

Annual Registration Statement Identifying Separated
Participants With Deferred Vested Benefits

OMB No. 1545-2187

2022

This form is required to be filed under section 6057 of the Internal Revenue Code.
Go to www.irs.gov/Form8955SSA for instructions and the latest information.This Form is NOT Open
to Public Inspection

PART I Annual Statement Identification Information

For the plan year beginning **01/01/2022**, and ending **12/31/2022**A Check here if plan is a government, church, or other plan that elects to voluntarily file Form 8955-SSA. (See instructions.)B Check here if this is an amended registration statement.C Check the appropriate box if filing under: Form 5558 Automatic extension Special extension (enter description)

PART II Basic Plan Information - enter all requested information

1a Name **WESTERN STATES 401 (K) RETIREMENT FUND OF THE OPEIU**
of plan1b Plan Number (PN)
001

Plan Sponsor Information

2a Plan sponsor's name

WESTERN STATES 401 (K) RETIREMENT2b Employer Identification Number (EIN)
93-6026077

2c Trade name (if different from plan sponsor name)

2d Plan sponsor's phone number
503-224-0048

2e In care of name

BENESYS, INC.2f Mailing address (room, apt., suite no. and street, or P.O. box)
5331 S MACADAM AVE STE 2582g City
PORTLAND2h State
OR2i ZIP code
97239

2j Foreign province (or state)

2k Foreign country

2l Foreign postal code

Plan Administrator Information

3a Plan administrator's name (if other than plan sponsor)
SAME

3b Employer Identification Number (EIN)

3c In care of name

3d Plan administrator's phone number

3e Mailing address (room, apt., suite no. and street, or P.O. box)

3f City

3g State

3h ZIP code

3i Foreign province (or state)

3j Foreign country

3k Foreign postal code

4 If the name or EIN of the **plan administrator** has changed since the last return filed for this plan, enter the name and EIN from the last filed return:

Plan administrator's name

EIN

5 If the name or EIN of the **plan sponsor** has changed since the last return filed for this plan, enter the name, EIN, and plan number from that return:

Plan sponsor's name

EIN

Plan Number (PN)

6a Participants who separated with a deferred vested benefit required to be reported on this Form 8955-SSA

6a **2**b Participants who separated with a deferred vested benefit voluntarily reported on this Form 8955-SSA
in the same year as the separation occurred

6b

7 Total number of participants reported on lines 6a and 6b

7 **2**

8 Did the plan administrator provide an individual statement to each participant required to receive a statement?

 Yes No

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign
Here

Signature of plan sponsor

Date signed

Signature of plan administrator

Date signed

Name of plan	WESTERN STATES 401(K) RETIREMENT FUND OF THE OPEIU	Plan Number 001	EIN 93-6026077
-----------------	--	--------------------	-------------------

PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

Code A – has not previously been reported.

Code B – has previously been reported under the above plan number, but whose previously reported information requires revisions.

Code C – has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.

Code D – has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"				Entry code "C" only			
(a) Entry Code	(b) Full Social Security Number (or "FOREIGN")	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number	
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
A	542-58-2705	TAARYL		LOCKWOOD		A	A		13		
A	646-32-4899	JADEN		JENSEN		A	A		422		
B	032-56-7878	THOMAS		FERRIS		A	A		777		
B	036-48-6154	BARBARA J.		MORALES		A	A		1,873		
B	125-38-5620	HELEN		POKORNY		A	A		31,519		
B	139-84-6887	BRITTON		CARLUCCI		A	A		1,159		
B	145-70-2904	KATHYRN		HACKMAN		A	A		238		
B	215-27-7927	DANIEL G.		AMINE DANIEL		A	A		944		
B	224-45-5092	KATHERINE E		HEALD		A	A		960		
B	228-98-6352	WENDY L.		DAUGHERTY		A	A		4,225		

Name of plan	WESTERN STATES 401(K) RETIREMENT FUND OF THE OPEIU	Plan Number	EIN
		001	93-6026077

PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

Code A – has not previously been reported.

Code B – has previously been reported under the above plan number, but whose previously reported information requires revisions.

Code C – has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.

