

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

**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**

<p><b>1a</b> Name of plan <u>PENSION PLAN FOR EMPLOYEES OF UNITED WAY, INC.</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UNITED WAY, INC.</u> <u>DBA UNITED WAY OF GREATER LOS ANGELES</u></p> <p><u>1150 SOUTH OLIVE STREET, SUITE T500</u> <u>LOS ANGELES, CA 90015</u></p>	<p><b>1c</b> Effective date of plan <u>07/01/1968</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>95-2274801</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>213-808-6220</u></p> <p><b>2d</b> Business code (see instructions) <u>813000</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	03/14/2025	ELISE BUIK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	210
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	53
	<b>6a(2)</b>	60
	<b>6b</b>	47
	<b>6c</b>	95
	<b>6d</b>	202
	<b>6e</b>	10
	<b>6f</b>	212
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		8
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**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 0
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (Financial Transaction Schedules)

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

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**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.

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

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**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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>PENSION PLAN FOR EMPLOYEES OF UNITED WAY, INC.</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>UNITED WAY, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>95-2274801</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>16269272</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>16269272</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>59</u>	<u>3968146</u>
	<b>b</b> For terminated vested participants .....	<u>98</u>	<u>5987808</u>
	<b>c</b> For active participants .....	<u>53</u>	<u>4185330</u>
	<b>d</b> Total .....	<u>210</u>	<u>14141284</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.33 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>505151</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>100307</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>605458</u>

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		
	Signature of actuary	<u>01/16/2025</u>
	<u>JENNIFER STERBANK, ASA, EA, MAAA</u>	Date
	Type or print name of actuary	<u>23-08970</u>
	<u>NYHART</u>	Most recent enrollment number
	Firm name	<u>770-405-0755</u>
	<u>5750 CASTLE CREEK PARKWAY SUITE 245 INDIANAPOLIS, IN 46250</u>	Telephone number (including area code)
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	8736808	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	537377	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	8199431	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>10.12</u> % .....	829782	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.49</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	9029213	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	50.04 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	112.45 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	118.65 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0	

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 0

**22** Weighted average retirement age ..... **22** 64

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	605458
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount .....

	<b>33</b>	
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**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 605458

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	605458	0	605458

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....

	<b>39</b>	0
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**40** Unpaid minimum required contributions for all years .....

	<b>40</b>	0
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**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>PENSION PLAN FOR EMPLOYEES OF UNITED WAY, INC.</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>UNITED WAY, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>95-2274801</b>	

**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

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

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

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

ASCENSUS

82-3719843

(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?
11 50	NONE	45575	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

U.S. BANK, N.A.

31-0841368

(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?
25 50	NONE	44181	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CANTERBURY CONSULTING, INC.

33-0307982

(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?
17 27 50	NONE	32945	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MILLER, KAPLAN, ARASE & CO., LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	14250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VAUGHAN NELSON INVESTMENT MANAGEMEN

04-3304963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	5618	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**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 07/01/2023 and ending 06/30/2024

<b>A</b> Name of plan <u>PENSION PLAN FOR EMPLOYEES OF UNITED WAY, INC.</u>		<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITED WAY, INC.</u>		<b>D</b> Employer Identification Number (EIN) <u>95-2274801</u>	

**Part I Asset and Liability Statement**

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

<b>Assets</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	<u>1952</u>	<u>951</u>
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	<u>246568</u>	<u>155056</u>
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	<u>2891446</u>	<u>337180</u>
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	<u>2312711</u>	<u>2393368</u>
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	<u>10816595</u>	<u>14556408</u>
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	16269272	17442963
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>	43907	17614
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	43907	17614
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	16225365	17425349

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	11007	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	14788	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	323653	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	9764347	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	9573847	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	-11585	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1522432
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2050795

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	682332	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		682332
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	14250	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	44311	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	44181	
(7) Actuarial fees .....	<b>2i(7)</b>	45575	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	20162	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		168479
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		850811

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1199984
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: MILLER, KAPLAN, ARASE, LLP

(2) EIN: 95-2036255

**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
<b>a</b> 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.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		2000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**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 533957.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

<b>A</b> Name of plan <u>PENSION PLAN FOR EMPLOYEES OF UNITED WAY, INC.</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITED WAY, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>95-2274801</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
<b>2</b> 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): <u>31-0841368</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	4

<b>Part II</b>	<b>Funding Information</b> (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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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b		
<b>c</b> 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		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (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.
----------------	---

<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....	<b>16b</b>	

**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 \_\_\_\_\_.

**PENSION PLAN FOR EMPLOYEES OF UNITED WAY, INC.**

FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023



## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants of the  
Pension Plan for Employees of United Way, Inc.:

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed audits of the accompanying financial statements of Pension Plan for Employees of United Way, Inc. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of June 30, 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.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of and for the years ended June 30, 2024 and 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section –

- The amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, 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 Plan's internal control. Accordingly, no such opinion is expressed.

Plan Administrator and Participants of the  
Pension Plan for Employees of United Way, Inc.

- 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 Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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**

The supplemental schedules of assets (held at end of year) and of reportable transactions as of and for the year ended June 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared

Plan Administrator and Participants of the  
Pension Plan for Employees of United Way, Inc.

and certified by an institution that management determined meets the requirements of ERISA  
Section 103(a)(3)(C).

