

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 04/01/2023 and ending 03/31/2024	
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 UNION NO. 614 PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 04/01/1968
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES - U. A. LOCAL UNION NO. 614 PENSION PLAN 2001 CALDWELL DRIVE GOODLETTSVILLE, TN 37072
2b	Employer Identification Number (EIN) 62-6085904
2c	Plan Sponsor's telephone number 615-859-0131
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.	01/15/2025	JEFF TAYLOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/15/2025	DAVID W. SINK JR.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 1292
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) 1248 6a(2) 1609 6b 6c 84 6d 1693 6e 22 6f 1715 6g(1) 6g(2) 1456 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 59

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

2C 2F 2G 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 2
- (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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024		
A Name of plan U. A. LOCAL UNION NO. 614 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES - U. A. LOCAL UNION NO. 614 PENSION PLAN	D Employer Identification Number (EIN) 62-6085904	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	780510-01	89	04/01/2023	03/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	13266885
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

14072176

c Additions: (1) Contributions deposited during the year**7c(1)**

420142

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

457895

(4) Transferred from separate account.....

7c(4)

8307110

(5) Other (specify below)

7c(5)

0

(6) Total additions.....

7c(6)

9185147

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

23257323

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

286867

(2) Administration charge made by carrier

7e(2)

0

(3) Transferred to separate account.....

7e(3)

9703572

(4) Other (specify below)

7e(4)

0

(5) Total deductions.....

7e(5)

9990439

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

13266884

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024		
A Name of plan U. A. LOCAL UNION NO. 614 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES - U. A. LOCAL UNION NO. 614 PENSION PLAN	D Employer Identification Number (EIN) 62-6085904	

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	706365		04/01/2023	03/31/2024

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	9145253

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)**d** Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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 04/01/2023 and ending 03/31/2024

A Name of plan U. A. LOCAL UNION NO. 614 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES - U. A. LOCAL UNION NO. 614 PENSION PLAN	D Employer Identification Number (EIN) 62-6085904

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

(b)

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

(b)

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

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

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

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

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

HIGHLAND CAPITAL MANAGEMENT, LLC

27-5440911

(b) 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 27	NONE	525722	Yes ☒ No ☐	Yes ☒ No ☐	3893	Yes ☐ No ☒

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

NOVARA TESIJA & CATENACCI, PLLC

888 W BIG BEAVER RD
STE 600
TROY, MI 48084

(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	NONE	86397	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOUTHERN BENEFIT ADMINISTRATORS INC

62-1116095

(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 17	NONE	75400	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)

REYNOLDS CONSULTING SERVICES

20-1899564

(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 70	NONE	50498	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEEDLES & ASSOICATES, LLC

51-0435869

(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 10	NONE	39381	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REGIONS BANK

250 RIVERCHASE PARKWAY
4TH FLOOR
BIRMINGHAM, AL 35244

(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	NONE	0	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)

EBERTS AND HARRISON, INC

1604 RIDGESIDE DR#203
MOUNT AIRY, MD 21771

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

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

UNITED MEMBERS INSURANCE

6826 W LINEBAUGH AVE
TAMPA, MD 21771

(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?
23 22	NONE	0	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

PLAN ADMINISTRATOR

62-6085904

(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?
14	TAFT HARTLEY PLAN PAYMENT	0	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)

GREAT WEST LIFE AND ANNUITY INS CO

84-0467907

(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?
52 64 72 67 62	CONTRACT ADMINISTRATOR	0	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN FUNDS

52-0792143

(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?
52	INVESTMENT PROVIDER	0	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

BARON

13-6891420

(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?
52	INVESTMENT PROVIDER	0	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)

COLUMBIA

93-0577450

(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?
52	INVESTMENT PROVIDER	0	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

DODGE AND COX

94-6067274

(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?
52	INVESTMENT PROVIDER	0	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

EATON VANCE

04-6039283

(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?
52	INVESTMENT PROVIDER	0	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)

HARRIS

52-2237782

(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?
52	INVESTMENT PROVIDER	0	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESCO

76-0343427

(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?
52	INVESTMENT PROVIDER	0	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

PIMCO FUNDS

95-2632339

(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?
52	INVESTMENT PROVIDER	0	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)

PUTNAM

04-3159710

(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?
52	INVESTMENT PROVIDER	0	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

RPYCE

13-3139046

(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?
52	INVESTMENT PROVIDER	0	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

THORNBURG

06-1158764

(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?
52	INVESTMENT PROVIDER	0	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)

VANGUARD

23-1899003

(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?
52	INVESTMENT PROVIDER	0	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

VANGUARD

23-1999755

(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?
52	INVESTMENT ADVISOR	0	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

MASSACHUSETTS MUTUAL LIFE INS CO

04-1590850

(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?
52 72	INVESTMENT PROVIDER	0	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
UA LOCAL UNION NO. 614 PENSION FUND	14	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MASSACHUSETTS MUTUAL LIFE INS CO 04-1590850		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS CO	67	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
UA LOCAL 614 CORE FUND 04-1590850		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS CO	72	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SAGIC (60369) 04-1590850		

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

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

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

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO REAL ESTATE FUND 76-0343427		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DODGE & COX INTL STOCK FUND 94-6067274		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK EQUITY & INCOME FUND 52-2257782		

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSMUTUAL LIFE INSURANCE COMPANY	72	

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE RETIREMENT 2060 FUND 82-3525148	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSMUTUAL LIFE INSURANCE COMPANY	72	

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSMUTUAL LIFE INSURANCE COMPANY	72	

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MASSMUTUAL US GOVERNMENT MNY MKT FD 04-3212059	

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 72 52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2050 FD 82-3481715		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 52 72	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT 2060 FD 82-3525148		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 72 52	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SELECT T.ROWE PRICE RTMT BLND FD 82-3533944		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT-WEST LIFE & ANNUITY INS. CO.	60 63	

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT-WEST LIFE & ANNUITY INS. CO.	60	

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TOTAL RETURN FUND ADMIN PIMCO 95-2632339	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT-WEST LIFE & ANNUITY INS. CO.	63	

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

Part I Service Provider Information (continued)

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024					
A Name of plan U. A. LOCAL UNION NO. 614 PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES - U. A. LOCAL UNION NO. 614 PENSION PLAN				D Employer Identification Number (EIN) 62-6085904	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL US PROPERTY ACCOUNT					
b Name of sponsor of entity listed in (a): PRINCIPAL FINANCIAL GROUP					
c EIN-PN 42-0127290-027		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9145253		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA,		

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
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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 04/01/2023 and ending 03/31/2024		
A Name of plan U. A. LOCAL UNION NO. 614 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES - U. A. LOCAL UNION NO. 614 PENSION PLAN	D Employer Identification Number (EIN) 62-6085904	

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	649710	1793275
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	789791	1652008
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	295529	222580
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	27357388	26981524
(2) U.S. Government securities	1c(2)	5438765	7013946
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)	15431033	13661297
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)	63612232	83467937
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	10138761	9145253
(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)	27931467	37876680
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)	14498461	13822170

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	166143137	195636670
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	16974	65337
i Acquisition indebtedness	1i		
j Other liabilities	1j	13991	34251
k Total liabilities (add all amounts in lines 1g through 1j)	1k	30965	99588
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	166112172	195537082

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)	9789715	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		9789715
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	109821	
(B) U.S. Government securities	2b(1)(B)	714709	
(C) Corporate debt instruments	2b(1)(C)	38630	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		863160
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1053373	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2282170	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		3335543
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	44334168	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	44046124	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		288044
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	24681337	
(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)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-991920
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		396759
d Total income. Add all income amounts in column (b) and enter total	2d		38362638

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7947211	
(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)		7947211
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)	66000	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	39381	
(5) Investment advisory and investment management fees	2i(5)	576218	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	86397	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2100	
(11) Other expenses	2i(11)	220421	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		990517
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8937728

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		29424910
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

d The opinion of an independent qualified public accountant is **not attached** 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.)		☒	
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?	☒		1000000
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.
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For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024		
A Name of plan U. A. LOCAL UNION NO. 614 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES - U. A. LOCAL UNION NO. 614 PENSION PLAN	D Employer Identification Number (EIN) 62-6085904	

Part I	Distributions
--------	---------------

All references to distributions relate only to payments of benefits during the plan year.

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
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	41

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.)
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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	0	
	b Enter the amount contributed by the employer to the plan for this plan year	6b	0	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	0	
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ 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
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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
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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

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)

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14c

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

15a

b The corresponding number for the second preceding plan year

15b

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16b

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

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

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

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 _____.

U.A. LOCAL UNION NO. 614 PENSION PLAN

FINANCIAL STATEMENTS
March 31, 2024 and 2023

U.A. LOCAL UNION NO. 614 PENSION PLAN

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March 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the accompanying financial statements of the U.A. Local Union No. 614 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of March 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the U.A. Local Union No. 614 Pension Plan as of March 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

Supplemental Schedules Required by ERISA

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

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

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



Broomfield, CO
October 25, 2024

U.A. LOCAL UNION NO. 614 PENSION PLAN

Statements of Net Assets Available for Benefits
March 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Accounts receivable		
Employers' contributions	\$ 1,652,008	\$ 789,791
Accrued income	142,139	139,746
Other receivable	<u>80,441</u>	<u>155,783</u>
Total accounts receivable	<u>1,874,588</u>	<u>1,085,320</u>
Investments, at fair value		
Money market funds	26,981,524	27,357,388
Corporate bonds	13,661,297	15,431,033
Common stock	83,467,937	63,612,232
Municipal obligations	555,285	426,285
Government and agency obligations	7,013,946	5,438,765
Mutual funds	37,876,680	27,931,467
Pooled separate account	9,145,253	10,138,761
Investments, at contract value		
Stable value fund	<u>13,266,885</u>	<u>14,072,176</u>
Total investments	<u>191,968,807</u>	<u>164,408,107</u>
Cash	<u>1,793,275</u>	<u>649,710</u>
Total assets	<u>\$ 195,636,670</u>	<u>\$ 166,143,137</u>
 Liabilities		
Accounts payable	\$ 65,337	\$ 16,974
Due to other funds	<u>34,251</u>	<u>13,991</u>
Total liabilities	<u>\$ 99,588</u>	<u>\$ 30,965</u>
 Net assets available for benefits	<u>\$ 195,537,082</u>	<u>\$ 166,112,172</u>

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

U.A. LOCAL UNION NO. 614 PENSION PLAN

**Statements of Changes in Net Assets Available for Benefits
Years Ended March 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Additions		
Contributions		
Employers'	\$ 9,648,180	\$ 6,449,550
Reciprocity in	<u>141,535</u>	<u>131,661</u>
Total contributions	<u>9,789,715</u>	<u>6,581,211</u>
Investment earnings		
Interest	863,160	702,508
Equity Dividends	1,053,373	1,130,406
Mutual Fund Dividends	2,282,170	2,362,147
Pooled separate account	(991,920)	(664,520)
Net appreciation (depreciation) fair value	<u>24,969,381</u>	<u>(14,070,969)</u>
Total investment earnings	<u>28,176,164</u>	<u>(10,540,428)</u>
Other	<u>396,759</u>	<u>387,649</u>
Total additions	<u>\$ 38,362,638</u>	<u>\$ (3,571,568)</u>
 Deductions		
Benefit payments	\$ 7,947,211	\$ 8,358,199
Operating expenses (Note F)	<u>990,517</u>	<u>746,317</u>
Total deductions	<u>\$ 8,937,728</u>	<u>\$ 9,104,516</u>
 Net increase (decrease)	29,424,910	(12,676,084)
 Net assets available for benefits		
Beginning of year	<u>\$ 166,112,172</u>	<u>\$ 178,788,256</u>
 End of year	<u><u>\$ 195,537,082</u></u>	<u><u>\$ 166,112,172</u></u>

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

U.A. LOCAL UNION NO. 614 PENSION PLAN

Notes to Financial Statements March 31, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN

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

- **General**

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

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

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

- **Federal tax status**

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

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has evaluated the Plan's tax positions and concluded that the Plan has taken no uncertain tax positions that would require financial statement recognition or disclosure for the years ended March 31, 2024 and 2023

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the Plan is no longer subject to tax examinations by tax authorities for years preceding March 31, 2020.

