 94-6075617
2c	Plan Sponsor's telephone number 408-588-3770
2d	Business code (see instructions) 238220

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2024	ERIC MUSSYNSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2024	ALEX HALL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3184
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 2024 6a(2) 2144 6b 165 6c 1043 6d 3352 6e 21 6f 3373 6g(1) 3183 6g(2) 3373 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 125

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

2E 2J 2S 2T

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan U. A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN	D Employer Identification Number (EIN) 94-6075617

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

X

Yes

No
- b

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

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NUVEEN ASSET MANAGEMENT, LLC	
27-4357327	

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

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

NWQ INVESTMENTS

47-0875103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	852855	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POLEN CAPITAL MANAGEMENT LLC

26-0319356

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	535828	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COLUMBIA MANAGEMENT

41-1533211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	358831	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RAYMOND JAMES & ASSOCIATES INC

880 CARILLON PARKWAY
ST PETERSBURG, FL 33716

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	272999	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENESYS ADMINISTRATORS

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	216649	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHWEST PLAN SERVICES

91-2090931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	158502	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BROADRIDGE MATRIX TRUST CO

75-3182674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 50 62	NONE	95560	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

KRAW LAW GROUP

77-0171216

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	94441	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUZANNE NEEDHAM

6293 SAN IGNACIO AVENUE
SAN JOSE, CA 95119

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	51046	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	48880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SMART SOURCE LLC

7270 MCGINNIS FERRY ROAD
SUWANEE, GA 30024

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	21637	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL CONSULTING

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	18000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CRYSTAL CLEAR

27-3009945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 16	NONE	17588	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EIDE BAILLY LLP

45-0250958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	8953	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SALTZMAN & JOHNSON LAW GROUP

94-2376174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	8070	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan U. A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN	D Employer Identification Number (EIN) 94-6075617	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	502866	1332268
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2461414	2318008
(2) Participant contributions	1b(2)	756255	914553
(3) Other	1b(3)	3137901	3254707
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14525974	16750628
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	214966680	231377554
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	17539202	18955977
(B) Common	1c(4)(B)	217022644	281455164
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	4932167	5628087
(9) Value of interest in common/collective trusts	1c(9)	49118836	42243428
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	72746940	91918196
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	597710879	696148570
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	344796	119445
i Acquisition indebtedness	1i		
j Other liabilities	1j	261026	135117
k Total liabilities (add all amounts in lines 1g through 1j)	1k	605822	254562
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	597105057	695894008

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	28648423	
(B) Participants	2a(1)(B)	12037255	
(C) Others (including rollovers)	2a(1)(C)	35514	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		40721192
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	366312	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	13035147	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	298246	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13699705
(2) Dividends: (A) Preferred stock	2b(2)(A)	1134223	
(B) Common stock	2b(2)(B)	3489880	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3711525	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8335628
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	106614228	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	104773152	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1841076
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	53154271	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		1055842
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		13597246
c Other income	2c		800209
d Total income. Add all income amounts in column (b) and enter total	2d		133205169

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	31597958	
(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)		31597958
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	216649	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	57833	
(5) Investment advisory and investment management fees	2i(5)	2120573	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	102511	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	51599	
(11) Other expenses	2i(11)	269095	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2818260
j Total expenses. Add all expense amounts in column (b) and enter total	2j		34416218

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		98788951
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	1162793
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.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	2500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan U. A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN		D Employer Identification Number (EIN) 94-6075617
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

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): _____

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
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: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☒ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A 22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	
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U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN
Financial Statements
December 31, 2023 and 2022
With Independent Auditor's Report

U.A. Local No. 393 Defined Contribution Plan
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December 31, 2023 and 2022

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of U.A. Local No. 393 Defined Contribution Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of U.A. Local No. 393 Defined Contribution Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the U.A. Local No. 393 Defined Contribution Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about U.A. Local No. 393 Defined Contribution Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

A handwritten signature in blue ink that reads "Withum Smith & Brown, PC".

October 1, 2024

U.A. Local No. 393 Defined Contribution Plan
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Assets		
Investments - at fair value	\$ 682,700,947	\$ 585,920,276
Receivables		
Employer contributions	2,318,008	2,461,414
Participant contributions	914,553	756,255
Accrued interest and dividends	3,243,231	3,111,367
Due from other trust funds	11,476	25,059
	<u>6,487,268</u>	<u>6,354,095</u>
Notes receivable from participants	<u>5,628,087</u>	<u>4,932,167</u>
Cash and cash equivalents	<u>1,332,268</u>	<u>502,866</u>
Total assets	<u>696,148,570</u>	<u>597,709,404</u>
Liabilities		
Accounts payable and accrued expenses	119,445	343,321
Reciprocity contributions payable	94,159	227,628
Due to other trust funds	40,958	33,398
Total liabilities	<u>254,562</u>	<u>604,347</u>
Net assets available for benefits	<u>\$ 695,894,008</u>	<u>\$ 597,105,057</u>

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

U.A. Local No. 393 Defined Contribution Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Additions		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ 69,501,218	\$ (136,239,802)
Dividends and interest	<u>21,884,304</u>	<u>20,957,211</u>
Total investment income (loss)	91,385,522	(115,282,591)
Investment expenses	<u>(1,847,574)</u>	<u>(2,428,551)</u>
Net investment income (loss)	<u>89,537,948</u>	<u>(117,711,142)</u>
Interest income on notes receivable from participants	<u>298,246</u>	<u>292,729</u>
Contributions		
Employer	28,648,423	25,509,536
Participant	12,037,255	13,188,179
Liquidated damages	<u>35,514</u>	<u>17,942</u>
	<u>40,721,192</u>	<u>38,715,657</u>
Other income		
Administrative fee from participants	778,282	684,133
Litigation settlement	12,146	22
Fund fee recovery	<u>9,781</u>	<u>142,091</u>
Total other income	<u>800,209</u>	<u>826,246</u>
Total additions, net	<u>131,357,595</u>	<u>(77,876,510)</u>
Deductions		
Benefits paid	31,597,958	26,951,582
Operating expenses	<u>970,686</u>	<u>1,116,142</u>
Total deductions	<u>32,568,644</u>	<u>28,067,724</u>
Net change in assets available for benefits	98,788,951	(105,944,234)
Net assets available for benefits		
Beginning of year	<u>597,105,057</u>	<u>703,049,291</u>
End of year	<u>\$ 695,894,008</u>	<u>\$ 597,105,057</u>