*Miller Kaplan Arase LLP*

MILLER KAPLAN ARASE LLP

Burbank, California

February 18, 2025

**PENSION PLAN FOR EMPLOYEES OF UNITED WAY, INC.**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	<u>June 30, 2024</u>	<u>June 30, 2023</u>
<b>ASSETS</b>		
INVESTMENTS, AT FAIR VALUE		
Common Stocks	\$ 338,132	\$ 2,893,398
Mutual Funds	14,711,463	11,063,163
Limited Partnership Fund	<u>2,393,368</u>	<u>2,312,711</u>
TOTAL INVESTMENTS	<u>17,442,963</u>	<u>16,269,272</u>
TOTAL ASSETS	<u>17,442,963</u>	<u>16,269,272</u>
<b>LIABILITIES</b>		
Administrative Expenses Payable	<u>17,614</u>	<u>43,907</u>
TOTAL LIABILITIES	<u>17,614</u>	<u>43,907</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 17,425,349</u></u>	<u><u>\$ 16,225,365</u></u>

**PENSION PLAN FOR EMPLOYEES OF UNITED WAY, INC.**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	<u>July 1, 2023 to June 30, 2024</u>	<u>July 1, 2022 to June 30, 2023</u>
ADDITIONS		
INVESTMENT INCOME		
Interest and Dividends	\$ 350,450	\$ 454,995
Net Appreciation of Investments	<u>1,703,240</u>	<u>1,158,823</u>
TOTAL INVESTMENT INCOME	<u>2,053,690</u>	<u>1,613,818</u>
DEDUCTIONS		
Benefits Paid	685,227	1,451,257
Administrative Expenses	<u>168,479</u>	<u>165,091</u>
TOTAL DEDUCTIONS	<u>853,706</u>	<u>1,616,348</u>
NET INCREASE (DECREASE)	1,199,984	(2,530)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>16,225,365</u>	<u>16,227,895</u>
End of Year	<u>\$ 17,425,349</u>	<u>\$ 16,225,365</u>

**PENSION PLAN FOR EMPLOYEES OF UNITED WAY, INC.**  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023

**NOTE 1 - DESCRIPTION OF THE PLAN**

The Pension Plan for Employees of United Way, Inc. (the "Plan") is a single-employer defined benefit pension plan, which covers eligible employees of United Way, Inc. (the "Employer"). Employee contributions were permitted through 1987 and were fully vested at the date of contribution. Participant contributions made prior to 1987 are maintained in a separate fund. Participants who have made contributions may leave their contributions in the Plan or elect to receive them upon termination or retirement.

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

THE PLAN DOCUMENT INCLUDES DETAILED RULES FOR EACH SITUATION. PARTICIPANTS AND OTHER INTERESTED PARTIES SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**A. Basis of Accounting**

The Plan's financial statements are prepared on the accrual basis of accounting.

**B. Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**C. Investment Valuation and Income Recognition**

Accounting principles establishes a fair value hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market:

Level 1 – Inputs are quoted prices in an active market.

Level 2 – Inputs are quoted prices for similar instruments and model based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 – Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

The following tables summarize the Plan's investments at June 30 based on the inputs used to value them:

**PENSION PLAN FOR EMPLOYEES OF UNITED WAY, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2024 AND 2023**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**C. Investment Valuation and Income Recognition (Continued)**

	2024			
	Level 1	Level 2	Level 3	Total
Common Stocks	\$ 338,132	\$ -	\$ -	\$ 338,132
Mutual Funds	14,711,463	-	-	14,711,463
	\$ 15,049,595	\$ -	\$ -	15,049,595
Investment Measured at NAV <sup>A</sup>				2,393,368
				\$ 17,442,963
	2023			
	Level 1	Level 2	Level 3	Total
Common Stocks	\$ 2,893,398	\$ -	\$ -	\$ 2,893,398
Mutual Funds	11,063,163	-	-	11,063,163
	\$ 13,956,561	\$ -	\$ -	13,956,561
Investment Measured at NAV <sup>A</sup>				2,312,711
				\$ 16,269,272

<sup>A</sup> In accordance with accounting principles, certain investments that were measured at net asset value ("NAV") per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Level 1 investments consist of common stocks and mutual funds that are reported at their closing prices on the last day of the Plan year. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recognized on the ex-dividend date.

Realized gains and losses from sale of investments and unrealized appreciation or depreciation in the fair value of investments are reported as net appreciation of investments. For Form 5500 reporting, realized and unrealized gains and losses are computed based on investments' market values as of the beginning of the year. For investments purchased during the year, realized and unrealized gains and losses are the same for financial statement and Form 5500 purposes.

The following table presents the fair value, unfunded commitments, and information about redemption periods, if applicable for the investment where the fair value is determined by the NAV per share or its equivalent as a practical expedient as of June 30, 2024.

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
CCI Core Bond Fund, L.P.	\$ 2,393,368	\$ -	Biweekly	10 days

**PENSION PLAN FOR EMPLOYEES OF UNITED WAY, INC.**  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**D. Contributions and Funding Policy**

The Employer makes contributions as may be required based on actuarial calculations using the cost method. The recommended actuarial contribution is the estimated amount (subject to minimum funding requirements and maximum deduction limits) to make the Plan 100% funded when comparing the plan assets to the plan termination liability. The recommended employer contribution for each of the years ended June 30, 2024 and 2022 was \$0, therefore, the Employer did not make any contributions for these years.