U.A. LOCAL UNION NO. 614 PENSION PLAN

Notes to Financial Statements March 31, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN (Continued)

- **Funding**

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

- **Participant accounts**

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

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

- **Pension benefits**

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

- **Vesting**

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

- **Priorities upon termination**

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

NOTE B – SUMMARY OF ACCOUNTING POLICIES

The following are significant accounting policies used by the Plan:

- **Basis of accounting**

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

U.A. LOCAL UNION NO. 614 PENSION PLAN**Notes to Financial Statements
March 31, 2024 and 2023****NOTE B – SUMMARY OF ACCOUNTING POLICIES (Continued)**

- **Use of estimates**

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

- **Investment valuation and income recognition**

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

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

- **Employer' contributions receivable**

Employers' contributions are recorded as income in the month the hours are worked. Employers' contributions receivable represents contributions applicable to work months prior to March 31, 2024 and 2023, but collected subsequent to those dates. Plan management believes these receivables to be fully collectible. The Board of Trustees has a policy of performing agreed-upon procedures on the payroll records of contributing employers on a regular basis. Delinquencies may arise from these procedures, but due to the uncertainty of collections, no estimates of amounts due will be accrued until settlements are reached. Consequently, no allowance for uncollectible receivables is recorded.

- **Payment of benefits**

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

- **Subsequent events**

Management has evaluated subsequent events through October 25, 2024, the date the financial statements were available to be issued. No subsequent events occurred requiring accrual or disclosure.

U.A. LOCAL UNION NO. 614 PENSION PLAN

***Notes to Financial Statements
March 31, 2024 and 2023***

NOTE C - FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2024 and 2023.

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

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

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

U.A. LOCAL UNION NO. 614 PENSION PLAN

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

NOTE C - FAIR VALUE MEASUREMENTS (Continued)

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

Stable value fund

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

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

U.A. LOCAL UNION NO. 614 PENSION PLAN

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

NOTE C - FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2024 and March 31, 2023:

Assets at fair value as of March 31, 2024				
Description	Level 1	Level 2	Level 3	Total
Money market funds	\$ 26,981,524	\$ -	\$ -	\$ 26,981,524
Corporate bonds	-	13,661,297	-	13,661,297
Common stock	83,467,937	-	-	83,467,937
Municipal obligations	-	555,285	-	555,285
Government and agency obligations	-	7,013,946	-	7,013,946
Mutual funds	37,876,680	-	-	37,876,680
Total assets in fair value hierarchy	148,326,141	21,230,528	-	169,556,669
Investments measured at net asset value				9,145,253
Total investments at fair value	148,326,141	\$ 21,230,528	\$ -	\$ 178,701,922

Assets at fair value as of March 31, 2023				
Description	Level 1	Level 2	Level 3	Total
Money market funds	\$ 27,357,388	\$ -	\$ -	\$ 27,357,388
Corporate bonds	-	15,431,033	-	15,431,033
Common stock	63,612,232	-	-	63,612,232
Municipal obligations	-	426,285	-	426,285
Government and agency obligations	-	5,438,765	-	5,438,765
Mutual funds	27,931,467	-	-	27,931,467
Total assets in fair value hierarchy	118,901,087	21,296,083	-	140,197,170
Investments measured at net asset value				10,138,761
Total investments at fair value	\$ 118,901,087	\$ 21,296,083	\$ -	\$ 150,335,931

NOTE D - RISKS AND UNCERTAINTIES

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

U.A. LOCAL UNION NO. 614 PENSION PLAN

Notes to Financial Statements March 31, 2023 and 2022

NOTE E - PARTY-IN-INTEREST TRANSACTIONS

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

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

NOTE F - OPERATING EXPENSES

As of October 2023, all fees are paid as a direct expense. The following is a detailed summary of the Plan's administrative expenses for the fiscal years ended March 31, 2024 and 2023:

	2024	2023
Administrative	\$ 66,000	\$ 65,669
Consulting	9,400	9,400
Investment fees	525,720	504,718
Investment consulting	50,498	49,875
Legal fees	86,397	63,814
Audit fees	39,381	32,272
Insurance - bonding premiums	14,096	13,951
Meeting and conference expenses	2,100	2,598
Participant fees	192,595	-
Other	4,330	4,020
Total administrative expenses	<u>\$ 990,517</u>	<u>\$ 746,317</u>

NOTE G – AMENDMENTS

The following amendment was adopted during the Plan year.

Amendment V - changes the plan language to conform with mandatory SECURE Act 2.0 law changes including the increase of the limit on mandatory cash-outs (to participants who elect benefits) from \$5,000 to \$7,000 and “required minimum distribution” regulations that mandate annual payments during the SECURE act 10-year maximum payment period on post- death distributions for beneficiaries who do not qualify for an extended payment period.

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

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

March 31, 2024

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
Money market funds						
*	Fidelity Institutional Money Mkt	N/A	N/A	N/A	\$ 24,475,140	\$ 24,475,140
	Regions Trust Cash Sweep - Institutional	N/A	N/A	N/A	<u>2,506,384</u>	<u>2,506,384</u>
	Total money market funds				\$ 26,981,524	\$ 26,981,524
Common stock						
	AbbVie INC	N/A	N/A	N/A	294,055	529,729
	Accenture PLC	N/A	N/A	N/A	24,959	34,661
	Adobe Inc	N/A	N/A	N/A	209,840	373,909
	Advanced Drainage Systems Inc	N/A	N/A	N/A	219,789	228,390
	Advanced Micro Devices Inc	N/A	N/A	N/A	241,346	573,778
	Aegon Ltd	N/A	N/A	N/A	6,659	6,050
	AES Corp/VA	N/A	N/A	N/A	254,274	225,559
	Albemarle Corp	N/A	N/A	N/A	333,174	222,641
	Alphabet Inc	N/A	N/A	N/A	315,257	421,760
	Alphabet Inc	N/A	N/A	N/A	472,268	1,471,568
	Alphabet Inc	N/A	N/A	N/A	388,500	1,241,528
	Altria Group Inc	N/A	N/A	N/A	327,014	319,298
	Amazon.com Inc	N/A	N/A	N/A	595,627	2,580,336
	American Electric Power Co Inc	N/A	N/A	N/A	413,756	455,469
	American Express Co	N/A	N/A	N/A	312,173	582,886
	American International Group Inc	N/A	N/A	N/A	275,597	533,119
	Amgen Inc	N/A	N/A	N/A	287,430	359,949
	Anheuser-Busch InBev SA/NV	N/A	N/A	N/A	37,566	21,273
	APA Corp	N/A	N/A	N/A	374,808	397,433
	Apple Inc	N/A	N/A	N/A	501,101	4,025,493
	AppLovin Corp	N/A	N/A	N/A	177,865	308,860
	ArcelorMittal SA	N/A	N/A	N/A	12,756	11,032
	Arista Networks Inc	N/A	N/A	N/A	204,868	452,659
	ASML Holding NV	N/A	N/A	N/A	32,981	48,524
	AT&T Inc	N/A	N/A	N/A	443,949	380,512
	Atlas Copco AB	N/A	N/A	N/A	13,172	16,940
	AutoZone Inc	N/A	N/A	N/A	367,289	551,539
	Axon Enterprise Inc	N/A	N/A	N/A	389,344	575,073
	Baidu Inc	N/A	N/A	N/A	15,508	10,528
	Bank of America Corp	N/A	N/A	N/A	323,409	720,821
	Bank of Nova Scotia/The	N/A	N/A	N/A	27,832	23,301
	Barrick Gold Corp	N/A	N/A	N/A	7,304	9,152
	Berkshire Hathaway Inc	N/A	N/A	N/A	689,133	1,143,814
	BHP Group Ltd	N/A	N/A	N/A	22,918	23,076
	Boeing Co/The	N/A	N/A	N/A	326,856	376,331
	BP PLC	N/A	N/A	N/A	13,895	13,188
	Bristol-Myers Squibb Co	N/A	N/A	N/A	272,453	319,415
	Broadcom Inc	N/A	N/A	N/A	238,031	1,084,185
	Cadence Design Systems INC	N/A	N/A	N/A	306,591	549,098
	Capri Holdings Ltd	N/A	N/A	N/A	5,202	6,795
	Carrier Global Corp	N/A	N/A	N/A	158,871	266,526
	Caterpillar Inc	N/A	N/A	N/A	339,484	575,295
	Cboe Global Markets Inc	N/A	N/A	N/A	318,686	485,047
	Cheniere Energy Inc	N/A	N/A	N/A	105,306	190,794
	Chevron CORP	N/A	N/A	N/A	200,189	559,031
	Chubb Ltd	N/A	N/A	N/A	263,274	466,434
	Cigna Group/The	N/A	N/A	N/A	173,895	486,675
	Cisco Systems Inc	N/A	N/A	N/A	353,623	354,361
	Citigroup Inc	N/A	N/A	N/A	320,635	378,175

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

March 31, 2024

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity	(d) Cost	(e) Current value
				Value		
	Cloudflare Inc	N/A	N/A	N/A	184,494	310,631
	CMB Tech NV	N/A	N/A	N/A	13,072	12,473
	Comcast Corp	N/A	N/A	N/A	345,960	365,441
	Confluent Inc	N/A	N/A	N/A	219,381	203,446
	ConocoPhillips	N/A	N/A	N/A	173,327	496,392
	Corning Inc	N/A	N/A	N/A	210,402	278,842
	CoStar Group Inc	N/A	N/A	N/A	410,853	476,045
	Costco Wholesale Corp	N/A	N/A	N/A	176,610	507,713
	CrowdStrike Holdings Inc	N/A	N/A	N/A	228,346	337,581
	Cummins Inc	N/A	N/A	N/A	304,500	559,835
	CVS Health Corp	N/A	N/A	N/A	317,534	367,694
	Daimler Truck Holding AG	N/A	N/A	N/A	10,584	15,210
	Danaher Corp	N/A	N/A	N/A	369,850	387,066
	Datadog Inc	N/A	N/A	N/A	295,982	248,189
	Deckers Outdoor Corp	N/A	N/A	N/A	216,295	246,610
	Deere & Co	N/A	N/A	N/A	213,131	227,139
	DENTSPLY SIRONA Inc	N/A	N/A	N/A	355,149	298,378
	Deutsche Bank AG	N/A	N/A	N/A	7,392	7,885
	Diageo PLC	N/A	N/A	N/A	13,590	14,874
	Duke Energy Corp	N/A	N/A	N/A	262,489	333,650
	Eagle Materials Inc	N/A	N/A	N/A	373,863	782,640
	Eagle Materials Inc	N/A	N/A	N/A	215,108	255,717
	Eaton Corp PLC	N/A	N/A	N/A	149,297	672,262
	Elastic NV	N/A	N/A	N/A	189,689	244,385
	Eli Lilly & Co	N/A	N/A	N/A	387,688	1,555,142
	Estee Lauder Cos Inc/The	N/A	N/A	N/A	195,468	179,893
	Exxon Mobil Corp	N/A	N/A	N/A	438,926	842,740
	F5 Inc	N/A	N/A	N/A	171,173	219,924
	Ferguson PLC	N/A	N/A	N/A	28,437	32,765
	Ferrari NV	N/A	N/A	N/A	20,642	43,594
	First Solar Inc	N/A	N/A	N/A	338,607	315,656
	Ford Motor Co	N/A	N/A	N/A	332,981	347,139
	Fresenius Medical Care AG	N/A	N/A	N/A	13,500	13,496
	Gaming and Leisure Properties Inc	N/A	N/A	N/A	329,897	346,446
	Gitlab Inc	N/A	N/A	N/A	184,088	217,592
	Goldman Sachs Group Inc/The	N/A	N/A	N/A	282,133	446,511
	GSK PLC	N/A	N/A	N/A	11,685	13,290
	Haleon PLC	N/A	N/A	N/A	5,407	6,792
	HCA Healthcare Inc	N/A	N/A	N/A	287,173	344,870
	Hilton Worldwide Holdings Inc	N/A	N/A	N/A	217,580	558,872
	Home Depot Inc/The	N/A	N/A	N/A	390,645	852,743
	Honda Motor Co Ltd	N/A	N/A	N/A	36,075	55,845
	HubSpot Inc	N/A	N/A	N/A	215,200	222,429
	ICICI Bank Ltd	N/A	N/A	N/A	17,185	19,808
	ICON PLC	N/A	N/A	N/A	34,502	50,393
	ING Groep NV	N/A	N/A	N/A	20,939	27,209
	InterContinental Hotels Group PLC	N/A	N/A	N/A	18,446	29,585
	Intuit Inc	N/A	N/A	N/A	468,053	669,500
	Intuitive Surgical Inc	N/A	N/A	N/A	218,784	223,889
	Invesco Ltd	N/A	N/A	N/A	21,119	22,397
	iShares MSCI Emerging Markets ETF	N/A	N/A	N/A	19,084	16,432
	Jabil Inc	N/A	N/A	N/A	218,831	196,237
	Jazz Pharmaceuticals PLC	N/A	N/A	N/A	367,279	329,951
	JD.com Inc	N/A	N/A	N/A	8,955	8,217
	Johnson & Johnson	N/A	N/A	N/A	583,479	722,928