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

1. DESCRIPTION OF THE PLAN

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

General

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

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

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

Eligibility

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

Contributions

The participating employers contribute such amounts as are specified in the collective bargaining agreements.

During the years ended December 31, 2023 and 2022, the Plan received contributions from employers at the following rates for each hour worked by participants:

July 1, 2021 - June 30, 2022	\$	9.00
July 1, 2022 - June 30, 2023	\$	10.00
July 1, 2023 - December 31, 2023	\$	11.00

During the years ended December 31, 2023 and 2022, participants may be eligible to make 401(k) elective deferrals in the amounts of \$1.00, \$2.00, \$4.00, \$6.00, \$8.00, \$10.00, \$12.00, \$14.00, or \$16.00 per hour.

Participant Accounts

A separate account is maintained for each participant which includes the following:

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

U.A. Local No. 393 Defined Contribution Plan
Notes to Financial Statements
December 31, 2023 and 2022

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

401(k) Account - Elective deferrals by participants.

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

Vesting

Participants are fully vested at all times.

Notes Receivable from Participants

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

Investment Options

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

Payment of Benefits

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

U.A. Local No. 393 Defined Contribution Plan
Notes to Financial Statements
December 31, 2023 and 2022

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable are recorded as distributions based upon the terms of the Plan document.

Employer Contributions and Contributions Receivable

The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on a rate per hour for covered employees and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. The Plan has an employer payroll audit system in place in which the employers are randomly audited to verify that they are contributing in accordance with their signed agreement. Immaterial delinquencies may arise, should significant deficiencies be identified, and they would be recorded as contributions receivable when assessed.

The carrying amount of contributions receivable is reduced for an allowance for credit losses that reflects management's best estimate of amounts that will not be collected. Factors that influence management's judgement in determining the appropriate allowance for credit losses include past collection experience, industry standards, and current and future economic conditions. As of January 1, 2023 and December 31, 2023, the allowance was \$0. As of December 31, 2022, the allowance for doubtful accounts was \$0.

Reciprocity

The Plan has various reciprocal agreements in place with other collectively bargained Local Unions. If a participant works under the jurisdiction of another collectively bargained agreement, the contributions will be transferred to the participant's home Local Union in the subsequent month. During the Plan years ended December 31, 2023 and 2022, the Plan received (paid) \$(1,286,417) and \$227,499, respectively, in net reciprocity contributions.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Expenses

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

Accounting Pronouncement Currently Adopted – Credit Losses

In June 2016, the Financial Accounting Standards Board ("FASB") issued an Accounting Standards Update 2016-13, *Financial Instruments - Credit Losses* (Topic 326), amending the accounting for credit losses on financial statements. This methodology replaced the incurred loss methodology with the expected credit losses using a wide range of reasonable and supportable information. The amendment affects loans, debt securities, trade receivables, net investments in leases, off-balance-sheet credit exposure, and other financial instruments recorded at amortized cost. The Plan adopted the new standard effective January 1, 2023, using the modified retrospective approach. Upon adoption, there was no cumulative-effect adjustment to the opening balance of net assets.

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2023, for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through October 1, 2024 the date that the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the FASB Accounting Standards Codification ("ASC") 820 are described as follows:

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

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

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

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

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. During the years ended December 31, 2023 and 2022, there were no transfers in or out of Level 3.

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

Money Market Deposit Account - Valued at carrying value, which approximates fair value, based on the amount of net contributions plus any investment earnings allocated to the account.

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

Common and Preferred Stock - Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual Funds - Valued at quoted market prices.

Common Collective Trust - Valued based on the net asset value of the units of participation owned by the Plan at year-end as reported by the Trustees of the collective investment funds based on the fair value of the underlying investments of the funds. The net asset value is used as a practical expedient to estimate fair value.

U.A. Local No. 393 Defined Contribution Plan
Notes to Financial Statements
December 31, 2023 and 2022

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

2023				
	Level 1	Level 2	Level 3	Total
Money market deposit account	\$ -	\$ 16,750,628	\$ -	\$ 16,750,628
Corporate bonds	-	231,377,554	-	231,377,554
Common stock	281,455,164	-	-	281,455,164
Preferred stock	18,955,977	-	-	18,955,977
Mutual funds	91,918,196	-	-	91,918,196
Total investments in the fair value hierarchy	<u>\$ 392,329,337</u>	<u>\$ 248,128,182</u>	<u>\$ -</u>	640,457,519
Investments at net assets value (a)				<u>42,243,428</u>
Total investments at fair value				<u>\$ 682,700,947</u>

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

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

The following tables summarizes investments for which fair value is measured using net asset value as the practical expedient. As of December 31, 2023 and 2022, the fair value, unfunded commitments, and redemption rules of those investments are as follows:

	Fair Value December 31, 2023	Fair Value December 31, 2022	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common Collective Trust					
MetLife Stable Value Fund	\$ 42,243,428	\$ 49,118,836	\$ -	Daily	60 Days

4. TAX STATUS

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

U.S. GAAP requires management to evaluate tax positions taken and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has evaluated the tax positions taken by the Plan and concluded that as of December 31, 2023 and 2022, there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing and regulatory jurisdictions. The Plan's administrator received a subpoena from the Department of Labor ("DOL") for information related to the Plan's collection of contributions. The Plan also received a letter from the DOL suggesting that it file a voluntary correction procedure for 401(k) contributions for the 2021 Plan year pursuant to its collection procedures. The requested voluntary correction procedure was filed on September 20, 2023. Management does not expect any negative outcome to the Plan's tax-exempt status or financial impact as a result of these inquiries. In addition, there has been no tax related interest or penalties for periods presented in these financial statements.

5. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The U.A. Local No. 393 Health and Welfare Trust Fund holds the lockbox account that receives contributions and liquidated damages on behalf of the related U.A. Local 393 Trust Funds. These contributions are allocated based on each trust's contribution rate and are transferred monthly. As of December 31, 2023 and 2022, the amounts of \$11,476 and \$25,059, respectively, were due from U.A. Local 393 Health & Welfare Trust Fund.

The U.A. Local No. 393 Health & Welfare Trust Fund pays for member advocate and Plan director costs and is subsequently reimbursed by U.A. Local 393 Pension and Defined Contribution Trust Funds. As of December 31, 2023 and 2022, there were no amounts due to U.A. Local 393 Health & Welfare Trust Fund.

As of December 31, 2023 and 2022, the amounts of \$40,958 and \$33,398, respectively, was due to other labor union related entities for trustee payroll related expenses.

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

6. RISKS AND UNCERTAINTIES

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

7. DELINQUENT PARTICIPANT CONTRIBUTIONS

It was noted in 2023 and 2022, that there were delays by the employers in submitting employee elective contributions to the Plan in the aggregate amount of \$766,040 and \$396,753, respectively. The contributions were remitted in 2023 and 2022, respectively. The Plan calculated lost earnings of \$4,207 and \$1,952 and credited the participant accounts in 2023 and 2022, respectively.

8. PLAN AMENDMENTS

On March 20, 2023, effective January 1, 2023, a participant making an application for distribution on account of hardship may provide a written certification requesting hardship distributions.

On June 26, 2023, effective January 1, 2023, the Trustees approved an amendment to the Plan documents to increase the minimum distribution age to comply with provisions under the SECURE Act 2.0.

9. PRIORITIES UPON PLAN TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the Plan may be terminated at any time by the Trustees by an instrument in writing executed by mutual consent, subject to the provisions of the Plan document. Upon termination, each participant shall be entitled to his/her proportional share of Plan assets. No assets shall revert back to contributing employers.

SUPPLEMENTARY INFORMATION

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

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

We have audited the financial statements of the U.A. Local 393 Defined Contribution Plan as of and for the years ended December 31, 2023 and 2022, and have issued our report thereon, dated October 1, 2024, which contained an unmodified opinion on the financial statements. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole.

The supplemental schedules of Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions, Schedule H, Part IV, Line 4i - Schedule of Assets (held at end of year) and Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions as of and for the year ended December 31, 2023 and 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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

WithumSmith+Brown, PC

October 1, 2024

U.A. Local No. 393 Defined Contribution Plan
Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions
EIN #94-6075617, Plan #003
December 31, 2023

U.A. 393 Defined Contribution Plan
Plan Year Ended December 31, 2023

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

Participant Contributions		Total that Constitute Nonexempt Prohibited Transactions				Total Fully Corrected Under VFCP and PTE 2002-51
Transferred Late to Plan						
Check Here if Late Participant Loan Repayments are Included:		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		
2022:	\$ 396,753	\$ -	\$ 396,753	\$ -	\$ -	
2023:	\$ 766,040	\$ -	\$ 766,040	\$ -	\$ -	

U.A. Local No. 393 Defined Contribution Plan
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
EIN #94-6075617, Plan #003
Year Ended December 31, 2023