**E. Administrative Expenses**

Administrative expenses are paid by the Plan. For the years ended June 30, 2024 and 2023, the Plan paid the following administrative expenses:

	2024	2023
Trustee and Recordkeeping Fees	\$ 44,181	\$ 38,081
Actuarial and Administrative Fees	45,575	45,435
PBGC Insurance	20,160	17,688
Investment Consultant	32,945	31,866
Audit Fees	14,250	13,250
Investment Manager Fees	11,366	18,544
Other	2	227
	\$ 168,479	\$ 165,091

**F. Risks and Uncertainties**

Plan investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the risk associated with investment securities, it is at least reasonably possible that changes in market values, interest rates or other factors in the near term would materially affect participant balances and the amounts reported in the financial statements.

Employer contributions to the Plan and the actuarial present value of accumulated Plan benefits are determined based on certain assumptions pertaining to interest rates, the discount rate, return on investments and participant demographics, all of which are subject to change. Due to uncertainties inherent in these estimates and assumptions, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported below.

**NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to service rendered by employees up to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits payable under all circumstances, retirement, death, disability and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

**PENSION PLAN FOR EMPLOYEES OF UNITED WAY, INC.**  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023

**NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)**

The actuarial present value of accumulated plan benefits is determined by Nyhart, the Plan's actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The following is a summary of the actuarial present value of accumulated plan benefits as of June 30, 2023:

Vested participants:	
Active vested participants	\$ 5,119,606
Terminated vested participants	6,977,481
Participants currently receiving benefits	<u>4,190,054</u>
Total vested benefits	16,287,141
Nonvested accrued benefits	<u>414,894</u>
Total accumulated benefits	<u>\$ 16,702,035</u>

The changes in actuarial present value of accumulated plan benefits during the year ended June 30, 2023 are as follows:

Amount at beginning of year	<u>\$ 18,925,218</u>
Increase (decrease) attributable to:	
Benefits accumulated and other plan experience	1,492,100
Interest adjustment	555,259
Benefits paid to participants	(1,450,931)
Changes in actuarial assumptions	<u>(2,819,611)</u>
Net change	<u>(2,223,183)</u>
Amount at end of year	<u>\$ 16,702,035</u>

The actuarial assumptions used are based on the presumption that the Plan will continue. If the Plan were terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Present employees' accumulated contributions included in net assets available for benefits at June 30, 2024 and 2023 were \$89,557 and \$85,244, respectively. The interest rates paid on the employee contributions held in the Plan were 5.90% and 3.59% for the years ended June 30, 2024 and 2023, respectively.

The significant assumptions underlying the actuarial computations above are as follows as of June 30, 2023 (2022):

Discount rate:	
First 5 years after valuation date	3.22% (1.14%) per annum, compounded annually
Next 15 years	4.22% (2.89%) per annum, compounded annually

**PENSION PLAN FOR EMPLOYEES OF UNITED WAY, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2024 AND 2023**

**NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)**

More than 20 years after valuation date	4.34% (3.44%) per annum, compounded annually
Retirement age - normal	100% retired at age 65
Mortality table	Pri-2012 with generational improvements from 2012 based on scale MP-2021

The changes above resulted in a \$2,819,611 decrease in the actuarial present value of accumulated plan benefits during the year ended June 30, 2023.

**NOTE 4 - INCOME TAX STATUS**

The Internal Revenue Service has issued a determination letter dated February 1, 2018, stating that the Plan qualifies, in form, under Section 401(a) of the Internal Revenue Code of 1986, as amended (the "Code"). The Plan is required to operate in accordance with the Code to maintain its tax qualification status. The plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Accordingly, no taxes have been provided for in the accompanying financial statements.

GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 5 - PLAN TERMINATION**

Although it has not expressed any intent to do so, the Employer has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of termination, the funds of the Plan shall be used for the exclusive benefit of participants and other persons entitled to benefits under the Plan. Whether a particular participant's accumulated Plan benefits will be paid depends on the priority of those benefits, any additional contribution that may be required of the Employer and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (the "PBGC") at that time. Some of the benefits may be fully or partially provided by existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

**NOTE 6 - FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Information regarding investments held at June 30, 2024 and 2023 and investment income for the years then ended that is disclosed in the accompanying financial statements and supplemental schedules was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by U.S. Bank, N.A., the trustee of the Plan.

**NOTE 7 - SUBSEQUENT EVENTS**

Management has evaluated subsequent events through February 18, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

SUPPLEMENTAL SCHEDULES

**PENSION PLAN FOR EMPLOYEES OF UNITED WAY, INC.**  
FORM 5500  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
E.I.N. 95-2274801; PLAN NO. 001  
JUNE 30, 2024