Code D – has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"					Use with entry code "A" or "B"			Entry code "C" only	
(a) Entry Code	(b) Full Social Security Number (or "FOREIGN")	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit	Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name		(d) Type of annuity	(e) Payment frequency		
B	231-47-4918	CATHERINE		HENNIGAN	A	A		478	
B	242-94-0754	MARCIA A.		WEBB	A	A		1,180	
B	243-86-9838	LINDA D.		ARMSTRONG	A	A		75,719	
B	248-35-7679	D		DIXON	A	A		217	
B	281-82-7963	STEVEN		RIOLO	A	A		855	
B	289-68-8595	R		WRIGHT	A	A		187	
B	291-38-2005	FRANCES E.		MERRIMAN	A	A		415	
B	331-72-7028	KATHERINE		SCHOCK	A	A		401	
B	350-72-9327	ABBY F.		HOLLAND ABBY	A	A		357	
B	353-44-6709	T		MCCRACKEN	A	A		38	

Name of plan	WESTERN STATES 401(K) RETIREMENT FUND OF THE OPEIU	Plan Number 001	EIN 93-6026077
-----------------	--	--------------------	-------------------

PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

Code A – has not previously been reported.

Code B – has previously been reported under the above plan number, but whose previously reported information requires revisions.

Code C – has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.

Code D – has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"				Entry code "C" only			
(a) Entry Code	(b) Full Social Security Number (or "FOREIGN")	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number	
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
B	416-92-1830	TARRANCE SH		ATKINS		A	A		241		
B	438-31-7053	PRINCESS A.		WASHINGTON		A	A		311		
B	439-25-9614	R		JORDAN		A	A		449		
B	439-93-3701	MALLORY		HORNCastle		A	A		493		
B	454-75-1329	THUYANH		HOANG		A	A		279		
B	480-90-2209	S		PATTERSON		A	A		73		
B	497-98-9572	KRISTIN		YADAMEC		A	A		824		
B	508-13-5557	LETHU		TRAN		A	A		184		
B	512-70-6414	LEANNA S.		EVERSOLE		A	A		947		
B	516-74-5337	DIANA		MULLEN		A	A		146		

Name of plan	WESTERN STATES 401(K) RETIREMENT FUND OF THE OPEIU	Plan Number 001	EIN 93-6026077
-----------------	--	--------------------	-------------------

PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

Code A – has not previously been reported.

Code B – has previously been reported under the above plan number, but whose previously reported information requires revisions.

Code C – has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.

Code D – has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"				Entry code "C" only			
(a) Entry Code	(b) Full Social Security Number (or "FOREIGN")	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number	
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
B	518-06-4807	SHERRY		ANDERSON		A	A		1,286		
B	519-80-1956	KEITH A.		KAVANAUGH		A	A		83		
B	521-02-9587	BEVERLY		WONG		A	A		1,559		
B	529-21-9489	BETH L.		BELL		A	A		3,272		
B	529-37-8044	MILLIE		VUNIPOLA		A	A		397		
B	529-54-3516	KAREN A.		NIELSEN		A	A		2,902		
B	531-06-1346	JULIE		BROOKS		A	A		638		
B	531-56-9723	RUTH		COOPER		A	A		5,616		
B	531-90-2268	CUONG		PHAM		A	A		94		
B	532-11-1275	AMANDA		WHITE		A	A		1,566		

Name of plan	WESTERN STATES 401(K) RETIREMENT FUND OF THE OPEIU	Plan Number	EIN
		001	93-6026077

PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

Code A – has not previously been reported.

Code B – has previously been reported under the above plan number, but whose previously reported information requires revisions.

Code C – has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.