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

March 31, 2024

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
	Jones Lang LaSalle Inc	N/A	N/A	N/A	341,851	376,524
	JPMorgan Chase & Co	N/A	N/A	N/A	300,922	1,342,010
	Kimberly-Clark Corp	N/A	N/A	N/A	362,964	372,528
	KKR & Co Inc	N/A	N/A	N/A	195,303	246,823
	KLA Corp	N/A	N/A	N/A	210,677	247,294
	Knight-Swift Transportation Holdings Inc	N/A	N/A	N/A	168,282	184,867
	Koninklijke Philips NV	N/A	N/A	N/A	49,333	31,320
	Kraft Heinz Co/The	N/A	N/A	N/A	357,312	330,993
	Kyocera Corp	N/A	N/A	N/A	14,750	13,360
	Laboratory Corp of America Holdings	N/A	N/A	N/A	252,635	327,690
	Linde PLC	N/A	N/A	N/A	8,880	23,216
	Live Nation Entertainment Inc	N/A	N/A	N/A	341,103	389,234
	Lowe's Cos Inc	N/A	N/A	N/A	343,428	427,946
	LVMH Moet Hennessy Louis Vuitton SE	N/A	N/A	N/A	24,915	27,155
	LyondellBasell Industries NV	N/A	N/A	N/A	310,867	352,866
	Manhattan Associates Inc	N/A	N/A	N/A	187,030	211,444
	Marathon Oil Corp	N/A	N/A	N/A	227,502	293,036
	Marvell Technology Inc	N/A	N/A	N/A	564,031	518,842
	Mastercard Inc	N/A	N/A	N/A	604,044	1,332,986
	Medtronic PLC	N/A	N/A	N/A	31,345	21,788
	Medtronic PLC	N/A	N/A	N/A	255,753	209,160
	Mercedes-Benz Group AG	N/A	N/A	N/A	32,840	31,888
	Merck & Co Inc	N/A	N/A	N/A	285,061	343,466
	Meta Platforms Inc	N/A	N/A	N/A	841,438	2,202,591
	MetLife Inc	N/A	N/A	N/A	335,992	380,925
	MGM Resorts International	N/A	N/A	N/A	336,127	456,049
	Micron Technology Inc	N/A	N/A	N/A	269,217	669,615
	Microsoft CORP	N/A	N/A	N/A	515,484	4,782,324
	Mitsubishi UFJ Financial Group Inc	N/A	N/A	N/A	13,710	15,857
	Molson Coors Beverage Co	N/A	N/A	N/A	405,464	538,000
	Monolithic Power Systems Inc	N/A	N/A	N/A	219,498	209,323
	Moody's Corp	N/A	N/A	N/A	300,646	399,318
	Morgan Stanley	N/A	N/A	N/A	357,515	338,976
	National Grid PLC	N/A	N/A	N/A	14,251	17,055
	News Corp	N/A	N/A	N/A	9,749	16,236
	NextEra Energy Inc	N/A	N/A	N/A	345,430	327,858
	NICE Systems Ltd	N/A	N/A	N/A	9,965	13,031
	NIKE Inc	N/A	N/A	N/A	355,916	321,412
	NIKE Inc	N/A	N/A	N/A	141,830	184,201
	Nippon Telegraph & Telephone Corp	N/A	N/A	N/A	23,573	29,810
	Norfolk Southern Corp	N/A	N/A	N/A	154,273	446,023
	Novartis AG	N/A	N/A	N/A	26,378	29,019
	NRG Energy Inc	N/A	N/A	N/A	499,082	867,109
	NVIDIA Corp	N/A	N/A	N/A	515,930	3,503,102
	NXP Semiconductors NV	N/A	N/A	N/A	10,056	24,777
	Okta Inc	N/A	N/A	N/A	166,596	203,800
	Olin Corp	N/A	N/A	N/A	140,780	428,652
	Oracle CORP	N/A	N/A	N/A	228,296	508,721
	Ovintiv Inc	N/A	N/A	N/A	14,373	26,469
	PayPal Holdings INC	N/A	N/A	N/A	409,766	379,833
	Penumbra Inc	N/A	N/A	N/A	284,859	184,347
	PepsiCo Inc	N/A	N/A	N/A	271,366	407,773
	PepsiCo Inc	N/A	N/A	N/A	263,989	324,119
	Procore Technologies Inc	N/A	N/A	N/A	219,213	233,198
	Procter & Gamble CO/THE	N/A	N/A	N/A	358,668	717,145

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

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March 31, 2024

(c) Description of investment including maturity
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value

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
	Prologis Inc	N/A	N/A	N/A	246,410	363,314
	Prudential PLC	N/A	N/A	N/A	22,675	8,672
	Qorvo Inc	N/A	N/A	N/A	527,512	409,943
	Realty Income Corp	N/A	N/A	N/A	360,593	295,386
	Royal Caribbean Cruises Ltd	N/A	N/A	N/A	43,542	55,604
	Royal Caribbean Cruises Ltd	N/A	N/A	N/A	218,557	248,967
	RTX Corp	N/A	N/A	N/A	330,400	470,582
	S&P Global Inc	N/A	N/A	N/A	323,121	408,432
	Sandoz Group AG	N/A	N/A	N/A	1,485	1,806
	SAP SE	N/A	N/A	N/A	31,957	58,509
	Schlumberger NV	N/A	N/A	N/A	427,582	447,798
	Sea Ltd	N/A	N/A	N/A	16,148	2,686
	Sensata Technologies Holding PLC	N/A	N/A	N/A	13,151	9,185
	SentinelOne Inc	N/A	N/A	N/A	192,983	181,445
	ServiceNow Inc	N/A	N/A	N/A	237,166	396,448
	Shell PLC	N/A	N/A	N/A	26,222	26,816
	Shift4 Payments Inc	N/A	N/A	N/A	283,585	274,257
	Shopify Inc	N/A	N/A	N/A	13,288	19,293
	Siemens AG	N/A	N/A	N/A	23,930	33,401
	Skyworks Solutions Inc	N/A	N/A	N/A	370,890	385,619
	Smith & Nephew PLC	N/A	N/A	N/A	14,931	11,412
	Snowflake Inc CL A	N/A	N/A	N/A	193,101	161,762
	SoftBank Group Corp	N/A	N/A	N/A	11,706	14,855
	Sony Group Corp	N/A	N/A	N/A	24,564	42,870
	STMicroelectronics NV	N/A	N/A	N/A	25,142	45,402
	Synchrony Financial	N/A	N/A	N/A	341,856	302,271
	Taiwan Semiconductor Manufacturing Co Ltd	N/A	N/A	N/A	21,022	54,420
	Takeda Pharmaceutical Co Ltd	N/A	N/A	N/A	16,367	13,890
	Tenaris SA	N/A	N/A	N/A	27,466	33,380
	Tesla Inc	N/A	N/A	N/A	275,529	579,404
	Thermo Fisher Scientific Inc	N/A	N/A	N/A	340,010	360,350
	Timken Co/The	N/A	N/A	N/A	318,072	359,337
	Toll Brothers Inc	N/A	N/A	N/A	378,280	407,516
	Toronto-Dominion Bank/The	N/A	N/A	N/A	22,673	24,152
	TPG Inc	N/A	N/A	N/A	361,612	543,552
	Trade Desk Inc/The	N/A	N/A	N/A	272,478	383,337
	TransDigm Group Inc	N/A	N/A	N/A	225,769	514,809
	Truist Financial Corp	N/A	N/A	N/A	412,973	406,951
	Uber Technologies Inc	N/A	N/A	N/A	193,471	254,375
	UBS Group AG	N/A	N/A	N/A	29,700	49,152
	Unilever PLC	N/A	N/A	N/A	27,446	25,095
	United Parcel Service Inc	N/A	N/A	N/A	348,940	297,260
	UnitedHealth Group INC	N/A	N/A	N/A	406,091	474,912
	UnitedHealth Group INC	N/A	N/A	N/A	414,319	405,654
	Valero Energy Corp	N/A	N/A	N/A	350,097	448,915
	Verizon Communications Inc	N/A	N/A	N/A	437,421	357,080
	Vertex Pharmaceuticals Inc	N/A	N/A	N/A	305,883	556,371
	Vertiv Holdings Co	N/A	N/A	N/A	352,689	1,146,483
	Visa INC	N/A	N/A	N/A	509,666	1,141,437
	Walt Disney Co/The	N/A	N/A	N/A	391,816	403,788
	Wells Fargo & Co	N/A	N/A	N/A	544,938	625,388
	Wingstop Inc	N/A	N/A	N/A	215,558	276,266
	Yum China Holdings Inc	N/A	N/A	N/A	16,350	13,927
	Zscaler Inc	N/A	N/A	N/A	<u>163,019</u>	<u>216,504</u>
	Total common stock				\$ 48,383,781	\$ 83,467,937

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

March 31, 2024

(c) Description of investment including maturity
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value