No. of Shares	<u>Common Stocks</u>	Fair Value	Carry Value
105	ACADIA PHARMACEUTICALS INC	\$ 1,706	\$ 2,754
180	ACI WORLDWIDE INC	7,126	6,836
31	APPFOLIO INC A 03783C100 ASSET MINOR CO	7,582	5,781
42	APPLIED INDL TECHNOLOGIES INC	8,148	5,933
86	ARROWHEAD PHARMACEUTICALS INC	2,235	3,836
80	ATRICURE INC 04963C209 ASSET MINOR CO	1,822	5,023
157	AVIENT CORPORATION	6,853	6,847
42	AXSOME THERAPEUTICS INC	3,381	2,316
89	AZENTA INC 114340102 ASSET MINOR CO	4,683	7,434
72	BEACON ROOFING SUPPLY INC	6,516	6,269
81	BILL HOLDINGS INC	4,262	7,229
48	BOOT BARN HOLDINGS INC	6,189	3,139
113	BRAZE INC COM CL A	4,389	4,753
64	BRIDGEBIO PHARMA INC	1,621	1,842
161	CAESARS ENTERTAINMENT INC	6,398	7,549
79	CASELLA WASTE SYSTEMS INC A	7,838	7,268
22	CASEYS GEN STORES INC	8,394	4,429
69	CBIZ INC 124805102 ASSET MINOR CO	5,113	5,215
144	COGNEX CORP 192422103 ASSET MINOR CO	6,733	6,577
17	COMFORT SYS USA INC	5,170	5,572
170	CRYOPORT INC 229050307 ASSET MINOR CO	1,175	5,732
31	CYTOKINETICS INC	1,680	2,351
28	EASTGROUP PPTYS INC COM	4,763	4,713
49	EURONET WORLDWIDE INC	5,072	7,544
33	EVERCORE INC 29977A105 ASSET MINOR CO	6,878	4,278
225	FIRST WATCH RESTAURANT GROUP I COM	3,951	5,592
37	FIVE BELOW 33829M101 ASSET MINOR CO	4,032	5,898
113	FIVE9 INC 338307101 ASSET MINOR CO	4,983	9,173
49	FRESHPET INC 358039105 ASSET MINOR CO	6,340	5,496
23	GLAUKOS CORP 377322102 ASSET MINOR CO	2,722	2,619
109	HALOZYME THERAPEUTICS INC	5,707	5,092
63	HEALTH SCIENCES ACQUISITIONS	1,663	2,521
103	IAC INC 44891N208 ASSET MINOR CO	4,826	6,913
41	INSMED INC 457669307 ASSET MINOR CO	2,747	1,358
48	IRHYTHM TECHNOLOGIES INC	5,167	4,763
73	JOHN BEAN TECHNOLOGIES CORP	6,933	9,705
45	KEROS THERAPEUTICS INC COM	2,057	1,724
32	LANTHEUS HOLDINGS INC	2,569	2,668
68	MACOM TECHNOLOGY SOLUTIONS H	7,580	4,146
109	MATADOR RESOURCES CO	6,496	5,768
166	MERCURY SYSTEMS INC	4,480	8,635
42	NATERA INC 632307104 ASSET MINOR CO	4,548	2,579
90	PERFORMANCE FOOD GROUP CO COM	5,950	4,671
85	PLANET FITNESS INC CL A	6,255	6,688
70	POWER INTEGRATIONS INC	4,913	5,026
27	PRIMERICA INC 74164M108 ASSET MINOR CO	6,388	3,738
129	RAMBUS INC 750917106 ASSET MINOR CO	7,580	7,331
37	REGAL BELOIT CORP	5,003	4,560
	<u>Forward</u>	\$ 238,617	\$ 247,884

**PENSION PLAN FOR EMPLOYEES OF UNITED WAY, INC.**  
FORM 5500  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
E.I.N. 95-2274801; PLAN NO. 001  
JUNE 30, 2024

No. of Shares	<u>Common Stocks</u> (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 238,617	\$ 247,884
22	REPLIGEN CORP 759916109 ASSET MINOR CO	2,773	3,980
117	ROCKET PHARMACEUTICALS INC	2,519	2,959
9	SAIA INC 78709Y105 ASSET MINOR CO	4,269	1,874
41	SCIENCE APPLICATNS INTE	4,820	3,563
88	SHIFT4 PMTS INC CL A	6,455	6,530
143	SMARTSHEET INC CLASS A	6,303	7,726
36	SPS COMMERCE INC	6,774	4,296
182	SURGERY PARTNERS INC	4,330	6,563
35	TETRA TECH INC 88162G103 ASSET MINOR CO	7,157	4,506
31	TEXAS ROADHOUSE INC	5,323	2,547
71	TIMKEN CO 887389104 ASSET MINOR CO	5,689	5,576
67	TREX CO INC COM	4,966	3,066
53	ULTRAGENYX PHARMACEUTICAL IN	2,178	5,139
35	VAXCYTE INC COM	2,643	2,613
86	WESTERN ALLIANCE BANCORPORATION	5,403	4,868
40	WEX INC 96208T104 ASSET MINOR CO	7,086	7,946
140	WILLSCOT MOBIL MINI HLDNG CORP COM	5,270	4,107
93	WNS HLDGS LTD COM SHS	4,883	6,496
61	FTAI AVIATION LTD SHS	6,297	5,083
14	FABRINET G3323L100 ASSET MINOR CO	4,377	3,413
	<u>TOTAL - COMMON STOCKS</u>	<u>\$ 338,132</u>	<u>\$ 340,735</u>
	<u>Mutual Funds</u>		
49,804	PRINCIPAL DIVER REAL INSTITU	\$ 550,833	\$ 559,204
24,315	PIMCO ALL ASSET FUND INSTITU	267,466	298,645
10,527	GMO BENCHMARK FREE ALLOCATION I	282,011	274,160
4,444	VANGUARD WELLESLEY INCOME ADM	268,842	297,500
59,206	LAZARD EMERGING MKTS PORT IN	1,100,648	1,034,468
41,675	DIAMOND HILL LARGE CAP FD Y	1,410,293	988,155
24,582	DODGE COX INTERNATIONAL STOCK FD I	1,246,554	896,849
22,715	AMERICAN FUNDS EUROPACIFIC GROWTH	1,302,271	1,010,446
18,519	NATIXIS VAUGHAN NELSON SMALL CAP	381,667	375,000
16,925	VANGUARD RUSSELL 1000 GROWTH ETF	1,587,734	1,269,869
7,194	VANGUARD 500 INDEX ADMIRAL	3,624,249	2,082,638
143,681	PAYDEN GLOBAL 1 FIXED INCOME SI	1,076,170	1,312,364
77,490	DOUBLELINE TOTAL RET BD I	670,286	825,792
65,973	HOTCHKIS WILEY HIGH YIELD FUND I	689,413	742,425
10,695	P I M C O FDS LOW DURATION FUND #36	97,970	106,202
155,056	FIRST AM GOVT OB FD CL Z	155,056	155,056
	<u>TOTAL - MUTUAL FUNDS</u>	<u>\$ 14,711,463</u>	<u>\$ 12,228,773</u>
	<u>Limited Partnership Fund</u>		
2,393,368	CCI CORE BOND FUND, L.P.	<u>\$ 2,393,368</u>	<u>\$ 2,393,368</u>