Code D – has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"				Entry code "C" only			
(a) Entry Code	(b) Full Social Security Number (or "FOREIGN")	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number	
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
B	532-32-4210	JOHN H.		LEINEN		A	A		4,047		
B	532-38-3783	KAREN		LEINEN		A	A		1,227		
B	533-78-6023	DANAE J.		HOFFMAN		A	A		1,595		
B	534-90-2529	ALYSSA		FRANKLIN		A	A		162		
B	535-15-4923	LEANNE		TANIZAWA		A	A		938		
B	538-09-8671	W		BROWN		A	A		109		
B	538-25-4686	DAVID E.		SEARIGHT		A	A		309		
B	538-62-7578	PAMELA		WILFONG-GILL		A	A		4,256		
B	539-35-1669	JENNIFER		LAM		A	A		441		
B	539-94-4414	MELISSA		LEVEAU		A	A		260		

Name of plan	WESTERN STATES 401(K) RETIREMENT FUND OF THE OPEIU	Plan Number 001	EIN 93-6026077
-----------------	--	--------------------	-------------------

PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

Code A – has not previously been reported.

Code B – has previously been reported under the above plan number, but whose previously reported information requires revisions.

Code C – has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.

Code D – has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"				Entry code "C" only			
(a) Entry Code	(b) Full Social Security Number (or "FOREIGN")	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number	
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
B	540-04-6633	MERRITT		BREAZILE		A	A		3,207		
B	540-13-6232	JANINE L.		STUBBLEFIELD		A	A		1,143		
B	540-54-9655	WANDA		WEDMORE		A	A		18,357		
B	540-56-8429	JOANNE		DEMAND		A	A		86,592		
B	540-68-3075	DELIA		COLLINS		A	A		271		
B	540-84-4271	D		WARREN		A	A		247		
B	540-92-7928	ADRIAN A.		MARTINEZ		A	A		964		
B	540-94-3018	TROY		HEINE		A	A		1,252		
B	540-96-4665	SARA		PYLE		A	A		1,085		
B	540-98-1629	LESLIE A.		HANSON		A	A		928		

Name of plan	WESTERN STATES 401(K) RETIREMENT FUND OF THE OPEIU	Plan Number 001	EIN 93-6026077
-----------------	--	--------------------	-------------------

PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

Code A – has not previously been reported.

Code B – has previously been reported under the above plan number, but whose previously reported information requires revisions.

Code C – has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.

Code D – has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"				Entry code "C" only			
(a) Entry Code	(b) Full Social Security Number (or "FOREIGN")	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number	
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
B	541-13-5204	TIMOTHY		JACKLE		A	A		353		
B	541-15-0319	LORI L.		LUNCEFORD		A	A		35,432		
B	541-19-1246	RYAN		HARMON		A	A		88		
B	541-33-2820	DERRICK		BAUTISTA		A	A		1,372		
B	541-56-5244	TARI L.		MCDOWELL		A	A		103,534		
B	541-64-4780	DANIEL		CIELOHA		A	A		1,577		
B	541-84-5681	BOBBI J.		FULLER		A	A		1,108		
B	542-06-0421	RHONDA		RUNKLE		A	A		1,035		
B	542-19-7107	SHANNON J.		MCDONALD		A	A		378		
B	542-35-5889	JOEL J.		ANDREW		A	A		1,454		

Name of plan	WESTERN STATES 401(K) RETIREMENT FUND OF THE OPEIU	Plan Number 001	EIN 93-6026077
-----------------	--	--------------------	-------------------

PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

Code A – has not previously been reported.

Code B – has previously been reported under the above plan number, but whose previously reported information requires revisions.

Code C – has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.

Code D – has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"				Entry code "C" only			
(a) Entry Code	(b) Full Social Security Number (or "FOREIGN")	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number	
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
B	542-60-1780	BARBARA		LINDLAR		A	A		3,286		
B	542-62-2387	CAMELLIA M.		VISTICA		A	A		8,681		
B	542-68-6724	VICKI		KELLY		A	A		187		
B	542-76-1551	ERIN COLETT		SALISBURY		A	A		354		
B	543-08-7238	MARCI RAE		ROYAL		A	A		1,991		
B	543-19-3861	ROBERT		EGGERSGLUSS		A	A		2,325		
B	543-21-3970	BETTYJO		HALVORSON		A	A		47,198		
B	543-33-2252	TUYEN		VUONG		A	A		109		
B	543-68-5832	PATRICIA		DAILEY		A	A		11,284		
B	543-72-1922	KATHY L.		HARVEY		A	A		1,103		

Name of plan	WESTERN STATES 401(K) RETIREMENT FUND OF THE OPEIU	Plan Number 001	EIN 93-6026077
-----------------	--	--------------------	-------------------

PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

Code A – has not previously been reported.