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
Money Market Deopsit Account								
	Accrued Dividend	Cash	N/A	N/A	N/A	N/A	254,135	254,135
	Cash	Cash	N/A	N/A	N/A	N/A	4,346,265	4,346,265
	Funds-in-transfer Account	Cash	N/A	N/A	N/A	N/A	(3,483,124)	(3,483,124)
	Raymond James Cash Acct	Cash	N/A	N/A	N/A	N/A	15,633,352	15,633,352
							16,750,628	16,750,628
Common Collective Funds								
	Great Gray CIT III for MetLife Group Annuity Contract No. 25554 CL J	Collective Funds	N/A	N/A	N/A	2,020,627	41,241,401	42,243,428
							41,241,401	42,243,428
Convertible Preferred								
	Bank Of America Corp	Convertible Preferred	N/A	7.250%	N/A	N/A	2,408,783	1,958,580
	Wells Fargo & Company 7.5%	Convertible Preferred	N/A	7.500%	N/A	N/A	2,549,270	2,232,223
							4,958,053	4,190,803
Corporate Bonds								
	Albertsons Cos/Safeway	Corporate Bonds	N/A	7.500%	3/15/2026	3,525,000	3,830,813	3,589,681
	Altria Group Inc	Corporate Bonds	N/A	5.800%	2/14/2039	1,800,000	2,262,188	1,874,430
	Amgen Inc	Corporate Bonds	N/A	4.875%	3/1/2053	3,450,000	3,257,558	3,242,724
	Amkor Technology Inc	Corporate Bonds	N/A	6.625%	9/15/2027	2,630,000	2,885,269	2,662,991
	Anheuser-Busch Co/Inbev	Corporate Bonds	N/A	4.900%	2/1/2046	175,000	173,234	172,720
	Anheuser-Busch Inbev Fin	Corporate Bonds	N/A	4.900%	2/1/2046	2,450,000	3,092,500	2,394,312
	Antero Resources Corp	Corporate Bonds	N/A	7.625%	2/1/2029	1,158,000	1,206,063	1,188,398
	Arcelormittal	Corporate Bonds	N/A	7.000%	10/15/2039	925,000	1,156,250	1,007,510
	Arcelormittal Sa	Corporate Bonds	N/A	6.800%	11/29/2032	250,000	248,428	271,268
	Ashland LLC	Corporate Bonds	N/A	6.875%	5/15/2043	1,275,000	1,623,188	1,249,798
	Ashtead Capital Inc	Corporate Bonds	N/A	4.000%	5/1/2028	2,250,000	2,268,805	2,118,963
	Ashtead Capital Inc	Corporate Bonds	N/A	5.500%	8/11/2032	1,025,000	974,418	1,015,201
	AT&T Inc	Corporate Bonds	N/A	3.956%	6/12/2024	3,025,000	3,039,138	3,035,497
	Automation Tooling Syste	Corporate Bonds	N/A	4.125%	12/15/2028	1,365,000	1,391,636	1,255,426
	Avantor Funding Inc	Corporate Bonds	N/A	4.625%	7/15/2028	2,625,000	2,739,756	2,537,168
	Bank Of America Corp	Corporate Bonds	N/A	6.250%	12/5/2049	1,225,000	1,339,531	1,220,186
	Bank Of America Corp	Corporate Bonds	N/A	6.500%	10/23/2024	1,840,000	2,049,800	1,831,702
	Broadcom Inc	Corporate Bonds	N/A	3.187%	11/15/2036	3,850,000	4,478,449	3,133,477
	Carrier Global Corp	Corporate Bonds	N/A	5.900%	3/15/2034	375,000	374,411	406,519
	CCO Hldgs LLC/Cap Corp	Corporate Bonds	N/A	5.125%	5/1/2027	2,550,000	2,601,127	2,476,178
	Celanese US Holdings LLC	Corporate Bonds	N/A	6.165%	7/15/2027	3,725,000	3,711,241	3,824,309
	Centene Corp	Corporate Bonds	N/A	4.625%	12/15/2029	2,500,000	2,697,504	2,413,025
	Charter Comm Opt LLC/Cap	Corporate Bonds	N/A	6.484%	10/23/2045	2,725,000	3,477,990	2,689,630
	Cheniere Corp Christi Hd	Corporate Bonds	N/A	5.125%	6/30/2027	2,440,000	2,508,201	2,453,534
	Citigroup Inc	Corporate Bonds	N/A	5.950%	12/31/2049	250,000	275,250	245,125
	Citigroup Inc	Corporate Bonds	N/A	6.250%	12/31/2049	2,075,000	2,355,125	2,046,386
	Columbia Pipelines Oper Co LLC	Corporate Bonds	N/A	6.544%	11/15/2053	3,000,000	3,008,414	3,322,140
	Comcast Corp	Corporate Bonds	N/A	4.150%	10/15/2028	2,150,000	2,346,492	2,123,878
	Crown Castle Intl Corp	Corporate Bonds	N/A	3.300%	7/1/2030	1,725,000	1,891,315	1,553,035
	CVS Health Corp	Corporate Bonds	N/A	4.300%	3/25/2028	1,000,000	991,122	985,550
	CVS Health Corp	Corporate Bonds	N/A	4.780%	3/25/2038	2,000,000	1,957,038	1,902,800

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EIN #94-6075617, Plan #003
Year Ended December 31, 2023