**PENSION PLAN FOR EMPLOYEES OF UNITED WAY, INC.**  
FORM 5500  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
E.I.N. 95-2274801; PLAN NO. 001  
JULY 1, 2023 TO JUNE 30, 2024

Issuer	Description	Transaction	Purchase Price	Proceeds	Cost of Asset	Net Gain or (Loss)
<b>Single Transactions</b>						
First American:	Government Ob Fund CI Z	Purchase	\$ 2,226,898	\$ -	\$ 2,226,898	\$ -
		Sale	-	1,269,869	1,269,869	-
			1,363,994	-	1,363,994	-
			-	1,371,898	1,371,898	-
Vanguard	Russell 1000 Growth Etf	Purchase	1,269,869	-	1,269,869	-
<b>Series of Transactions</b>						
First American	Govt Ob Fd CI Z	Purchases	6,305,293	-	6,305,293	-
		Sales	-	6,396,806	6,396,806	-
Vanguard:	Russell 1000 Growth Etf	Purchases	1,269,869	-	1,269,869	-
	500 Index Admiral	Purchases	826,891	-	826,891	-
		Sales	-	400,000	241,719	158,281

**Active Participant Schedule**

Active participant information grouped based on age and credited service.

Age Group	Years of Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up
Under 25										
25 to 29		4								
30 to 34	2	4	1	1						
35 to 39	1	9	2	2						
40 to 44		3	3	2						
45 to 49				1	1					
50 to 54		4		1	2	1				
55 to 59				1			1	1		
60 to 64			2			1				
65 to 69					1	1		1		
70 & up										

Except where otherwise indicated, the following assumptions were selected by the plan sponsor with the concurrence of the actuary. Prescribed assumptions are based on the requirements of the relevant law, the Internal Revenue Code and applicable regulation. The actuary was not able to evaluate the prescribed assumptions for reasonableness for the purpose of the measurement.

**Valuation Date** July 1, 2023

**Participant and Asset Information Collected as of** July 1, 2023

<b>Retirement Rates (FE)</b>	<u>Age</u>	<u>Percentage</u>
	55-61	3%
	62	10%
	63	10%
	64	5%
	65+	100%

**Mortality Rates**

Healthy & Disabled (FE) IRS 2023 Small Plan Combined Mortality based on RP-2014 and Scale MP-2021.

Lump Sum (FE) 2023 Applicable Mortality as prescribed by IRC 417(e)

The mortality tables are prescribed by the IRS.

ASC 960 (FE) Pri-2012 mortality table with generational improvements from 2012 based on scale MP-2021

As the plan is not large enough to have credible experience, mortality assumptions are set to reflect general population trends.

**Disability Rates (FE)** Not Applicable

**Annual Pay Increases (CO)** 5.00%

**Withdrawal Rates (FE)**

Sample Rates as follows:

<u>Age</u>	<u>Rate</u>
Select 1st Year	25.0%
2nd Year	25.0%
20 Ultimate	9.94%
30	9.30%
40	7.75%
50	4.22%

**Cost of Living Adjustment** Not applicable

**Interest Rates**

	1st Segment (0-5 years)	2nd Segment (5-20 years)	3rd Segment (20+ years)
Minimum Funding and Benefit Restrictions - Prescribed (CO)	4.75%	5.00%	5.74%
PBGC (CO)	5.26%	5.23%	5.16%
Maximum Funding - Prescribed (CO)	3.22%	4.22%	4.34%
ASC 960 (CO)	3.22%	4.22%	4.34%

All segment rates are based on the sponsor's election to use a 0 month lookback. The PBGC interest rates are based on the sponsor's election to use the Standard calculation method which was elected 7/1/2022. Interest rates are prescribed by IRS regulation.

The ASC 960 interest rate is based on the rates prescribed under IRC 404.