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
Corporate bonds						
	Activision Blizzard Inc	9.15.26	3.40%	N/A	166,226	164,451
	Agree LP	6.15.28	2.00%	N/A	99,265	87,941
	Agree LP	6.15.33	2.60%	N/A	27,758	22,005
	Ally Financial Inc	6.13.29	6.99%	N/A	54,000	55,983
	American Electric Power Co Inc	8.15.25	5.70%	N/A	94,574	95,195
	AmeriCredit Automobile Receivables Trust	10.19.26	0.68%	N/A	86,668	89,399
	Aqua Finance Trust	7.17.46	1.54%	N/A	133,352	119,233
	Ares Capital Corp	6.15.28	2.79%	N/A	51,348	44,564
	Arm Master Trust LLC	110.15.27	2.43%	N/A	349,992	336,557
	Athene Holding Ltd	1.15.34	5.88%	N/A	44,178	45,090
	Auxilior Term Funding	12.15.28	6.18%	N/A	99,990	100,532
	Avis Budget Rental Car Funding	8.20.27	1.63%	N/A	149,961	137,167
	BA Credit Card Trust	5.15.28	4.79%	N/A	107,976	107,498
	Bain Capital Specialty Finance	10.13.26	2.55%	N/A	67,274	62,407
	Bank of America Corp	10.21.27	3.24%	N/A	176,646	151,774
	Bank of America Corp	3.3.26	4.45%	N/A	263,384	253,217
	BankUnited Inc	6.11.30	5.13%	N/A	39,615	37,129
	BHG Securitization Trust	11.17.33	1.42%	N/A	97,587	93,219
	Blackbird Capital Aircraft	7.15.46	2.44%	N/A	242,779	213,666
	Blue Owl Finance LLC	6.10.31	3.13%	N/A	164,879	139,829
	Blue Owl Technology Finance Corp	1.15.27	2.50%	N/A	137,616	123,464
	Blue Owl Technology Finance Corp	12.15.25	4.75%	N/A	301,656	264,426
	Brown & Brown Inc	9.15.24	4.20%	N/A	74,288	74,468
	Capital One Financial Corp	2.1.29	5.47%	N/A	200,000	199,348
	CarMax Auto Owner Trust	3.16.26	1.09%	N/A	195,828	197,151
	CarNow Auto Receivables Trust	3.15.27	1.69%	N/A	31,229	31,332
	CCG Receivables Trust	3.14.29	1.50%	N/A	90,758	94,308
	Citigroup Inc	1.29.31	2.67%	N/A	125,000	108,334
	Citigroup Inc	2.13.30	5.17%	N/A	45,000	44,790
	CLI Funding	2.18.46	1.64%	N/A	203,789	180,771
	CLI Funding	1.18.47	2.72%	N/A	245,317	218,600
	Commonbond Student Loan Trust	9.25.51	1.17%	N/A	182,110	153,916
	CoreVest American Finance	7.15.54	2.38%	N/A	149,989	122,840
	CoServ Securitization	8.15.36	5.06%	N/A	388,868	390,793
	Credibly Asset Securitization	11.15.29	6.44%	N/A	199,984	199,266
	CyrusOne Data Centers	11.20.48	5.56%	N/A	162,273	171,335
	Enstar Finance LLC	1.15.42	5.50%	N/A	160,000	149,054
	Enterprise Fleet Financing	1.22.29	5.51%	N/A	212,120	211,973
	Flagstar Mortgage Trust	9.25.41		N/A	207,272	175,522
	Glencore Funding LLC	4.27.26	6.25%	N/A	99,895	92,724
	Glencore Funding LLC	4.27.31	2.85%	N/A	67,924	58,103
	Glencore Funding LLC	4.4.27	5.91%	N/A	100,000	100,020
	Gracie Point International	3.1.28		N/A	100,000	100,258
	GS Mortgage-Backed Securities Corp Trust	11.25.49		N/A	9,938	8,963
	Hercules Capital Inc	1.20.27	3.38%	N/A	107,225	99,225
	Hertz Vehicle Financing LLC	12.26.25	1.21%	N/A	186,953	195,265
	Highmark Inc	5.10.26	1.45%	N/A	149,799	136,719
	HPEFS Equipment Trust	5.21.29	1.38%	N/A	32,545	32,674
	J.P. Morgan Mortgage Trust	6.25.54		N/A	101,624	101,067
	Jack in the Box Funding LLC	2.26.52	4.14%	N/A	288,000	250,542
	Jones Lang LaSalle Inc	12.1.28	6.88%	N/A	51,603	55,086
	Kyndryl Holdings Inc	10.15.26	2.05%	N/A	26,965	24,734
	Lendbuzz Securitization Trust	6.15.26	1.46%	N/A	76,535	76,729

U.A. LOCAL UNION NO. 614 PENSION PLAN

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Form 5500, Schedule H, line 4i

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March 31, 2024

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	MMAF Equipment Finance LLC	12.13.29	5.54%	N/A	49,990	50,429
	MVW Owner Trust	1.22.41	1.14%	N/A	101,154	94,229
	National Rural Utilities Cooperative Finance Corp	4.25.27	3.05%	N/A	209,570	198,830
	Navigator Aircraft	11.15.46	0.00%	N/A	209,068	186,566
	Northrop Grumman Corp	2.1.27	3.20%	N/A	79,871	76,542
	OnDeck Asset Securitization Trust	5.17.27	1.59%	N/A	299,993	297,942
	Oportun Issuance Trust	10.8.31	2.18%	N/A	299,965	283,014
	Piedmont Operating Partnership	8.15.30	3.15%	N/A	136,946	108,356
	Post Road Equipment Finance	11.15.29	5.59%	N/A	99,992	99,846
	Principal Life Global Funding	11.17.26	1.50%	N/A	134,212	123,163
	Progress Residential	8.17.40	1.69%	N/A	249,536	215,667
	Santander Drive Auto Receivables Trust	8.17.26	4.11%	N/A	65,788	65,863
	Santander Drive Auto Receivables Trust	1.15.26	5.81%	N/A	9,907	9,919
	SBA Tower Trust	1.15.25	2.84%	N/A	268,813	268,407
	Security Benefit GI Fund	5.17.24	1.25%	N/A	251,000	248,380
	Service Experts Issuer	2.2.32	2.67%	N/A	142,746	133,520
	SERVPRO Master Issuer	1.25.52	3.13%	N/A	392,000	349,321
	Sixth Street Specialty Lending Inc	11.1.24	3.88%	N/A	134,709	124,419
	SMB Private Education Loan Trust	3.15.56	5.24%	N/A	99,965	99,848
	Solventum Corp	3.1.29	5.40%	N/A	99,847	100,202
	STWD	11.15.38		N/A	275,000	271,818
	Switch ABS Issuer LLC	3.25.54	6.28%	N/A	108,043	108,043
	TAL Advantage VII LLC	9.20.45	3.29%	N/A	183,384	166,487
	Textainer Marine Containers Ltd	8.20.46	1.94%	N/A	218,129	187,834
	Textainer Marine Containers Ltd	8.20.46	2.43%	N/A	154,628	128,204
	Textainer Marine Containers VII Ltd	9.20.45	2.10%	N/A	132,092	119,995
	Textainer Marine Containers VII Ltd	9.20.45	3.34%	N/A	66,096	59,732
	Textainer Marine Containers VII Ltd	2.20.46	1.68%	N/A	207,104	182,798
	Textainer Marine Containers VII Ltd	2.20.46	2.82%	N/A	76,639	67,619
	TIF Funding III LLC	4.20.49	5.48%	N/A	99,967	99,967
	Triton Container Finance	9.20.45	2.11%	N/A	177,635	157,135
	Triumph Rail Holdings LLC	6.19.51	2.15%	N/A	262,860	237,813
	TRP 2021 LLC	6.19.51	3.06%	N/A	99,971	88,160
	Unum Group	12.15.28	6.75%	N/A	178,611	146,599
	Upstart Pass-Through Trust	8.20.27	1.85%	N/A	33,384	32,494
	Vantage Data Centers Issuer	7.15.44	3.19%	N/A	110,250	112,896
	Velocity Commercial Capital Loan Trust	10.25.51		N/A	253,602	201,896
	Wendy's Funding LLC	6.15.51	2.37%	N/A	170,254	150,607
	Westlake Corp	6.15.30	3.38%	N/A	32,864	29,629
	World Omni Select Auto Trust	3.15.27	0.53%	N/A	26,273	26,771
	WP Carey Inc	2.11.31	2.40%	N/A	34,685	29,068
	Liberty Mutual Group Inc	2.1.61	4.30%	N/A	125,000	79,553
	Micron Technology Inc	2.15.27	4.19%	N/A	121,049	116,930
	SBL Holdings Inc	0	6.50%	N/A	190,000	148,276
	BCP Trust	6.15.38		N/A	167,746	152,115
	Customers Bancorp Inc	8.15.31	2.88%	N/A	89,000	70,027
	Piedmont Healthcare Inc	1.1.32	2.04%	N/A	67,000	54,259
	Global Federal Credit Union	4.14.236	4.75%	N/A	250,000	249,578
	Harborstone Credit Union	7.1.24	5.05%	N/A	250,000	249,875
	Total corporate bonds				\$ 14,725,893	\$ 13,661,297
Municipal obligations						
	Met Govt Nashville & Davidson Build Amer Bds	7.1.37	6.57%	N/A	57,749	47,290
	Tennessee Valley Authority	2.1.27	2.88%	N/A	139,892	134,040
	Miami-Dade Cnty Fl Aviation	10.1.37	3.73%	N/A	100,000	87,295

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	San Francisco City & Cnty	11.1.32	3.73%	N/A	162,000	151,993
	Univ Of Texas	7.1.47	3.38%	N/A	45,000	35,341
	Virginia St Port Auth Port	7.1.45	4.48%	N/A	110,000	99,326
	Total municipal obligations				\$ 614,641	\$ 555,285
Government and agency obligations						
	Fannie Mae Pool FN 109720	10.1.25	3.42%	N/A	138,122	131,159
	Fannie Mae Pool FN 889579	5.1.38	6.00%	N/A	7,799	7,386
	Fannie Mae Pool FN AD4398	6.1.25	4.00%	N/A	7,173	6,806
	Fannie Mae Pool FN AL4778	10.1.32	4.00%	N/A	25,488	23,542
	Fannie Mae Pool FN AN9038	5.1.28	3.46%	N/A	61,325	52,401
	Fannie Mae Pool FN AQ4539	11.1.27	2.50%	N/A	69,614	65,915
	Fannie Mae Pool FN AS7986	9.1.31	2.50%	N/A	80,531	72,990
	Fannie Mae Pool FN BL0484	11.1.28	4.22%	N/A	256,501	239,345
	Fannie Mae Pool FN BS7227	11.1.32	5.73%	N/A	50,598	51,642
	Fannie Mae Pool FN BS7620	2.1.28	4.04%	N/A	79,408	80,619
	Fannie Mae Pool FN BS7637	2.1.33	5.32%	N/A	250,547	256,515
	Fannie Mae Pool FN MA1167	9.1.27	2.50%	N/A	16,098	15,808
	Fannie Mae Pool FN MA1517	7.1.28	3.00%	N/A	49,573	46,805
	Fannie Mae Pool FN MA2798	10.1.31	2.50%	N/A	6,236	5,851
	Fannie Mae Pool FN MA3030	6.1.27	3.00%	N/A	37,353	36,197
	Fannie Mae Pool FN MA3040	6.1.47	3.50%	N/A	52,526	45,488
	Fannie Mae Pool FN MA5093	7.1.38	5.00%	N/A	283,319	282,888
	Fannie Mae REMICS FNR	1.25.34		N/A	31,630	31,501
	Fannie Mae REMICS FNR 2007-68	7.25.37		N/A	7,749	7,828
	Fannie Mae REMICS FNR 2011-15	3.25.41		N/A	9,647	9,789
	Fannie Mae REMICS FNR 2012-50 HE	3.25.42	2.50%	N/A	27,511	24,927
	Fannie Mae REMICS FNR 2012-96 MH	5.25.42	3.00%	N/A	8,281	7,982
	Fannie Mae REMICS FNR 2015-2 PA	3.25.44	2.25%	N/A	50,080	47,087
	Fannie Mae REMICS FNR 2016-31 PC	3.25.45	3.00%	N/A	28,817	27,582
	Fannie Mae REMICS FNR 2017-56 PA	12.25.45	3.00%	N/A	43,182	40,227
	Fannie Mae REMICS FNR 2017-72 GH	8.25.47	2.50%	N/A	28,448	25,939
	Fannie Mae REMICS FNR 2020-48 EA	10.25.43	2.00%	N/A	44,048	44,546
	Fannie Mae-Aces FNA 2015-M11 A2	4.25.25		N/A	253,335	233,057
	Federal Farm Credit Banks Funding Corp	5.3.32	4.09%	N/A	129,675	123,118
	Federal Home Loan Banks	7.25.25	3.55%	N/A	200,000	196,250
	Freddie Mac Gold Pool FG C09016	10.1.42	3.50%	N/A	8,025	7,526
	Freddie Mac Gold Pool FG C91065	7.1.27	6.00%	N/A	19,863	18,533
	Freddie Mac Gold Pool FG G13884	6.1.25	4.50%	N/A	2,670	2,587
	Freddie Mac Gold Pool FG G30701	11.1.31	5.00%	N/A	44,946	40,436
	Freddie Mac Gold Pool FG G31052	4.1.37	4.00%	N/A	64,623	66,861
	Freddie Mac Gold Pool FG J34676	7.1.31	3.00%	N/A	52,096	46,887
	Freddie Mac Multifamily Structured Pass Through Certificates FHM	7.25.33	4.05%	N/A	131,912	132,467
	Freddie Mac Multifamily Structured Pass Through Certificates FHM	12.25.32	4.60%	N/A	72,259	73,980
	Freddie Mac Multifamily Structured Pass Through Certificates FHM	8.25.27	3.24%	N/A	275,001	255,242
	Freddie Mac Multifamily Structured Pass Through Certificates FHM	1.25.29	3.69%	N/A	132,864	123,837
	Freddie Mac Multifamily Structured Pass Through Certificates FHM	1.25.26	3.50%	N/A	247,873	236,609
	Freddie Mac Multifamily Structured Pass Through Certificates FHM	4.25.29	2.94%	N/A	256,466	228,753
	Freddie Mac Multifamily Structured Pass Through Certificates FHM	4.25.26	2.88%	N/A	283,239	264,141
	Freddie Mac Multifamily Structured Pass Through Certificates FHM	11.25.25	2.98%	N/A	140,448	134,737
	Freddie Mac Pool FR WN2387	2.1.33	5.13%	N/A	82,819	84,091
	Freddie Mac Pool FR WN2485	9.1.28	5.29%	N/A	198,234	199,438
	Freddie Mac REMICS FHR 2526 FA Flt	11.15.32		N/A	46,286	46,707
	Freddie Mac REMICS FHR 3342 PZ	6.15.37	5.00%	N/A	40,837	38,573