Dana Inc	Corporate Bonds	N/A	4.250%	9/1/2030	1,360,000	1,352,681	1,219,240
Dell Int LLC / EMC Corp	Corporate Bonds	N/A	6.200%	7/15/2030	275,000	294,267	295,840
Diamondback Energy Inc	Corporate Bonds	N/A	6.250%	3/15/2033	1,175,000	1,207,113	1,259,142
Encompass Health Corp	Corporate Bonds	N/A	4.750%	2/1/2030	450,000	457,875	424,701
Ford Motor Company	Corporate Bonds	N/A	5.291%	12/8/2046	2,550,000	2,883,256	2,270,444
Ford Motor Credit Co LLC	Corporate Bonds	N/A	7.350%	11/4/2027	720,000	720,000	761,479
Gap Inc/The	Corporate Bonds	N/A	3.625%	10/1/2029	1,545,000	1,519,388	1,320,929
Gap Inc/The	Corporate Bonds	N/A	3.875%	10/1/2031	1,125,000	1,134,997	925,705
GCI LLC	Corporate Bonds	N/A	4.750%	10/15/2028	2,675,000	2,739,094	2,479,645
General Motors Co	Corporate Bonds	N/A	6.600%	4/1/2036	3,084,000	3,971,704	3,308,268
GLP Capital LP / Fin II	Corporate Bonds	N/A	5.375%	4/15/2026	875,000	866,097	869,724
GLP Capital LP / Fin II	Corporate Bonds	N/A	5.250%	6/1/2025	889,000	868,076	885,942
Gmac Inc	Corporate Bonds	N/A	8.000%	11/1/2031	2,025,000	2,490,421	2,231,084
Goodyear Tire & Rubber	Corporate Bonds	N/A	9.500%	5/31/2025	600,000	612,000	608,832
Goodyear Tire & Rubber	Corporate Bonds	N/A	5.250%	7/15/2031	1,465,000	1,392,233	1,329,268
Hat Holdings I Llc/Hat	Corporate Bonds	N/A	6.000%	4/15/2025	2,175,000	2,308,133	2,168,616
HCA Inc	Corporate Bonds	N/A	5.125%	6/15/2039	3,200,000	3,281,625	3,057,345
Hp Enterprise Co	Corporate Bonds	N/A	6.350%	10/15/2045	5,250,000	6,608,760	5,693,258
Iron Mountain Inc	Corporate Bonds	N/A	4.875%	9/15/2029	1,325,000	1,372,281	1,252,390
JPMorgan Chase & Co	Corporate Bonds	N/A	6.750%	1/29/2049	4,350,000	4,647,506	4,355,438
JPMorgan Chase & Co	Corporate Bonds	N/A	6.100%	9/23/2040	750,000	821,531	747,458
L Brands Inc	Corporate Bonds	N/A	6.875%	11/1/2035	2,548,750	2,801,025	2,576,786
Lam Research Corp	Corporate Bonds	N/A	4.875%	3/15/2049	1,125,000	1,621,355	1,124,570
Liberty Mutual Group Inc	Corporate Bonds	N/A	7.800%	3/15/2037	1,215,000	1,631,138	1,215,067
Marriott International	Corporate Bonds	N/A	4.625%	6/15/2030	1,925,000	1,835,891	1,897,126
McDonald's Corp	Corporate Bonds	N/A	4.875%	12/9/2045	3,075,000	4,057,952	3,018,020
Metlife Inc	Corporate Bonds	N/A	9.250%	4/8/2038	1,200,000	1,831,500	1,347,655
Munich Re	Corporate Bonds	N/A	5.875%	5/23/2042	1,200,000	1,179,000	1,200,000
National Rural Util Coop	Corporate Bonds	N/A	7.125%	9/15/2053	1,550,000	1,550,000	1,646,007
NCR Corp	Corporate Bonds	N/A	5.125%	4/15/2029	1,275,000	1,320,588	1,216,210
Ncr Corp	Corporate Bonds	N/A	5.250%	10/1/2030	1,525,000	1,563,150	1,400,136
Nexstar Broadcasting Inc	Corporate Bonds	N/A	4.750%	11/1/2028	1,675,000	1,734,666	1,545,824
Nexstar Broadcasting Inc	Corporate Bonds	N/A	5.625%	7/15/2027	2,325,000	2,443,688	2,247,938
Nextera Energy Operating	Corporate Bonds	N/A	4.250%	7/15/2024	1,225,000	1,212,750	1,210,788
Nordstrom Inc	Corporate Bonds	N/A	5.000%	1/15/2044	2,375,000	2,371,294	1,699,526
Oracle Corp	Corporate Bonds	N/A	4.300%	7/8/2034	2,434,000	2,198,734	2,285,258
Oracle Corp	Corporate Bonds	N/A	5.550%	2/6/2053	1,475,000	1,434,691	1,485,591
Phillips 66	Corporate Bonds	N/A	4.650%	11/15/2034	2,465,000	2,710,706	2,401,058
PNC Financial Services	Corporate Bonds	N/A	4.850%	6/1/2099	600,000	596,313	602,700
Pulte Group Inc	Corporate Bonds	N/A	6.375%	5/15/2033	800,000	1,042,992	875,947
Pulte Group Inc	Corporate Bonds	N/A	6.000%	2/15/2035	1,157,000	1,484,003	1,221,977
Raymond James Financial	Corporate Bonds	N/A	4.950%	7/15/2046	1,650,000	2,160,433	1,544,928
Regal Rexnord Corp	Corporate Bonds	N/A	6.050%	4/15/2028	625,000	630,513	632,919
Regal Rexnord Corporation Sr 144A	Corporate Bonds	N/A	6.400%	4/15/2033	2,325,000	2,329,960	2,426,949
Roller Bearing Co Of Ame	Corporate Bonds	N/A	4.375%	10/15/2029	2,025,000	2,061,379	1,883,858
Seagate Hdd Cayman	Corporate Bonds	N/A	4.875%	6/1/2027	1,000,000	1,114,500	980,920