Code B – has previously been reported under the above plan number, but whose previously reported information requires revisions.

Code C – has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.

Code D – has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"				Entry code "C" only			
(a) Entry Code	(b) Full Social Security Number (or "FOREIGN")	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number	
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
B	543-92-6817	HOLLY E.		WHITE		A	A		1,263		
B	543-98-7560	SARAH		BOUCHER		A	A		1,122		
B	544-11-4182	STAR P.		LOMNICKY		A	A		1,102		
B	544-21-0819	HOPE		VAN LANDINGHAM		A	A		1,267		
B	544-23-1147	TONI M.		VALERIO		A	A		5,200		
B	544-76-8315	JANICE M.		GEORGE		A	A		26,328		
B	544-86-1033	DIANE		PINKSTON		A	A		2,120		
B	544-90-3249	HEATHER		ELLIS		A	A		547		
B	544-94-4228	KHALMAH		LOWE		A	A		315		
B	546-39-4059	MIA		SHEN		A	A		1,231		

Name of plan	WESTERN STATES 401(K) RETIREMENT FUND OF THE OPEIU	Plan Number	EIN
		001	93-6026077

PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

Code A – has not previously been reported.

Code B – has previously been reported under the above plan number, but whose previously reported information requires revisions.

Code C – has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.

Code D – has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"				Entry code "C" only			
(a) Entry Code	(b) Full Social Security Number (or "FOREIGN")	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number	
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
B	547-02-4161	VICKI		LYNN SUTHERLAND		A	A		152,700		
B	548-47-7011	MARGIE		RONQUILLO		A	A		22,791		
B	548-73-0297	NATHAN P.		MASSMANN		A	A		1,003		
B	549-80-2997	SANDRA K.		BURROWS		A	A		6,023		
B	549-88-5458	BETTY H.		BROWN		A	A		1,034		
B	549-95-2972	ANTHONY		EPPERSON		A	A		1,125		
B	550-29-1958	OLIVIA		STAFFORD		A	A		349		
B	551-57-4359	MARYANN		COSTANTINO		A	A		665		
B	551-79-4496	STEVEN		MCILWAIN		A	A		1,316		
B	553-19-4266	MARTHA		PUERTO		A	A		6,618		

Name of plan	WESTERN STATES 401(K) RETIREMENT FUND OF THE OPEIU	Plan Number	EIN
		001	93-6026077

PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

Code A – has not previously been reported.

Code B – has previously been reported under the above plan number, but whose previously reported information requires revisions.

Code C – has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.

Code D – has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"				Entry code "C" only			
(a) Entry Code	(b) Full Social Security Number (or "FOREIGN")	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number	
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
B	554-71-2241	ERIC		ELROD		A	A		1,434		
B	554-73-0122	KEVIN A.		FITZPATRICK		A	A		149		
B	557-77-9602	JENNIFER C.		HSYU		A	A		984		
B	557-95-6927	AMANDA		BORDEN		A	A		453		
B	558-94-7362	PEGGY		SANDERS		A	A		1,040		
B	558-99-7143	CARPIO JENN		DEL		A	A		952		
B	559-79-3528	TAMARA		JORDAN		A	A		94		
B	563-58-2990	MARYANN		PRESTON		A	A		3,580		
B	564-63-8969	KIMBERLY		RIOS		A	A		161		
B	565-57-8929	ASUNCION E.		GROSPE		A	A		73,005		

Name of plan	WESTERN STATES 401(K) RETIREMENT FUND OF THE OPEIU	Plan Number 001	EIN 93-6026077
-----------------	--	--------------------	-------------------

PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

Code A – has not previously been reported.

Code B – has previously been reported under the above plan number, but whose previously reported information requires revisions.

Code C – has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.