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

March 31, 2024

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
	Freddie Mac REMICS FHR 3372 F Flt	10.15.37		N/A	12,322	12,486
	Freddie Mac REMICS FHR 3708 PE	7.15.40	3.50%	N/A	17,314	16,333
	Freddie Mac REMICS FHR 3914	6.15.39	4.00%	N/A	142,253	135,777
	Freddie Mac REMICS FHR 4022 PA	3.15.27	3.00%	N/A	41,477	39,588
	Freddie Mac REMICS FHR 4098 HA	5.15.41	2.00%	N/A	88,087	83,061
	Freddie Mac REMICS FHR 4289 WE	8.15.31	3.00%	N/A	41,262	41,537
	Freddie Mac REMICS FHR 4388 MC	7.15.44	2.50%	N/A	40,669	36,747
	Freddie Mac REMICS FHR 4546 TH	12.15.45	2.50%	N/A	46,109	41,587
	Freddie Mac REMICS FHR 4635 PH	12.15.46	2.75%	N/A	33,009	28,546
	Freddie Mac REMICS FHR 4682 LD	5.15.47	2.75%	N/A	11,448	10,282
	Ginnie Mae I Pool GN 552509	4.15.32	6.00%	N/A	3,751	3,908
	Ginnie Mae I Pool GN 582153	6.15.32	6.00%	N/A	2,799	2,846
	Ginnie Mae I pool GN 737261	5.15.25	4.00%	N/A	4,469	4,327
	Ginnie Mae I Pool GN 782119	8.15.36	6.00%	N/A	20,234	19,489
	Ginnie Mae II Pool G2 4194	6.20.38	5.50%	N/A	17,405	16,875
	Ginnie Mae II Pool G2 4195	7.20.38	6.00%	N/A	5,702	5,939
	Ginnie Mae II Pool G2 4496	7.20.39	5.00%	N/A	44,141	40,625
	Ginnie Mae II Pool G2 4877	12.20.25	3.50%	N/A	7,412	7,188
	Ginnie Mae II Pool G2 MA0756	2.20.28	2.50%	N/A	27,927	27,191
	Government National Mortgage Association GNR 2013-8 BE	11.20.42	1.75%	N/A	8,589	7,439
	Government National Mortgage Association GNR 2016-104 MA	11.20.45	3.00%	N/A	880	837
	Government National Mortgage Association GNR 2017-134 PT	9.20.47	2.50%	N/A	164,364	143,629
	Government National Mortgage Association GNR 2018-1 HB	1.20.48	2.50%	N/A	191,313	161,703
	Government National Mortgage Association GNR 2018-115 BP	11.20.47	3.50%	N/A	20,541	19,591
	Government National Mortgage Association GNR 2018-59 D	4.20.48	3.00%	N/A	84,792	81,326
	Government National Mortgage Association GNR 2019-133 EB	4.20.49	2.00%	N/A	238,650	187,110
	Government National Mortgage Association GNR 2019-162 GA	10.20.49	3.00%	N/A	8,924	8,234
	SBA Small Business Investment Cos SBIC 2015-10A	3.10.25	2.52%	N/A	7,163	7,134
	SBA Small Business Investment Cos SBIC 2019-10B	9.10.29	2.28%	N/A	299,963	269,349
	United States Small Business Administration SBAP 2006-20E 1	5.1.26	5.87%	N/A	44,027	41,129
	United States Small Business Administration SBAP 2006-20I	9.1.26	5.54%	N/A	23,800	22,472
	United States Small Business Administration SBAP 2013-20E 1	5.1.33	2.07%	N/A	34,414	31,145
	United States Treasury Note/Bond 1	2.15.31	1.13%	N/A	68,285	58,223
	United States Treasury Note/Bond	8.15.31	1.25%	N/A	173,864	142,550
	United States Treasury Note/Bond	8.31.29	3.13%	N/A	53,427	52,070
	United States Treasury Note/Bond	6.30.27	3.25%	N/A	263,893	266,533
	United States Treasury Note/Bond	8.15.33	3.88%	N/A	345,030	344,598
	United States Treasury Note/Bond	5.31.25	4.25%	N/A	157,825	158,688
	United States Treasury Note/Bond	8.15.26	4.28%	N/A	192,487	193,259
	Total government and agency obligations				\$ 7,425,096	\$ 7,013,946

Mutual funds

American Fds Grth Fnd America	N/A	N/A	N/A	5,227,930
Baron Growth Fund	N/A	N/A	N/A	1,483,893
Columbia Seligman Tech Info Fund	N/A	N/A	N/A	10,675,460
Dodge & Cox International Stock Fund	N/A	N/A	N/A	605,322
Eaton Vance Large-Cap Value Fd	N/A	N/A	N/A	1,287,293
Fidelity Mid Cap incex	N/A	N/A	N/A	1,453,989
Invesco Real Estate Fund	N/A	N/A	N/A	559,266
MassMutual Diversified Bond Fd	N/A	N/A	N/A	722,801
MM Slct T.Rowe Pr Rtmt 2010 Fd	N/A	N/A	N/A	11,888
MM Slct T.Rowe Pr Rtmt 2020 Fd	N/A	N/A	N/A	16,681
MM Slct T.Rowe Pr Rtmt 2030 Fd	N/A	N/A	N/A	1,187,341
MM Slct T.Rowe Pr Rtmt 2040 Fd	N/A	N/A	N/A	1,987,890

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

March 31, 2024

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
	MM Slct T.Rowe Pr Rtmt 2050 Fd	N/A	N/A	N/A		2,372,362
	MM Slct T.Rowe Pr Rtmt 2060 Fd	N/A	N/A	N/A		135,366
	MM Slct T.Rowe Pr Rtmt Blnd Fd	N/A	N/A	N/A		101,182
	MM S&P 500 Index Fd(Nrthrn Tr)	N/A	N/A	N/A		5,351,205
	Oakmark Equity & Income Fund	N/A	N/A	N/A		571,015
	PIMCO Total return Fund	N/A	N/A	N/A		48,828
	Royce Total Return Fund	N/A	N/A	N/A		418,971
	Thornburg Intl Equity Fd	N/A	N/A	N/A		979,758
	Vanguard Interm-Term Treas Fd	N/A	N/A	N/A		598,934
	Vanguard Sm Cap Grwth Indx Fnd	N/A	N/A	N/A		677,060
	Vanguard Small Cap Index Fund	N/A	N/A	N/A		634,392
	Vanguard Small-Cap Val Indx Fd	N/A	N/A	N/A		767,853
	Total mutual funds					\$ 37,876,680
	Pooled separate account					
	Principal U.S. Property Account	N/A	N/A	N/A	\$ 10,804,455	\$ 9,145,263
	Stable value fund					
	Mass Mutual SAGIC Core Bond Fund	N/A	N/A	N/A	\$ 12,324,934	\$ 13,266,885
	Total assets (held at end of year)					\$ 191,968,807

* Denotes party in interest

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4j

Schedule of Reportable Transactions

Year Ended March 31, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Regions Bank	Regions Trust Cash Sweep	\$ 16,411,971	\$ -	\$ -	\$ -	\$ 16,411,971	\$ 16,411,971	\$ -
Regions Bank	Regions Trust Cash Sweep	-	32,993,754	-	-	32,993,754	32,993,754	-

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		04/01/2023	and ending
			03/31/2024
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 Union No. 614 Pension Plan	1b Three-digit plan number (PN) ▶ 001		
	1c Effective date of plan 04/01/1968		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Trustees - U. A. Local Union No. 614 Pension Plan 2001 Caldwell Drive Goodlettsville TN 37072	2b Employer Identification Number (EIN) 62-6085904 2c Plan Sponsor's telephone number (615) 859-0131 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		12-16-24	Jeff Taylor
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			David W. Sink Jr.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2023****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024

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

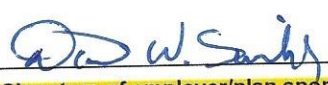
2001 Caldwell Drive

Goodlettsville

TN 37072

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			Jeff Taylor
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>12/16/2024</u>	David W. Sink Jr.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

March 31, 2024

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
Money market funds						
*	Fidelity Institutional Money Mkt	N/A	N/A	N/A	\$ 24,475,140	\$ 24,475,140
	Regions Trust Cash Sweep - Institutional	N/A	N/A	N/A	<u>2,506,384</u>	<u>2,506,384</u>
	Total money market funds				\$ 26,981,524	\$ 26,981,524
Common stock						
	AbbVie INC	N/A	N/A	N/A	294,055	529,729
	Accenture PLC	N/A	N/A	N/A	24,959	34,661
	Adobe Inc	N/A	N/A	N/A	209,840	373,909
	Advanced Drainage Systems Inc	N/A	N/A	N/A	219,789	228,390
	Advanced Micro Devices Inc	N/A	N/A	N/A	241,346	573,778
	Aegon Ltd	N/A	N/A	N/A	6,659	6,050
	AES Corp/VA	N/A	N/A	N/A	254,274	225,559
	Albemarle Corp	N/A	N/A	N/A	333,174	222,641
	Alphabet Inc	N/A	N/A	N/A	315,257	421,760
	Alphabet Inc	N/A	N/A	N/A	472,268	1,471,568
	Alphabet Inc	N/A	N/A	N/A	388,500	1,241,528
	Altria Group Inc	N/A	N/A	N/A	327,014	319,298
	Amazon.com Inc	N/A	N/A	N/A	595,627	2,580,336
	American Electric Power Co Inc	N/A	N/A	N/A	413,756	455,469
	American Express Co	N/A	N/A	N/A	312,173	582,886
	American International Group Inc	N/A	N/A	N/A	275,597	533,119
	Amgen Inc	N/A	N/A	N/A	287,430	359,949
	Anheuser-Busch InBev SA/NV	N/A	N/A	N/A	37,566	21,273
	APA Corp	N/A	N/A	N/A	374,808	397,433
	Apple Inc	N/A	N/A	N/A	501,101	4,025,493
	AppLovin Corp	N/A	N/A	N/A	177,865	308,860
	ArcelorMittal SA	N/A	N/A	N/A	12,756	11,032
	Arista Networks Inc	N/A	N/A	N/A	204,868	452,659
	ASML Holding NV	N/A	N/A	N/A	32,981	48,524
	AT&T Inc	N/A	N/A	N/A	443,949	380,512
	Atlas Copco AB	N/A	N/A	N/A	13,172	16,940
	AutoZone Inc	N/A	N/A	N/A	367,289	551,539
	Axon Enterprise Inc	N/A	N/A	N/A	389,344	575,073
	Baidu Inc	N/A	N/A	N/A	15,508	10,528
	Bank of America Corp	N/A	N/A	N/A	323,409	720,821
	Bank of Nova Scotia/The	N/A	N/A	N/A	27,832	23,301
	Barrick Gold Corp	N/A	N/A	N/A	7,304	9,152
	Berkshire Hathaway Inc	N/A	N/A	N/A	689,133	1,143,814
	BHP Group Ltd	N/A	N/A	N/A	22,918	23,076
	Boeing Co/The	N/A	N/A	N/A	326,856	376,331
	BP PLC	N/A	N/A	N/A	13,895	13,188
	Bristol-Myers Squibb Co	N/A	N/A	N/A	272,453	319,415
	Broadcom Inc	N/A	N/A	N/A	238,031	1,084,185
	Cadence Design Systems INC	N/A	N/A	N/A	306,591	549,098
	Capri Holdings Ltd	N/A	N/A	N/A	5,202	6,795
	Carrier Global Corp	N/A	N/A	N/A	158,871	266,526
	Caterpillar Inc	N/A	N/A	N/A	339,484	575,295
	Cboe Global Markets Inc	N/A	N/A	N/A	318,686	485,047
	Cheniere Energy Inc	N/A	N/A	N/A	105,306	190,794
	Chevron CORP	N/A	N/A	N/A	200,189	559,031
	Chubb Ltd	N/A	N/A	N/A	263,274	466,434
	Cigna Group/The	N/A	N/A	N/A	173,895	486,675
	Cisco Systems Inc	N/A	N/A	N/A	353,623	354,361
	Citigroup Inc	N/A	N/A	N/A	320,635	378,175