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Seagate Hdd Cayman	Corporate Bonds	N/A	4.091%	6/1/2029	925,000	991,748	857,938
Sealed Air Corp	Corporate Bonds	N/A	6.875%	7/15/2033	2,947,000	3,600,546	3,125,556
Sealed Air Corp	Corporate Bonds	N/A	6.125%	2/1/2028	210,000	210,000	211,731
Seg Hld LLC/Seg Fin Corp	Corporate Bonds	N/A	5.625%	10/15/2028	1,300,000	1,320,163	1,304,875
Sirius XM Radio Inc	Corporate Bonds	N/A	4.000%	7/15/2028	1,330,000	1,326,944	1,234,094
Southern Copper Corp	Corporate Bonds	N/A	5.875%	4/23/2045	1,650,000	2,214,795	1,684,617
Sprint Corp	Corporate Bonds	N/A	7.125%	6/15/2024	3,736,000	3,759,240	3,761,218
Sprint Corp	Corporate Bonds	N/A	7.625%	3/1/2026	725,000	745,181	757,603
T-Mobile USA Inc	Corporate Bonds	N/A	5.375%	4/15/2027	300,000	298,188	301,866
T-Mobile USA Inc	Corporate Bonds	N/A	4.750%	2/1/2028	2,395,000	2,335,342	2,389,731
Tenet Healthcare Corp	Corporate Bonds	N/A	6.125%	10/1/2028	575,000	566,969	570,544
Transcanada Trust	Corporate Bonds	N/A	5.875%	8/15/2076	1,880,000	2,028,298	1,790,700
Tripadvisor Inc	Corporate Bonds	N/A	7.000%	7/15/2025	2,670,000	2,861,166	2,681,721
United Rentals North Am	Corporate Bonds	N/A	5.250%	1/15/2030	1,850,000	1,990,750	1,820,641
Viacom Inc	Corporate Bonds	N/A	6.875%	4/30/2036	3,325,000	4,634,930	3,386,845
Viasat Inc	Corporate Bonds	N/A	5.625%	4/15/2027	2,045,000	2,105,581	1,978,538
Vici Properties LP	Corporate Bonds	N/A	5.625%	5/15/2052	2,770,000	2,535,551	2,663,743
Vistra Corp	Corporate Bonds	N/A	5.000%	7/31/2027	2,250,000	2,390,375	2,193,750
Vmware Inc	Corporate Bonds	N/A	4.700%	5/15/2030	1,200,000	1,377,051	1,185,252
Warnermedia Holdings Inc	Corporate Bonds	N/A	3.428%	3/15/2024	690,000	675,959	685,632
Warnermedia Holdings Inc	Corporate Bonds	N/A	5.141%	3/15/2052	2,200,000	1,710,566	1,895,806
Wells Fargo & Company	Corporate Bonds	N/A	5.875%	12/31/2049	1,850,000	2,020,208	1,839,881
Welltower Inc	Corporate Bonds	N/A	3.100%	1/15/2030	1,400,000	1,215,592	1,265,782
Wesco Distribution Inc	Corporate Bonds	N/A	7.250%	6/15/2028	1,767,875	1,774,121	1,815,714
XPO CNW Inc	Corporate Bonds	N/A	6.700%	5/1/2034	1,325,000	1,470,937	1,355,117
XPO Inc	Corporate Bonds	N/A	6.250%	6/1/2028	1,515,000	1,515,000	1,543,785
XPO Inc	Corporate Bonds	N/A	7.125%	6/1/2031	405,000	405,000	419,968
						<u>201,435,017</u>	<u>182,835,160</u>
Mutual Funds							
Af Rtrmnt Inc-Conserv-R6	Mutual Fund	N/A	N/A	N/A	211,704	2,372,298	2,390,134
American Funds 2010 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	789	9,072	8,940
American Funds 2015 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	250	3,144	2,985
American Funds 2020 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	34,175	489,080	445,294
American Funds 2025 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	651	10,231	9,539
American Funds 2030 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	952	15,866	15,443
American Funds 2035 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	13,059	219,760	230,492
American Funds 2040 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	571	11,079	10,613
American Funds 2045 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	8,958	165,707	170,820
American Funds 2050 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	1,468	26,818	27,523
American Funds 2055 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	536	12,752	12,669
American Funds 2060 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	10,139	153,859	162,430
American Funds 2065 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A	8,609	125,543	133,790
American Funds American Mutual R6	Mutual Fund	N/A	N/A	N/A	118,569	5,912,489	6,048,212
American Funds Europacific Growth R6	Mutual Fund	N/A	N/A	N/A	91,672	5,141,095	5,014,431
American Funds Growth Fund of Amer R6	Mutual Fund	N/A	N/A	N/A	237,219	13,738,662	14,994,592
American Funds Invest co R6	Mutual Fund	N/A	N/A	N/A	104,442	5,017,416	5,260,760
Delaware Mid Cap Growth Equity R6 (igrf.x 6/07/24)	Mutual Fund	N/A	N/A	N/A	281,424	10,422,825	8,029,035

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Fidelity Advisor® Total Bond I	Mutual Fund	N/A	N/A	N/A	199,560	1,916,517	1,911,786
JPMorgan Investor Growth R6	Mutual Fund	N/A	N/A	N/A	121,214	2,939,838	2,833,985
Neuberger Berman Sustainable Equity R6	Mutual Fund	N/A	N/A	N/A	143,841	6,103,247	5,769,465
Parnassus Mid Cap Fund-Ins	Mutual Fund	N/A	N/A	N/A	59,220	2,251,847	2,216,016
Vanguard Institutional Index I	Mutual Fund	N/A	N/A	N/A	92,048	33,782,195	36,219,242
						<u>90,841,340</u>	<u>91,918,196</u>
Preferred Stocks							
Algonquin Power Utilities Corp Sub Nt A 19	Preferred Stock	N/A	N/A	N/A	24,450	652,082	589,979
Allstate Corp	Preferred Stock	N/A	N/A	N/A	46,100	1,174,532	1,244,700
Athene Holding Ltd	Preferred Stock	N/A	6.750%	N/A	86,126	2,352,336	2,085,972
CHS Inc 6.75%	Preferred Stock	N/A	7.100%	N/A	30,000	809,271	738,900
Chs Inc 7.1%	Preferred Stock	N/A	7.875%	N/A	65,096	1,806,171	1,625,447
Citigrp Inc 7.125%-J (delisted 04/01/24)	Preferred Stock	N/A	7.125%	N/A	11,814	331,383	302,793
Ford Motor Company	Preferred Stock	N/A	N/A	N/A	50,800	1,362,411	1,190,244
Morgan Stanley 7.125	Preferred Stock	N/A	N/A	N/A	37,731	958,322	946,671
National Storage Affilia 6	Preferred Stock	N/A	7.125%	N/A	26,700	711,194	631,188
Nextera Energy Capital	Preferred Stock	N/A	N/A	N/A	45,800	1,170,895	1,111,566
Qurate Retail Inc 8% Pfd	Preferred Stock	N/A	N/A	N/A	2,150	392,518	77,314
Reinsurance Grp Of Amer	Preferred Stock	N/A	7.125%	10/15/2052	70,225	1,770,510	1,831,468
SCE Tr VII 7.50%	Preferred Stock	N/A	N/A	N/A	74,800	1,870,408	1,950,784
Synchrony Financial	Preferred Stock	N/A	N/A	N/A	25,400	686,090	438,148
						<u>16,048,123</u>	<u>14,765,174</u>
Stocks							
Abbott Laboratories	Stock	N/A	N/A	N/A	48,386	4,670,890	5,325,847
Accenture PLC	Stock	N/A	N/A	N/A	17,919	3,656,524	6,287,956
Adobe Inc	Stock	N/A	N/A	N/A	16,422	6,034,716	9,797,365
Aes Corp	Stock	N/A	N/A	N/A	221,490	4,089,587	4,263,683
Airbnb Inc Class A	Stock	N/A	N/A	N/A	44,282	5,958,832	6,028,551
Align Technology Inc.	Stock	N/A	N/A	N/A	5,234	1,117,233	1,434,116
Alphabet Inc CL A	Stock	N/A	N/A	N/A	26,116	2,469,844	3,648,144
Alphabet Inc CL C	Stock	N/A	N/A	N/A	79,631	5,926,253	11,222,397
Amazon Com Inc	Stock	N/A	N/A	N/A	157,555	19,071,137	23,938,907
American International Group	Stock	N/A	N/A	N/A	47,384	2,073,646	3,210,266
Applied Material	Stock	N/A	N/A	N/A	15,519	1,138,852	2,515,164
Autodesk Inc	Stock	N/A	N/A	N/A	20,396	4,631,349	4,966,018
Bank Of America Corp	Stock	N/A	N/A	N/A	127,536	3,336,455	4,294,137
Barrick Gold Corp	Stock	N/A	N/A	N/A	188,733	3,854,443	3,414,180
Baxter Intl Inc	Stock	N/A	N/A	N/A	71,805	4,087,833	2,775,981
Bristol-Myers Squibb Co	Stock	N/A	N/A	N/A	59,357	3,526,068	3,045,608
Caterpillar Inc	Stock	N/A	N/A	N/A	7,915	1,488,335	2,340,228
Centene Corp	Stock	N/A	N/A	N/A	43,054	2,912,746	3,195,037
Chevron Corp	Stock	N/A	N/A	N/A	13,910	1,364,034	2,074,816
Cigna Group	Stock	N/A	N/A	N/A	14,184	2,705,861	4,247,399
Cisco Systems Inc	Stock	N/A	N/A	N/A	68,514	2,991,263	3,461,327
Citigroup Inc	Stock	N/A	N/A	N/A	58,703	3,305,243	3,019,682
Corning Inc	Stock	N/A	N/A	N/A	130,119	4,425,363	3,962,124
CSX Corp	Stock	N/A	N/A	N/A	72,650	1,661,901	2,518,776
Eli Lilly & Company	Stock	N/A	N/A	N/A	2,547	1,522,407	1,484,697