**Payment Form Election (FE)**

Lump Sum	60%
Single Life Annuity	25%
66-2/3% Joint & Survivor	15%

**Expense and/or Contingency Loading (FE)**

Equal to the prior year administrative expenses

**Market Value of Assets**

Equal to the fair value of assets as of the valuation date, plus the discounted value of contributions (if applicable) made following the valuation date and before the date of this report for the purpose of satisfying the prior year's funding requirements.

**Plan Asset Valuation Method**

Market Value of Assets

**Expected Rate of Return on Assets (CO)**

For determination of the Plan Asset value, the expected return on assets is equal to the Effective Interest Rate.

**Cost Method**

PPA requires the use of the Unit Credit cost method for determining the minimum required contribution and PBGC premiums. The maximum tax deductible contribution calculation includes limited Projected Unit Credit calculations as required under IRC 404.

ASC 960 requires the use of the Unit Credit cost method.

FE indicates an assumption representing an estimate of future experience

MD indicates an assumption representing observations of estimates inherent in market data

CO indicates an assumption representing a combination of an estimate of future experience and observations of market data

**PENSION PLAN FOR EMPLOYEES OF UNITED WAY, INC.**  
FORM 5500  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
E.I.N. 95-2274801; PLAN NO. 001  
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Issuer	Description	Transaction	Purchase Price	Proceeds	Cost of Asset	Net Gain or (Loss)
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		Sale	-	1,269,869	1,269,869	-
			1,363,994	-	1,363,994	-
			-	1,371,898	1,371,898	-
Vanguard	Russell 1000 Growth Etf	Purchase	1,269,869	-	1,269,869	-
<b>Series of Transactions</b>						
First American	Govt Ob Fd CI Z	Purchases	6,305,293	-	6,305,293	-
		Sales	-	6,396,806	6,396,806	-
Vanguard:	Russell 1000 Growth Etf	Purchases	1,269,869	-	1,269,869	-
	500 Index Admiral	Purchases	826,891	-	826,891	-
		Sales	-	400,000	241,719	158,281

<b>SCHEDULE SB</b> <b>(Form 5500)</b> <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small> <hr/> <b>2023</b> <hr/> <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **Round off amounts to nearest dollar.**  
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan Pension Plan for Employees of United Way, Inc.	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF United Way, Inc.	<b>D</b> Employer Identification Number (EIN) 95-2274801	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I	Basic Information		
<b>1</b>	Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2023</u>	
<b>2</b>	Assets:		
	<b>a</b> Market value.....	<b>2a</b>	16,269,272
	<b>b</b> Actuarial value.....	<b>2b</b>	16,269,272
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment.....	59	3,968,146
	<b>b</b> For terminated vested participants.....	98	5,987,808
	<b>c</b> For active participants.....	53	4,185,330
	<b>d</b> Total.....	210	14,141,284
			(3) Total Funding Target
			14,467,746
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>	
<b>5</b>	Effective interest rate.....	<b>5</b>	5.33%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	505,151
	<b>b</b> Expected plan-related expenses.....	<b>6b</b>	100,307
	<b>c</b> Target normal cost.....	<b>6c</b>	605,458

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	Jennifer Sterbank	01/16/2025
	Signature of actuary	Date
	Jennifer Sterbank, ASA, EA, MAAA	2308970
	Type or print name of actuary	Most recent enrollment number
	Nyhart	770-405-0755
	Firm name	Telephone number (including area code)
	5750 Castle Creek Parkway Suite 245 Indianapolis IN 46250	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	8,736,808	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	537,377	0
<b>9</b>	Amount remaining (line 7 minus line 8).....	8,199,431	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>10.12</u> %.....	829,782	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.49</u> %.....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		0
	<b>d</b> Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	9,029,213	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	50.04 %
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	112.45 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	118.65 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls**

**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

**b** Applicable month (enter code)..... **21b** 0

**22** Weighted average retirement age ..... **22** 64

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment ..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years.....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	605,458
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 605,458

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	605,458	0	605,458

**36** Additional cash requirement (line 34 minus line 35) ..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0

**40** Unpaid minimum required contributions for all years..... **40** 0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

Age	Expected Actives at Age	Retirement Rate	Expected Retirements	Weighted Age
55.00	21.0316	3.00%	0.6309	34.7021
56.00	20.3643	3.00%	0.6109	34.2120
57.00	19.7109	3.00%	0.5913	33.7056
58.00	20.0721	3.00%	0.6022	34.9255
59.00	20.4150	3.00%	0.6124	36.1345
60.00	20.7390	3.00%	0.6222	37.3302
61.00	20.0415	3.00%	0.6012	36.6759
62.00	20.3561	10.00%	2.0356	126.2077
63.00	18.2232	10.00%	1.8223	114.8061
64.00	17.3007	5.00%	0.8650	55.3623
65.00	17.3296	100.00%	17.3296	1,126.4255
66.00	1.0000	100.00%	1.0000	66.0000
67.00	0.0000	100.00%	0.0000	0.0000
68.00	0.0000	100.00%	0.0000	0.0000
69.00	1.0000	100.00%	1.0000	69.0000
Total			28.3238	1,805.4873

Weighted Average Retirement Age = Weighted Age/Expected Retirements : **63.74**

\* Please note that the retirement rates are a weighted average of the rates shown in Part V for active participants eligible to retire at the age and zero for all other active participants.

### **Plan Effective Date**

July 1, 1968 as amended through July 1, 2022.