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

March 31, 2024

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity	(d) Cost	(e) Current value
				Value		
	Cloudflare Inc	N/A	N/A	N/A	184,494	310,631
	CMB Tech NV	N/A	N/A	N/A	13,072	12,473
	Comcast Corp	N/A	N/A	N/A	345,960	365,441
	Confluent Inc	N/A	N/A	N/A	219,381	203,446
	ConocoPhillips	N/A	N/A	N/A	173,327	496,392
	Corning Inc	N/A	N/A	N/A	210,402	278,842
	CoStar Group Inc	N/A	N/A	N/A	410,853	476,045
	Costco Wholesale Corp	N/A	N/A	N/A	176,610	507,713
	CrowdStrike Holdings Inc	N/A	N/A	N/A	228,346	337,581
	Cummins Inc	N/A	N/A	N/A	304,500	559,835
	CVS Health Corp	N/A	N/A	N/A	317,534	367,694
	Daimler Truck Holding AG	N/A	N/A	N/A	10,584	15,210
	Danaher Corp	N/A	N/A	N/A	369,850	387,066
	Datadog Inc	N/A	N/A	N/A	295,982	248,189
	Deckers Outdoor Corp	N/A	N/A	N/A	216,295	246,610
	Deere & Co	N/A	N/A	N/A	213,131	227,139
	DENTSPLY SIRONA Inc	N/A	N/A	N/A	355,149	298,378
	Deutsche Bank AG	N/A	N/A	N/A	7,392	7,885
	Diageo PLC	N/A	N/A	N/A	13,590	14,874
	Duke Energy Corp	N/A	N/A	N/A	262,489	333,650
	Eagle Materials Inc	N/A	N/A	N/A	373,863	782,640
	Eagle Materials Inc	N/A	N/A	N/A	215,108	255,717
	Eaton Corp PLC	N/A	N/A	N/A	149,297	672,262
	Elastic NV	N/A	N/A	N/A	189,689	244,385
	Eli Lilly & Co	N/A	N/A	N/A	387,688	1,555,142
	Estee Lauder Cos Inc/The	N/A	N/A	N/A	195,468	179,893
	Exxon Mobil Corp	N/A	N/A	N/A	438,926	842,740
	F5 Inc	N/A	N/A	N/A	171,173	219,924
	Ferguson PLC	N/A	N/A	N/A	28,437	32,765
	Ferrari NV	N/A	N/A	N/A	20,642	43,594
	First Solar Inc	N/A	N/A	N/A	338,607	315,656
	Ford Motor Co	N/A	N/A	N/A	332,981	347,139
	Fresenius Medical Care AG	N/A	N/A	N/A	13,500	13,496
	Gaming and Leisure Properties Inc	N/A	N/A	N/A	329,897	346,446
	Gitlab Inc	N/A	N/A	N/A	184,088	217,592
	Goldman Sachs Group Inc/The	N/A	N/A	N/A	282,133	446,511
	GSK PLC	N/A	N/A	N/A	11,685	13,290
	Haleon PLC	N/A	N/A	N/A	5,407	6,792
	HCA Healthcare Inc	N/A	N/A	N/A	287,173	344,870
	Hilton Worldwide Holdings Inc	N/A	N/A	N/A	217,580	558,872
	Home Depot Inc/The	N/A	N/A	N/A	390,645	852,743
	Honda Motor Co Ltd	N/A	N/A	N/A	36,075	55,845
	HubSpot Inc	N/A	N/A	N/A	215,200	222,429
	ICICI Bank Ltd	N/A	N/A	N/A	17,185	19,808
	ICON PLC	N/A	N/A	N/A	34,502	50,393
	ING Groep NV	N/A	N/A	N/A	20,939	27,209
	InterContinental Hotels Group PLC	N/A	N/A	N/A	18,446	29,585
	Intuit Inc	N/A	N/A	N/A	468,053	669,500
	Intuitive Surgical Inc	N/A	N/A	N/A	218,784	223,889
	Invesco Ltd	N/A	N/A	N/A	21,119	22,397
	iShares MSCI Emerging Markets ETF	N/A	N/A	N/A	19,084	16,432
	Jabil Inc	N/A	N/A	N/A	218,831	196,237
	Jazz Pharmaceuticals PLC	N/A	N/A	N/A	367,279	329,951
	JD.com Inc	N/A	N/A	N/A	8,955	8,217
	Johnson & Johnson	N/A	N/A	N/A	583,479	722,928

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

March 31, 2024

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity	(d) Cost	(e) Current value
				Value		
	Jones Lang LaSalle Inc	N/A	N/A	N/A	341,851	376,524
	JPMorgan Chase & Co	N/A	N/A	N/A	300,922	1,342,010
	Kimberly-Clark Corp	N/A	N/A	N/A	362,964	372,528
	KKR & Co Inc	N/A	N/A	N/A	195,303	246,823
	KLA Corp	N/A	N/A	N/A	210,677	247,294
	Knight-Swift Transportation Holdings Inc	N/A	N/A	N/A	168,282	184,867
	Koninklijke Philips NV	N/A	N/A	N/A	49,333	31,320
	Kraft Heinz Co/The	N/A	N/A	N/A	357,312	330,993
	Kyocera Corp	N/A	N/A	N/A	14,750	13,360
	Laboratory Corp of America Holdings	N/A	N/A	N/A	252,635	327,690
	Linde PLC	N/A	N/A	N/A	8,880	23,216
	Live Nation Entertainment Inc	N/A	N/A	N/A	341,103	389,234
	Lowe's Cos Inc	N/A	N/A	N/A	343,428	427,946
	LVMH Moet Hennessy Louis Vuitton SE	N/A	N/A	N/A	24,915	27,155
	LyondellBasell Industries NV	N/A	N/A	N/A	310,867	352,866
	Manhattan Associates Inc	N/A	N/A	N/A	187,030	211,444
	Marathon Oil Corp	N/A	N/A	N/A	227,502	293,036
	Marvell Technology Inc	N/A	N/A	N/A	564,031	518,842
	Mastercard Inc	N/A	N/A	N/A	604,044	1,332,986
	Medtronic PLC	N/A	N/A	N/A	31,345	21,788
	Medtronic PLC	N/A	N/A	N/A	255,753	209,160
	Mercedes-Benz Group AG	N/A	N/A	N/A	32,840	31,888
	Merck & Co Inc	N/A	N/A	N/A	285,061	343,466
	Meta Platforms Inc	N/A	N/A	N/A	841,438	2,202,591
	MetLife Inc	N/A	N/A	N/A	335,992	380,925
	MGM Resorts International	N/A	N/A	N/A	336,127	456,049
	Micron Technology Inc	N/A	N/A	N/A	269,217	669,615
	Microsoft CORP	N/A	N/A	N/A	515,484	4,782,324
	Mitsubishi UFJ Financial Group Inc	N/A	N/A	N/A	13,710	15,857
	Molson Coors Beverage Co	N/A	N/A	N/A	405,464	538,000
	Monolithic Power Systems Inc	N/A	N/A	N/A	219,498	209,323
	Moody's Corp	N/A	N/A	N/A	300,646	399,318
	Morgan Stanley	N/A	N/A	N/A	357,515	338,976
	National Grid PLC	N/A	N/A	N/A	14,251	17,055
	News Corp	N/A	N/A	N/A	9,749	16,236
	NextEra Energy Inc	N/A	N/A	N/A	345,430	327,858
	NICE Systems Ltd	N/A	N/A	N/A	9,965	13,031
	NIKE Inc	N/A	N/A	N/A	355,916	321,412
	NIKE Inc	N/A	N/A	N/A	141,830	184,201
	Nippon Telegraph & Telephone Corp	N/A	N/A	N/A	23,573	29,810
	Norfolk Southern Corp	N/A	N/A	N/A	154,273	446,023
	Novartis AG	N/A	N/A	N/A	26,378	29,019
	NRG Energy Inc	N/A	N/A	N/A	499,082	867,109
	NVIDIA Corp	N/A	N/A	N/A	515,930	3,503,102
	NXP Semiconductors NV	N/A	N/A	N/A	10,056	24,777
	Okta Inc	N/A	N/A	N/A	166,596	203,800
	Olin Corp	N/A	N/A	N/A	140,780	428,652
	Oracle CORP	N/A	N/A	N/A	228,296	508,721
	Ovintiv Inc	N/A	N/A	N/A	14,373	26,469
	PayPal Holdings INC	N/A	N/A	N/A	409,766	379,833
	Penumbra Inc	N/A	N/A	N/A	284,859	184,347
	PepsiCo Inc	N/A	N/A	N/A	271,366	407,773
	PepsiCo Inc	N/A	N/A	N/A	263,989	324,119
	Procore Technologies Inc	N/A	N/A	N/A	219,213	233,198
	Procter & Gamble CO/THE	N/A	N/A	N/A	358,668	717,145

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

March 31, 2024

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
	Prologis Inc	N/A	N/A	N/A	246,410	363,314
	Prudential PLC	N/A	N/A	N/A	22,675	8,672
	Qorvo Inc	N/A	N/A	N/A	527,512	409,943
	Realty Income Corp	N/A	N/A	N/A	360,593	295,386
	Royal Caribbean Cruises Ltd	N/A	N/A	N/A	43,542	55,604
	Royal Caribbean Cruises Ltd	N/A	N/A	N/A	218,557	248,967
	RTX Corp	N/A	N/A	N/A	330,400	470,582
	S&P Global Inc	N/A	N/A	N/A	323,121	408,432
	Sandoz Group AG	N/A	N/A	N/A	1,485	1,806
	SAP SE	N/A	N/A	N/A	31,957	58,509
	Schlumberger NV	N/A	N/A	N/A	427,582	447,798
	Sea Ltd	N/A	N/A	N/A	16,148	2,686
	Sensata Technologies Holding PLC	N/A	N/A	N/A	13,151	9,185
	SentinelOne Inc	N/A	N/A	N/A	192,983	181,445
	ServiceNow Inc	N/A	N/A	N/A	237,166	396,448
	Shell PLC	N/A	N/A	N/A	26,222	26,816
	Shift4 Payments Inc	N/A	N/A	N/A	283,585	274,257
	Shopify Inc	N/A	N/A	N/A	13,288	19,293
	Siemens AG	N/A	N/A	N/A	23,930	33,401
	Skyworks Solutions Inc	N/A	N/A	N/A	370,890	385,619
	Smith & Nephew PLC	N/A	N/A	N/A	14,931	11,412
	Snowflake Inc CL A	N/A	N/A	N/A	193,101	161,762
	SoftBank Group Corp	N/A	N/A	N/A	11,706	14,855
	Sony Group Corp	N/A	N/A	N/A	24,564	42,870
	STMicroelectronics NV	N/A	N/A	N/A	25,142	45,402
	Synchrony Financial	N/A	N/A	N/A	341,856	302,271
	Taiwan Semiconductor Manufacturing Co Ltd	N/A	N/A	N/A	21,022	54,420
	Takeda Pharmaceutical Co Ltd	N/A	N/A	N/A	16,367	13,890
	Tenaris SA	N/A	N/A	N/A	27,466	33,380
	Tesla Inc	N/A	N/A	N/A	275,529	579,404
	Thermo Fisher Scientific Inc	N/A	N/A	N/A	340,010	360,350
	Timken Co/The	N/A	N/A	N/A	318,072	359,337
	Toll Brothers Inc	N/A	N/A	N/A	378,280	407,516
	Toronto-Dominion Bank/The	N/A	N/A	N/A	22,673	24,152
	TPG Inc	N/A	N/A	N/A	361,612	543,552
	Trade Desk Inc/The	N/A	N/A	N/A	272,478	383,337
	TransDigm Group Inc	N/A	N/A	N/A	225,769	514,809
	Truist Financial Corp	N/A	N/A	N/A	412,973	406,951
	Uber Technologies Inc	N/A	N/A	N/A	193,471	254,375
	UBS Group AG	N/A	N/A	N/A	29,700	49,152
	Unilever PLC	N/A	N/A	N/A	27,446	25,095
	United Parcel Service Inc	N/A	N/A	N/A	348,940	297,260
	UnitedHealth Group INC	N/A	N/A	N/A	406,091	474,912
	UnitedHealth Group INC	N/A	N/A	N/A	414,319	405,654
	Valero Energy Corp	N/A	N/A	N/A	350,097	448,915
	Verizon Communications Inc	N/A	N/A	N/A	437,421	357,080
	Vertex Pharmaceuticals Inc	N/A	N/A	N/A	305,883	556,371
	Vertiv Holdings Co	N/A	N/A	N/A	352,689	1,146,483
	Visa INC	N/A	N/A	N/A	509,666	1,141,437
	Walt Disney Co/The	N/A	N/A	N/A	391,816	403,788
	Wells Fargo & Co	N/A	N/A	N/A	544,938	625,388
	Wingstop Inc	N/A	N/A	N/A	215,558	276,266
	Yum China Holdings Inc	N/A	N/A	N/A	16,350	13,927
	Zscaler Inc	N/A	N/A	N/A	<u>163,019</u>	<u>216,504</u>
	Total common stock				\$ 48,383,781	\$ 83,467,937