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Firstenergy Corp	Stock	N/A	N/A	N/A	130,160	4,233,381	4,771,666
FMC Corp	Stock	N/A	N/A	N/A	40,125	3,641,815	2,529,881
Freeport-Mcmoran Inc	Stock	N/A	N/A	N/A	99,430	2,416,593	4,232,735
Gartner Inc	Stock	N/A	N/A	N/A	8,215	1,608,043	3,705,869
Humana Inc.	Stock	N/A	N/A	N/A	5,408	1,772,225	2,475,836
JPMorgan Chase & Co	Stock	N/A	N/A	N/A	22,611	2,331,143	3,846,131
Lowes Co Inc	Stock	N/A	N/A	N/A	17,859	2,192,350	3,974,520
Marathon Petroleum Corp	Stock	N/A	N/A	N/A	26,960	1,428,945	3,999,786
Mastercard Inc A	Stock	N/A	N/A	N/A	17,926	5,595,544	7,645,618
Metlife Inc	Stock	N/A	N/A	N/A	51,717	2,513,624	3,420,045
Microsoft Corporation	Stock	N/A	N/A	N/A	39,735	10,201,932	14,941,949
Morgan Stanley	Stock	N/A	N/A	N/A	26,153	1,525,774	2,438,767
Netflix Inc	Stock	N/A	N/A	N/A	16,707	5,012,600	8,134,304
Nike Inc.	Stock	N/A	N/A	N/A	24,755	2,544,718	2,687,650
Novo-Nordisk As	Stock	N/A	N/A	N/A	31,328	2,896,437	3,240,882
Paypal Holdings Inc	Stock	N/A	N/A	N/A	90,861	7,447,072	5,579,774
Pg&e Corp	Stock	N/A	N/A	N/A	273,741	2,989,218	4,935,550
Philip Morris International	Stock	N/A	N/A	N/A	37,421	3,176,533	3,520,568
Qualcomm	Stock	N/A	N/A	N/A	30,975	3,731,788	4,479,914
Qurate Retail Inc	Stock	N/A	N/A	N/A	206,531	2,444,764	180,818
RTX Corp	Stock	N/A	N/A	N/A	32,288	2,600,708	2,716,712
Salesforce Inc	Stock	N/A	N/A	N/A	31,000	5,215,074	8,157,340
Servicenow Inc	Stock	N/A	N/A	N/A	15,700	5,560,823	11,091,893
Southwest Airlines Company	Stock	N/A	N/A	N/A	89,942	3,766,926	2,597,525
TechnipFMC PLC	Stock	N/A	N/A	N/A	170,184	1,862,854	3,427,506
Teradata Corp Del	Stock	N/A	N/A	N/A	65,940	2,222,165	2,869,049
Thermo Fisher Scientific Inc	Stock	N/A	N/A	N/A	7,868	4,265,492	4,176,256
Unitedhealth Group Inc	Stock	N/A	N/A	N/A	10,009	3,733,457	5,269,438
Verizon Communications	Stock	N/A	N/A	N/A	133,794	6,839,689	5,044,034
Visa Inc Class A Shares	Stock	N/A	N/A	N/A	27,938	4,825,645	7,273,658
Wells Fargo & Co New	Stock	N/A	N/A	N/A	83,367	2,772,221	4,103,324
Williams Co.	Stock	N/A	N/A	N/A	107,208	2,764,566	3,734,055
Workday Inc-Class A	Stock	N/A	N/A	N/A	13,426	2,962,048	3,706,382
Zoetis Inc	Stock	N/A	N/A	N/A	20,638	2,794,126	4,073,323
						<u>219,911,108</u>	<u>281,455,164</u>
Variable Rate Corporate Bonds							
Ally Financial Inc	Variable Rate Corporate Bonds	N/A	4.700%	12/31/2099	3,151,700	3,206,599	2,375,338
American Express Co	Variable Rate Corporate Bonds	N/A	3.550%	12/31/2099	2,425,000	2,432,613	2,076,455
Ares Finance Co	Variable Rate Corporate Bonds	N/A	4.125%	6/30/2051	2,050,000	2,054,375	1,735,776
Bank Of America Corp	Variable Rate Corporate Bonds	N/A	6.100%	12/31/2049	100,000	113,875	99,400
Capital One Financial Co	Variable Rate Corporate Bonds	N/A	3.950%	12/31/2099	430,000	440,750	355,589
Charles Schwab Corp	Variable Rate Corporate Bonds	N/A	5.375%	12/1/2099	2,750,000	3,058,969	2,706,963
Citigroup Inc	Variable Rate Corporate Bonds	N/A	4.000%	12/1/2099	2,075,000	2,088,043	1,910,930
Cobank ACB	Variable Rate Corporate Bonds	N/A	6.450%	12/31/2099	2,225,000	2,225,000	2,158,250
Discover Financial Svs	Variable Rate Corporate Bonds	N/A	6.125%	12/31/2099	1,030,000	1,160,819	997,143
Dominion Energy Inc	Variable Rate Corporate Bonds	N/A	4.350%	12/31/2099	1,975,000	2,011,500	1,761,206
Edison International	Variable Rate Corporate Bonds	N/A	5.000%	12/31/2099	2,125,000	2,030,375	1,994,249