Code D – has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"				Entry code "C" only			
(a) Entry Code	(b) Full Social Security Number (or "FOREIGN")	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number	
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
B	565-98-2529	PURIFICACIO		CONCEPCIO		A	A		19,896		
B	567-58-3161	JOANN		BURKE		A	A		91,159		
B	567-65-2117	ROSA		CORNEJO		A	A		731		
B	567-65-3465	RIMA R.		SIMONIAN		A	A		1,067		
B	568-49-7549	DEBORAH A.		GRASVIK		A	A		70		
B	569-55-4813	SUSAN N.		HUA		A	A		67		
B	569-59-4794	GABRIEL		GURROLA		A	A		1,376		
B	569-59-8586	JULIE		KING		A	A		1,223		
B	570-73-6329	RAYMOND A.		GREEN		A	A		347		
B	571-61-8387	ANTONETTE B		BALIGAYA		A	A		1,582		

Name of plan	WESTERN STATES 401(K) RETIREMENT FUND OF THE OPEIU	Plan Number	EIN
		001	93-6026077

PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

Code A – has not previously been reported.

Code B – has previously been reported under the above plan number, but whose previously reported information requires revisions.

Code C – has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.

Code D – has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"				Entry code "C" only			
(a) Entry Code	(b) Full Social Security Number (or "FOREIGN")	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number	
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
B	571-94-5569	ROXANNE		SMALDINO		A	A		1,446		
B	572-29-4899	KRIS		KATAGIRI		A	A		208		
B	572-70-1997	MARI H.		SCHAUER		A	A		62,042		
B	586-48-9789	RICK		HER		A	A		148		
B	586-54-0929	HIEP		NGUYEN		A	A		63		
B	610-22-8089	JOAN		TAPANG		A	A		1,153		
B	611-09-5586	ANGELINA		ANDERSON		A	A		317		
B	614-01-1538	MICHELLE		RADCLIFF		A	A		1,071		
B	614-26-5244	AMBER L.		SNIEZKO		A	A		551		
B	617-90-3413	TIANA		YOUNG		A	A		85		

Name of plan	WESTERN STATES 401(K) RETIREMENT FUND OF THE OPEIU	Plan Number 001	EIN 93-6026077
-----------------	--	--------------------	-------------------

PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

Code A – has not previously been reported.

Code B – has previously been reported under the above plan number, but whose previously reported information requires revisions.

Code C – has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.

Code D – has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"				Entry code "C" only			
(a) Entry Code	(b) Full Social Security Number (or "FOREIGN")	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number	
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
B	623-38-6844	MICHAEL		PANIAGUA		A	A		47		
B	625-48-2274	LINDA		MIRANDA		A	A		348		
D	218-90-9216	SUSAN D.		MULATO							
D	282-84-6809	NICOLE		SPIVEY							
D	374-60-3574	BRUCE		COOK							
D	533-62-6001	SANDRA		ALLEYNE							
D	537-33-4574	SUN I.		ALEXANDER							
D	538-46-4802	BELINDA G.		RICHARDSON							
D	538-94-6069	BETH		SCHANTZEN							
D	539-72-5650	CASSANDRA A		HERNANDEZ							

Name of plan	WESTERN STATES 401(K) RETIREMENT FUND OF THE OPEIU	Plan Number	EIN
		001	93-6026077

PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

Code A – has not previously been reported.

Code B – has previously been reported under the above plan number, but whose previously reported information requires revisions.

Code C – has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.

Code D – has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"				Entry code "C" only			
(a) Entry Code	(b) Full Social Security Number (or "FOREIGN")	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number	
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		
D	542-96-3105	DENNISE		BARKER							
D	543-04-1666	LAURA		SPURGEON							
D	543-27-3727	ASHLEY J.		DOMINGO							
D	543-88-4210	JENNIFER		OLAVE							
D	544-72-2732	K		SHOREY							
D	546-23-2304	DEANNA P.		CARDENAS							
D	563-87-9607	ROGER		VILLEGRAS							
D	564-04-6906	DONNA		BLACKSTON							
D	573-21-3255	LAURIE		MILES AIRHART							
D	574-82-6266	JESSE		O'BRIEN							

Name **WESTERN STATES 401(K) RETIREMENT FUND OF THE OPEIU**
of plan

Plan Number
001

EIN
93-6026077

PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

Code A – has not previously been reported

Code B – has previously been reported under the above plan number, but whose previously reported information requires revisions

Code C – has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead

Code D – has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.