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

March 31, 2024

(c) Description of investment including maturity
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value

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
Corporate bonds						
	Activision Blizzard Inc	9.15.26	3.40%	N/A	166,226	164,451
	Agree LP	6.15.28	2.00%	N/A	99,265	87,941
	Agree LP	6.15.33	2.60%	N/A	27,758	22,005
	Ally Financial Inc	6.13.29	6.99%	N/A	54,000	55,983
	American Electric Power Co Inc	8.15.25	5.70%	N/A	94,574	95,195
	AmeriCredit Automobile Receivables Trust	10.19.26	0.68%	N/A	86,668	89,399
	Aqua Finance Trust	7.17.46	1.54%	N/A	133,352	119,233
	Ares Capital Corp	6.15.28	2.79%	N/A	51,348	44,564
	Arm Master Trust LLC	110.15.27	2.43%	N/A	349,992	336,557
	Athene Holding Ltd	1.15.34	5.88%	N/A	44,178	45,090
	Auxilior Term Funding	12.15.28	6.18%	N/A	99,990	100,532
	Avis Budget Rental Car Funding	8.20.27	1.63%	N/A	149,961	137,167
	BA Credit Card Trust	5.15.28	4.79%	N/A	107,976	107,498
	Bain Capital Specialty Finance	10.13.26	2.55%	N/A	67,274	62,407
	Bank of America Corp	10.21.27	3.24%	N/A	176,646	151,774
	Bank of America Corp	3.3.26	4.45%	N/A	263,384	253,217
	BankUnited Inc	6.11.30	5.13%	N/A	39,615	37,129
	BHG Securitization Trust	11.17.33	1.42%	N/A	97,587	93,219
	Blackbird Capital Aircraft	7.15.46	2.44%	N/A	242,779	213,666
	Blue Owl Finance LLC	6.10.31	3.13%	N/A	164,879	139,829
	Blue Owl Technology Finance Corp	1.15.27	2.50%	N/A	137,616	123,464
	Blue Owl Technology Finance Corp	12.15.25	4.75%	N/A	301,656	264,426
	Brown & Brown Inc	9.15.24	4.20%	N/A	74,288	74,468
	Capital One Financial Corp	2.1.29	5.47%	N/A	200,000	199,348
	CarMax Auto Owner Trust	3.16.26	1.09%	N/A	195,828	197,151
	CarNow Auto Receivables Trust	3.15.27	1.69%	N/A	31,229	31,332
	CCG Receivables Trust	3.14.29	1.50%	N/A	90,758	94,308
	Citigroup Inc	1.29.31	2.67%	N/A	125,000	108,334
	Citigroup Inc	2.13.30	5.17%	N/A	45,000	44,790
	CLI Funding	2.18.46	1.64%	N/A	203,789	180,771
	CLI Funding	1.18.47	2.72%	N/A	245,317	218,600
	Commonbond Student Loan Trust	9.25.51	1.17%	N/A	182,110	153,916
	CoreVest American Finance	7.15.54	2.38%	N/A	149,989	122,840
	CoServ Securitization	8.15.36	5.06%	N/A	388,868	390,793
	Credibly Asset Securitization	11.15.29	6.44%	N/A	199,984	199,266
	CyrusOne Data Centers	11.20.48	5.56%	N/A	162,273	171,335
	Enstar Finance LLC	1.15.42	5.50%	N/A	160,000	149,054
	Enterprise Fleet Financing	1.22.29	5.51%	N/A	212,120	211,973
	Flagstar Mortgage Trust	9.25.41		N/A	207,272	175,522
	Glencore Funding LLC	4.27.26	6.25%	N/A	99,895	92,724
	Glencore Funding LLC	4.27.31	2.85%	N/A	67,924	58,103
	Glencore Funding LLC	4.4.27	5.91%	N/A	100,000	100,020
	Gracie Point International	3.1.28		N/A	100,000	100,258
	GS Mortgage-Backed Securities Corp Trust	11.25.49		N/A	9,938	8,963
	Hercules Capital Inc	1.20.27	3.38%	N/A	107,225	99,225
	Hertz Vehicle Financing LLC	12.26.25	1.21%	N/A	186,953	195,265
	Highmark Inc	5.10.26	1.45%	N/A	149,799	136,719
	HPEFS Equipment Trust	5.21.29	1.38%	N/A	32,545	32,674
	J.P. Morgan Mortgage Trust	6.25.54		N/A	101,624	101,067
	Jack in the Box Funding LLC	2.26.52	4.14%	N/A	288,000	250,542
	Jones Lang LaSalle Inc	12.1.28	6.88%	N/A	51,603	55,086
	Kyndryl Holdings Inc	10.15.26	2.05%	N/A	26,965	24,734
	Lendbuzz Securitization Trust	6.15.26	1.46%	N/A	76,535	76,729

U.A. LOCAL UNION NO. 614 PENSION PLAN

EIN: 62-6085904, Plan Number 001

Form 5500, Schedule H, line 4i

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March 31, 2024

(c) Description of investment including maturity
date, rate of interest, collateral, par, or maturity
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				Value		
	MMAF Equipment Finance LLC	12.13.29	5.54%	N/A	49,990	50,429
	MVW Owner Trust	1.22.41	1.14%	N/A	101,154	94,229
	National Rural Utilities Cooperative Finance Corp	4.25.27	3.05%	N/A	209,570	198,830
	Navigator Aircraft	11.15.46	0.00%	N/A	209,068	186,566
	Northrop Grumman Corp	2.1.27	3.20%	N/A	79,871	76,542
	OnDeck Asset Securitization Trust	5.17.27	1.59%	N/A	299,993	297,942
	Oportun Issuance Trust	10.8.31	2.18%	N/A	299,965	283,014
	Piedmont Operating Partnership	8.15.30	3.15%	N/A	136,946	108,356
	Post Road Equipment Finance	11.15.29	5.59%	N/A	99,992	99,846
	Principal Life Global Funding	11.17.26	1.50%	N/A	134,212	123,163
	Progress Residential	8.17.40	1.69%	N/A	249,536	215,667
	Santander Drive Auto Receivables Trust	8.17.26	4.11%	N/A	65,788	65,863
	Santander Drive Auto Receivables Trust	1.15.26	5.81%	N/A	9,907	9,919
	SBA Tower Trust	1.15.25	2.84%	N/A	268,813	268,407
	Security Benefit GI Fund	5.17.24	1.25%	N/A	251,000	248,380
	Service Experts Issuer	2.2.32	2.67%	N/A	142,746	133,520
	SERVPRO Master Issuer	1.25.52	3.13%	N/A	392,000	349,321
	Sixth Street Specialty Lending Inc	11.1.24	3.88%	N/A	134,709	124,419
	SMB Private Education Loan Trust	3.15.56	5.24%	N/A	99,965	99,848
	Solventum Corp	3.1.29	5.40%	N/A	99,847	100,202
	STWD	11.15.38		N/A	275,000	271,818
	Switch ABS Issuer LLC	3.25.54	6.28%	N/A	108,043	108,043
	TAL Advantage VII LLC	9.20.45	3.29%	N/A	183,384	166,487
	Textainer Marine Containers Ltd	8.20.46	1.94%	N/A	218,129	187,834
	Textainer Marine Containers Ltd	8.20.46	2.43%	N/A	154,628	128,204
	Textainer Marine Containers VII Ltd	9.20.45	2.10%	N/A	132,092	119,995
	Textainer Marine Containers VII Ltd	9.20.45	3.34%	N/A	66,096	59,732
	Textainer Marine Containers VII Ltd	2.20.46	1.68%	N/A	207,104	182,798
	Textainer Marine Containers VII Ltd	2.20.46	2.82%	N/A	76,639	67,619
	TIF Funding III LLC	4.20.49	5.48%	N/A	99,967	99,967
	Triton Container Finance	9.20.45	2.11%	N/A	177,635	157,135
	Triumph Rail Holdings LLC	6.19.51	2.15%	N/A	262,860	237,813
	TRP 2021 LLC	6.19.51	3.06%	N/A	99,971	88,160
	Unum Group	12.15.28	6.75%	N/A	178,611	146,599
	Upstart Pass-Through Trust	8.20.27	1.85%	N/A	33,384	32,494
	Vantage Data Centers Issuer	7.15.44	3.19%	N/A	110,250	112,896
	Velocity Commercial Capital Loan Trust	10.25.51		N/A	253,602	201,896
	Wendy's Funding LLC	6.15.51	2.37%	N/A	170,254	150,607
	Westlake Corp	6.15.30	3.38%	N/A	32,864	29,629
	World Omni Select Auto Trust	3.15.27	0.53%	N/A	26,273	26,771
	WP Carey Inc	2.11.31	2.40%	N/A	34,685	29,068
	Liberty Mutual Group Inc	2.1.61	4.30%	N/A	125,000	79,553
	Micron Technology Inc	2.15.27	4.19%	N/A	121,049	116,930
	SBL Holdings Inc	0	6.50%	N/A	190,000	148,276
	BCP Trust	6.15.38		N/A	167,746	152,115
	Customers Bancorp Inc	8.15.31	2.88%	N/A	89,000	70,027
	Piedmont Healthcare Inc	1.1.32	2.04%	N/A	67,000	54,259
	Global Federal Credit Union	4.14.236	4.75%	N/A	250,000	249,578
	Harborstone Credit Union	7.1.24	5.05%	N/A	250,000	249,875
	Total corporate bonds				\$ 14,725,893	\$ 13,661,297
Municipal obligations						
	Met Govt Nashville & Davidson Build Amer Bds	7.1.37	6.57%	N/A	57,749	47,290
	Tennessee Valley Authority	2.1.27	2.88%	N/A	139,892	134,040
	Miami-Dade Cnty Fl Aviation	10.1.37	3.73%	N/A	100,000	87,295

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Schedule of Assets (Held at End of Year)