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

U.A. Local No. 393 Defined Contribution Plan
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
EIN #94-6075617, Plan #003
Year Ended December 31, 2023

Emera Inc	Variable Rate Corporate Bonds	N/A	6.750%	6/15/2076	4,300,000	4,104,826	4,244,100
Enstar Finance LLC	Variable Rate Corporate Bonds	N/A	5.750%	9/1/2040	2,115,000	2,167,912	1,978,625
Enstar Finance Llc	Variable Rate Corporate Bonds	N/A	5.500%	1/15/2042	525,000	525,438	447,379
First Citizens Bancshare 5.8%	Variable Rate Corporate Bonds	N/A	8.741%	12/1/2099	775,000	780,438	788,563
General Motors Finl Co	Variable Rate Corporate Bonds	N/A	5.700%	12/31/2099	2,039,000	2,211,005	1,884,587
Goldman Sachs Group Inc	Variable Rate Corporate Bonds	N/A	7.500%	12/31/2099	675,000	675,000	706,388
Goldman Sachs Group Inc	Variable Rate Corporate Bonds	N/A	4.950%	1/1/2099	1,325,000	1,408,531	1,266,197
Morgan Stanley	Variable Rate Corporate Bonds	N/A	6.138%	10/16/2026	1,750,000	1,762,637	1,784,423
Morgan Stanley	Variable Rate Corporate Bonds	N/A	5.948%	1/19/2038	1,775,000	1,770,576	1,798,111
Nextera Energy Capital	Variable Rate Corporate Bonds	N/A	5.650%	5/1/2079	3,600,000	4,187,051	3,373,992
NRG Energy Inc	Variable Rate Corporate Bonds	N/A	10.250%	12/31/2099	600,000	591,000	624,652
Paramount Global	Variable Rate Corporate Bonds	N/A	6.375%	3/30/2062	1,000,000	1,000,000	918,800
PNC Financial Services	Variable Rate Corporate Bonds	N/A	6.200%	12/31/2099	2,112,000	2,119,025	2,068,282
Sempra Energy	Variable Rate Corporate Bonds	N/A	4.875%	12/1/2099	2,050,000	2,164,525	2,008,426
Transcanada Trust	Variable Rate Corporate Bonds	N/A	5.600%	3/7/2082	625,000	625,000	527,875
Vistra Corp	Variable Rate Corporate Bonds	N/A	8.000%	12/31/2099	3,075,000	3,233,497	3,061,595
Vistra Corp	Variable Rate Corporate Bonds	N/A	7.000%	12/31/2099	900,000	905,595	886,500
Wells Fargo & Company	Variable Rate Corporate Bonds	N/A	7.625%	12/31/2099	1,900,000	1,916,352	2,002,600
						<u>52,971,326</u>	<u>48,542,394</u>
Total Market Value					\$	<u>644,156,996</u>	<u>\$ 682,700,947</u>

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

U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN

EIN 94-6075617

Plan No. 003

Plan Year Ended December 31, 2023

**Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at Year End)**

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

U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN

EIN 94-6075617

Plan No. 003

Plan Year Ended December 31, 2023

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

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

U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN

EIN 94-6075617

Plan No. 003

Plan Year Ended December 31, 2023

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

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

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan U. A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 07/01/1979
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN 6293 SAN IGNACIO AVENUE SAN JOSE CA 95119
2b	Employer Identification Number (EIN) 94-6075617
2c	Plan Sponsor's telephone number (408) 588-3770
2d	Business code (see instructions) 238220

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

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

SIGN HERE	<i>Eric Mussynski</i>	10/07/2024	ERIC MUSSYNSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Alex Hall</i>	10/03/2024	ALEX HALL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3,184
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2,024 6a(2) 2,144 6b 165 6c 1,043 6d 3,352 6e 21 6f 3,373 6g(1) 3,183 6g(2) 3,373 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 125

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2J 2S 2T

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____