### **Definitions**

#### **Plan Year**

July 1 through June 30.

#### **Compensation**

Total compensation paid during Plan Year.

#### **Credited Service**

For Vesting

A year of vesting service is credited for twelve months of continuous service.

For Benefit Accrual

A year of benefit service is credited for for each twelve months of service (or part thereof), excluding any service prior to becoming an eligible participant.

#### **Actuarial Equivalence**

Based on interest rate of 7.00% per annum and mortality in accordance with the 1983 Group Annuity Mortality Table for males.

#### **Eligibility for Participation**

First day of the month coincident with or next following completion of one year of service and attainment of age 21.

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### Normal Retirement

Eligibility	Age 65.
Annual Pension	The accrued benefit equals to (1) plus (2): (1) 1.50% of average compensation times Years of Credited Service  (2) 0.50% of average compensation in excess of Social Security Average Wage, times Years of Credited Service, not to exceed 35 years.
Payment of Pension	Straight life annuity for single employees. Reduced 66-2/3% Joint & Survivor with 10 years certain annuity for married employees. Optional forms of benefits include single sum and annuities.

### Early Retirement

Eligibility	Age 55 and 3 years of service
Benefit	Reduced by 1/15 for each of the first five years that retirement precedes the normal retirement date, reduced by 1/30 for each additional year above five. In addition, participants with 30 Years of Credited Service may retire at age 62 without reduction of benefit. For this group, between ages 55 and 62, the reduction will be 1/15 for each of the first five years prior to age 62 and 1/30 for each of the next two years.

### Late Retirement

Greater of the annual accrued benefit as of the date of event or actuarial equivalent of the normal retirement benefit.

### Disability

A participant continues to each Credited Service during disability beyond six months, subject to being awarded Social Security benefits.

### Severance Benefit

100% of the accrued benefit after 5 years of Vesting Service. Employees with age 55 with 3 years of service are 100% vested in the accrued benefit at termination.

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### Death before Retirement

If the member was vested, a lifetime annuity to spouse equal to 66-2/3% of the member's accrued benefit in the form of a joint and survivor annuity with 10 years certain. Benefit payments begin immediately if member was age 55 or older, or on the first of the month following the date the member would have been age 55. Benefit is reduced to reflect Early Retirement based on the joint and survivor options, if it commences before the date the member would have been age 65.

### Employee Contributions

Employees are not required to contribute toward the cost of the Plan effective April 1, 1987.

If the participant terminates after April 1, 1987, accumulated employee contributions may be used to purchase additional benefits or may be withdrawn by the employee without jeopardizing the total accrued benefit.

### Payment Forms

Single Life Annuity, 66-2/3% Joint & Survivor with 10 Years Certain, 10 or 15 Year Certain and Life Annuity, 66-2/3% or 75% Joint & Survivor Annuity, Cash Refund Annuity, and Lump Sum.

### Plan Provisions Not Included

We are not aware of any plan provisions not included in the valuation.

### Adjustments Made for Subsequent Events

We are not aware of any event following the measurement date and prior to the date of this report that would materially impact the results of this report.

**PENSION PLAN FOR EMPLOYEES OF UNITED WAY, INC.**  
FORM 5500  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
E.I.N. 95-2274801; PLAN NO. 001  
JUNE 30, 2024

No. of Shares	<u>Common Stocks</u>	Fair Value	Carry Value
105	ACADIA PHARMACEUTICALS INC	\$ 1,706	\$ 2,754
180	ACI WORLDWIDE INC	7,126	6,836
31	APPFOLIO INC A 03783C100 ASSET MINOR CO	7,582	5,781
42	APPLIED INDL TECHNOLOGIES INC	8,148	5,933
86	ARROWHEAD PHARMACEUTICALS INC	2,235	3,836
80	ATRICURE INC 04963C209 ASSET MINOR CO	1,822	5,023
157	AVIENT CORPORATION	6,853	6,847
42	AXSOME THERAPEUTICS INC	3,381	2,316
89	AZENTA INC 114340102 ASSET MINOR CO	4,683	7,434
72	BEACON ROOFING SUPPLY INC	6,516	6,269
81	BILL HOLDINGS INC	4,262	7,229
48	BOOT BARN HOLDINGS INC	6,189	3,139
113	BRAZE INC COM CL A	4,389	4,753
64	BRIDGEBIO PHARMA INC	1,621	1,842
161	CAESARS ENTERTAINMENT INC	6,398	7,549
79	CASELLA WASTE SYSTEMS INC A	7,838	7,268
22	CASEYS GEN STORES INC	8,394	4,429
69	CBIZ INC 124805102 ASSET MINOR CO	5,113	5,215
144	COGNEX CORP 192422103 ASSET MINOR CO	6,733	6,577
17	COMFORT SYS USA INC	5,170	5,572
170	CRYOPORT INC 229050307 ASSET MINOR CO	1,175	5,732
31	CYTOKINETICS INC	1,680	2,351
28	EASTGROUP PPTYS INC COM	4,763	4,713
49	EURONET WORLDWIDE INC	5,072	7,544
33	EVERCORE INC 29977A105 ASSET MINOR CO	6,878	4,278
225	FIRST WATCH RESTAURANT GROUP I COM	3,951	5,592
37	FIVE BELOW 33829M101 ASSET MINOR CO	4,032	5,898
113	FIVE9 INC 338307101 ASSET MINOR CO	4,983	9,173
49	FRESHPET INC 358039105 ASSET MINOR CO	6,340	5,496
23	GLAUKOS CORP 377322102 ASSET MINOR CO	2,722	2,619
109	HALOZYME THERAPEUTICS INC	5,707	5,092
63	HEALTH SCIENCES ACQUISITIONS	1,663	2,521
103	IAC INC 44891N208 ASSET MINOR CO	4,826	6,913
41	INSMED INC 457669307 ASSET MINOR CO	2,747	1,358
48	IRHYTHM TECHNOLOGIES INC	5,167	4,763
73	JOHN BEAN TECHNOLOGIES CORP	6,933	9,705
45	KEROS THERAPEUTICS INC COM	2,057	1,724
32	LANTHEUS HOLDINGS INC	2,569	2,668
68	MACOM TECHNOLOGY SOLUTIONS H	7,580	4,146
109	MATADOR RESOURCES CO	6,496	5,768
166	MERCURY SYSTEMS INC	4,480	8,635
42	NATERA INC 632307104 ASSET MINOR CO	4,548	2,579
90	PERFORMANCE FOOD GROUP CO COM	5,950	4,671
85	PLANET FITNESS INC CL A	6,255	6,688
70	POWER INTEGRATIONS INC	4,913	5,026
27	PRIMERICA INC 74164M108 ASSET MINOR CO	6,388	3,738
129	RAMBUS INC 750917106 ASSET MINOR CO	7,580	7,331
37	REGAL BELOIT CORP	5,003	4,560
	<u>Forward</u>	\$ 238,617	\$ 247,884