March 31, 2024

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
	San Francisco City & Cnty	11.1.32	3.73%	N/A	162,000	151,993
	Univ Of Texas	7.1.47	3.38%	N/A	45,000	35,341
	Virginia St Port Auth Port	7.1.45	4.48%	N/A	110,000	99,326
	Total municipal obligations				\$ 614,641	\$ 555,285
Government and agency obligations						
	Fannie Mae Pool FN 109720	10.1.25	3.42%	N/A	138,122	131,159
	Fannie Mae Pool FN 889579	5.1.38	6.00%	N/A	7,799	7,386
	Fannie Mae Pool FN AD4398	6.1.25	4.00%	N/A	7,173	6,806
	Fannie Mae Pool FN AL4778	10.1.32	4.00%	N/A	25,488	23,542
	Fannie Mae Pool FN AN9038	5.1.28	3.46%	N/A	61,325	52,401
	Fannie Mae Pool FN AQ4539	11.1.27	2.50%	N/A	69,614	65,915
	Fannie Mae Pool FN AS7986	9.1.31	2.50%	N/A	80,531	72,990
	Fannie Mae Pool FN BL0484	11.1.28	4.22%	N/A	256,501	239,345
	Fannie Mae Pool FN BS7227	11.1.32	5.73%	N/A	50,598	51,642
	Fannie Mae Pool FN BS7620	2.1.28	4.04%	N/A	79,408	80,619
	Fannie Mae Pool FN BS7637	2.1.33	5.32%	N/A	250,547	256,515
	Fannie Mae Pool FN MA1167	9.1.27	2.50%	N/A	16,098	15,808
	Fannie Mae Pool FN MA1517	7.1.28	3.00%	N/A	49,573	46,805
	Fannie Mae Pool FN MA2798	10.1.31	2.50%	N/A	6,236	5,851
	Fannie Mae Pool FN MA3030	6.1.27	3.00%	N/A	37,353	36,197
	Fannie Mae Pool FN MA3040	6.1.47	3.50%	N/A	52,526	45,488
	Fannie Mae Pool FN MA5093	7.1.38	5.00%	N/A	283,319	282,888
	Fannie Mae REMICS FNR	1.25.34		N/A	31,630	31,501
	Fannie Mae REMICS FNR 2007-68	7.25.37		N/A	7,749	7,828
	Fannie Mae REMICS FNR 2011-15	3.25.41		N/A	9,647	9,789
	Fannie Mae REMICS FNR 2012-50 HE	3.25.42	2.50%	N/A	27,511	24,927
	Fannie Mae REMICS FNR 2012-96 MH	5.25.42	3.00%	N/A	8,281	7,982
	Fannie Mae REMICS FNR 2015-2 PA	3.25.44	2.25%	N/A	50,080	47,087
	Fannie Mae REMICS FNR 2016-31 PC	3.25.45	3.00%	N/A	28,817	27,582
	Fannie Mae REMICS FNR 2017-56 PA	12.25.45	3.00%	N/A	43,182	40,227
	Fannie Mae REMICS FNR 2017-72 GH	8.25.47	2.50%	N/A	28,448	25,939
	Fannie Mae REMICS FNR 2020-48 EA	10.25.43	2.00%	N/A	44,048	44,546
	Fannie Mae-Aces FNA 2015-M11 A2	4.25.25		N/A	253,335	233,057
	Federal Farm Credit Banks Funding Corp	5.3.32	4.09%	N/A	129,675	123,118
	Federal Home Loan Banks	7.25.25	3.55%	N/A	200,000	196,250
	Freddie Mac Gold Pool FG C09016	10.1.42	3.50%	N/A	8,025	7,526
	Freddie Mac Gold Pool FG C91065	7.1.27	6.00%	N/A	19,863	18,533
	Freddie Mac Gold Pool FG G13884	6.1.25	4.50%	N/A	2,670	2,587
	Freddie Mac Gold Pool FG G30701	11.1.31	5.00%	N/A	44,946	40,436
	Freddie Mac Gold Pool FG G31052	4.1.37	4.00%	N/A	64,623	66,861
	Freddie Mac Gold Pool FG J34676	7.1.31	3.00%	N/A	52,096	46,887
	Freddie Mac Multifamily Structured Pass Through Certificates FHM	7.25.33	4.05%	N/A	131,912	132,467
	Freddie Mac Multifamily Structured Pass Through Certificates FHM	12.25.32	4.60%	N/A	72,259	73,980
	Freddie Mac Multifamily Structured Pass Through Certificates FHM	8.25.27	3.24%	N/A	275,001	255,242
	Freddie Mac Multifamily Structured Pass Through Certificates FHM	1.25.29	3.69%	N/A	132,864	123,837
	Freddie Mac Multifamily Structured Pass Through Certificates FHM	1.25.26	3.50%	N/A	247,873	236,609
	Freddie Mac Multifamily Structured Pass Through Certificates FHM	4.25.29	2.94%	N/A	256,466	228,753
	Freddie Mac Multifamily Structured Pass Through Certificates FHM	4.25.26	2.88%	N/A	283,239	264,141
	Freddie Mac Multifamily Structured Pass Through Certificates FHM	11.25.25	2.98%	N/A	140,448	134,737
	Freddie Mac Pool FR WN2387	2.1.33	5.13%	N/A	82,819	84,091
	Freddie Mac Pool FR WN2485	9.1.28	5.29%	N/A	198,234	199,438
	Freddie Mac REMICS FHR 2526 FA Flt	11.15.32		N/A	46,286	46,707
	Freddie Mac REMICS FHR 3342 PZ	6.15.37	5.00%	N/A	40,837	38,573

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March 31, 2024

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
	Freddie Mac REMICS FHR 3372 F Flt	10.15.37		N/A	12,322	12,486
	Freddie Mac REMICS FHR 3708 PE	7.15.40	3.50%	N/A	17,314	16,333
	Freddie Mac REMICS FHR 3914	6.15.39	4.00%	N/A	142,253	135,777
	Freddie Mac REMICS FHR 4022 PA	3.15.27	3.00%	N/A	41,477	39,588
	Freddie Mac REMICS FHR 4098 HA	5.15.41	2.00%	N/A	88,087	83,061
	Freddie Mac REMICS FHR 4289 WE	8.15.31	3.00%	N/A	41,262	41,537
	Freddie Mac REMICS FHR 4388 MC	7.15.44	2.50%	N/A	40,669	36,747
	Freddie Mac REMICS FHR 4546 TH	12.15.45	2.50%	N/A	46,109	41,587
	Freddie Mac REMICS FHR 4635 PH	12.15.46	2.75%	N/A	33,009	28,546
	Freddie Mac REMICS FHR 4682 LD	5.15.47	2.75%	N/A	11,448	10,282
	Ginnie Mae I Pool GN 552509	4.15.32	6.00%	N/A	3,751	3,908
	Ginnie Mae I Pool GN 582153	6.15.32	6.00%	N/A	2,799	2,846
	Ginnie Mae I pool GN 737261	5.15.25	4.00%	N/A	4,469	4,327
	Ginnie Mae I Pool GN 782119	8.15.36	6.00%	N/A	20,234	19,489
	Ginnie Mae II Pool G2 4194	6.20.38	5.50%	N/A	17,405	16,875
	Ginnie Mae II Pool G2 4195	7.20.38	6.00%	N/A	5,702	5,939
	Ginnie Mae II Pool G2 4496	7.20.39	5.00%	N/A	44,141	40,625
	Ginnie Mae II Pool G2 4877	12.20.25	3.50%	N/A	7,412	7,188
	Ginnie Mae II Pool G2 MA0756	2.20.28	2.50%	N/A	27,927	27,191
	Government National Mortgage Association GNR 2013-8 BE	11.20.42	1.75%	N/A	8,589	7,439
	Government National Mortgage Association GNR 2016-104 MA	11.20.45	3.00%	N/A	880	837
	Government National Mortgage Association GNR 2017-134 PT	9.20.47	2.50%	N/A	164,364	143,629
	Government National Mortgage Association GNR 2018-1 HB	1.20.48	2.50%	N/A	191,313	161,703
	Government National Mortgage Association GNR 2018-115 BP	11.20.47	3.50%	N/A	20,541	19,591
	Government National Mortgage Association GNR 2018-59 D	4.20.48	3.00%	N/A	84,792	81,326
	Government National Mortgage Association GNR 2019-133 EB	4.20.49	2.00%	N/A	238,650	187,110
	Government National Mortgage Association GNR 2019-162 GA	10.20.49	3.00%	N/A	8,924	8,234
	SBA Small Business Investment Cos SBIC 2015-10A	3.10.25	2.52%	N/A	7,163	7,134
	SBA Small Business Investment Cos SBIC 2019-10B	9.10.29	2.28%	N/A	299,963	269,349
	United States Small Business Administration SBAP 2006-20E 1	5.1.26	5.87%	N/A	44,027	41,129
	United States Small Business Administration SBAP 2006-20I	9.1.26	5.54%	N/A	23,800	22,472
	United States Small Business Administration SBAP 2013-20E 1	5.1.33	2.07%	N/A	34,414	31,145
	United States Treasury Note/Bond 1	2.15.31	1.13%	N/A	68,285	58,223
	United States Treasury Note/Bond	8.15.31	1.25%	N/A	173,864	142,550
	United States Treasury Note/Bond	8.31.29	3.13%	N/A	53,427	52,070
	United States Treasury Note/Bond	6.30.27	3.25%	N/A	263,893	266,533
	United States Treasury Note/Bond	8.15.33	3.88%	N/A	345,030	344,598
	United States Treasury Note/Bond	5.31.25	4.25%	N/A	157,825	158,688
	United States Treasury Note/Bond	8.15.26	4.28%	N/A	192,487	193,259
	Total government and agency obligations				\$ 7,425,096	\$ 7,013,946

Mutual funds

American Fds Grth Fnd America	N/A	N/A	N/A	5,227,930
Baron Growth Fund	N/A	N/A	N/A	1,483,893
Columbia Seligman Tech Info Fund	N/A	N/A	N/A	10,675,460
Dodge & Cox International Stock Fund	N/A	N/A	N/A	605,322
Eaton Vance Large-Cap Value Fd	N/A	N/A	N/A	1,287,293
Fidelity Mid Cap incex	N/A	N/A	N/A	1,453,989
Invesco Real Estate Fund	N/A	N/A	N/A	559,266
MassMutual Diversified Bond Fd	N/A	N/A	N/A	722,801
MM Slct T.Rowe Pr Rtmt 2010 Fd	N/A	N/A	N/A	11,888
MM Slct T.Rowe Pr Rtmt 2020 Fd	N/A	N/A	N/A	16,681
MM Slct T.Rowe Pr Rtmt 2030 Fd	N/A	N/A	N/A	1,187,341
MM Slct T.Rowe Pr Rtmt 2040 Fd	N/A	N/A	N/A	1,987,890

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March 31, 2024

(c) Description of investment including maturity
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value

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
	MM Slct T.Rowe Pr Rtmt 2050 Fd	N/A	N/A	N/A		2,372,362
	MM Slct T.Rowe Pr Rtmt 2060 Fd	N/A	N/A	N/A		135,366
	MM Slct T.Rowe Pr Rtmt Blnd Fd	N/A	N/A	N/A		101,182
	MM S&P 500 Index Fd(Nrthrn Tr)	N/A	N/A	N/A		5,351,205
	Oakmark Equity & Income Fund	N/A	N/A	N/A		571,015
	PIMCO Total return Fund	N/A	N/A	N/A		48,828
	Royce Total Return Fund	N/A	N/A	N/A		418,971
	Thornburg Intl Equity Fd	N/A	N/A	N/A		979,758
	Vanguard Interm-Term Treas Fd	N/A	N/A	N/A		598,934
	Vanguard Sm Cap Grwth Indx Fnd	N/A	N/A	N/A		677,060
	Vanguard Small Cap Index Fund	N/A	N/A	N/A		634,392
	Vanguard Small-Cap Val Indx Fd	N/A	N/A	N/A		767,853
	Total mutual funds					<u>\$ 37,876,680</u>
	Pooled separate account					
	Principal U.S. Property Account	N/A	N/A	N/A	<u>\$ 10,804,455</u>	<u>\$ 9,145,263</u>
	Stable value fund					
	Mass Mutual SAGIC Core Bond Fund	N/A	N/A	N/A	<u>\$ 12,324,934</u>	<u>\$ 13,266,885</u>
	Total assets (held at end of year)					<u>\$ 191,968,807</u>

* Denotes party in interest

U.A. LOCAL UNION NO. 614 PENSION PLAN

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Schedule of Reportable Transactions

Year Ended March 31, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Regions Bank	Regions Trust Cash Sweep	\$ 16,411,971	\$ -	\$ -	\$ -	\$ 16,411,971	\$ 16,411,971	\$ -
Regions Bank	Regions Trust Cash Sweep	-	32,993,754	-	-	32,993,754	32,993,754	-