**PENSION PLAN FOR EMPLOYEES OF UNITED WAY, INC.**  
FORM 5500  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
E.I.N. 95-2274801; PLAN NO. 001  
JUNE 30, 2024

No. of Shares	<u>Common Stocks</u> (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 238,617	\$ 247,884
22	REPLIGEN CORP 759916109 ASSET MINOR CO	2,773	3,980
117	ROCKET PHARMACEUTICALS INC	2,519	2,959
9	SAIA INC 78709Y105 ASSET MINOR CO	4,269	1,874
41	SCIENCE APPLICATNS INTE	4,820	3,563
88	SHIFT4 PMTS INC CL A	6,455	6,530
143	SMARTSHEET INC CLASS A	6,303	7,726
36	SPS COMMERCE INC	6,774	4,296
182	SURGERY PARTNERS INC	4,330	6,563
35	TETRA TECH INC 88162G103 ASSET MINOR CO	7,157	4,506
31	TEXAS ROADHOUSE INC	5,323	2,547
71	TIMKEN CO 887389104 ASSET MINOR CO	5,689	5,576
67	TREX CO INC COM	4,966	3,066
53	ULTRAGENYX PHARMACEUTICAL IN	2,178	5,139
35	VAXCYTE INC COM	2,643	2,613
86	WESTERN ALLIANCE BANCORPORATION	5,403	4,868
40	WEX INC 96208T104 ASSET MINOR CO	7,086	7,946
140	WILLSCOT MOBIL MINI HLDNG CORP COM	5,270	4,107
93	WNS HLDGS LTD COM SHS	4,883	6,496
61	FTAI AVIATION LTD SHS	6,297	5,083
14	FABRINET G3323L100 ASSET MINOR CO	4,377	3,413
	<u>TOTAL - COMMON STOCKS</u>	<u>\$ 338,132</u>	<u>\$ 340,735</u>
	<u>Mutual Funds</u>		
49,804	PRINCIPAL DIVER REAL INSTITU	\$ 550,833	\$ 559,204
24,315	PIMCO ALL ASSET FUND INSTITU	267,466	298,645
10,527	GMO BENCHMARK FREE ALLOCATION I	282,011	274,160
4,444	VANGUARD WELLESLEY INCOME ADM	268,842	297,500
59,206	LAZARD EMERGING MKTS PORT IN	1,100,648	1,034,468
41,675	DIAMOND HILL LARGE CAP FD Y	1,410,293	988,155
24,582	DODGE COX INTERNATIONAL STOCK FD I	1,246,554	896,849
22,715	AMERICAN FUNDS EUROPACIFIC GROWTH	1,302,271	1,010,446
18,519	NATIXIS VAUGHAN NELSON SMALL CAP	381,667	375,000
16,925	VANGUARD RUSSELL 1000 GROWTH ETF	1,587,734	1,269,869
7,194	VANGUARD 500 INDEX ADMIRAL	3,624,249	2,082,638
143,681	PAYDEN GLOBAL 1 FIXED INCOME SI	1,076,170	1,312,364
77,490	DOUBLELINE TOTAL RET BD I	670,286	825,792
65,973	HOTCHKIS WILEY HIGH YIELD FUND I	689,413	742,425
10,695	P I M C O FDS LOW DURATION FUND #36	97,970	106,202
155,056	FIRST AM GOVT OB FD CL Z	155,056	155,056
	<u>TOTAL - MUTUAL FUNDS</u>	<u>\$ 14,711,463</u>	<u>\$ 12,228,773</u>
	<u>Limited Partnership Fund</u>		
2,393,368	CCI CORE BOND FUND, L.P.	<u>\$ 2,393,368</u>	<u>\$ 2,393,368</u>