

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

Complete all entries in accordance with the instructions to the Form 5500.

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: [X] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
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. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan LOCAL 68 ENGINEERS UNION EDUCATION PLAN
1b Three-digit plan number (PN) 501
1c Effective date of plan 12/30/1964
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOCAL 68 ENGINEERS UNION EDUCATION EDUCATION FUND BOARD OF TRUSTEES 14 FAIRFILED PL BOX 534 WEST CALDWELL, NJ 07006
2b Employer Identification Number (EIN) 22-6066637
2c Plan Sponsor's telephone number 973-227-6426
2d Business code (see instructions) 561210

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for THOMAS P. GIBLIN and JOSE GARCIA.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2851
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	2851
	6a(2)	2970
	6b	0
	6c	0
	6d	2970
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	266

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4J

9a Plan funding arrangement (check all that apply)	9b 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		b General Schedules	
(1) <input type="checkbox"/> R (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> H (Financial Information)	
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information – Small Plan)	
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____	
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____		(4) <input checked="" type="checkbox"/> C (Service Provider Information)	
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		(5) <input type="checkbox"/> D (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan LOCAL 68 ENGINEERS UNION EDUCATION PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 68 ENGINEERS UNION EDUCATION EDUCATION FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 22-6066637	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LOCAL 68 ENG UNION WELFARE FUND

22-1550500

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	AFFILIATED FUND	84468	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)

INTERSTATE MAINTENANCE

22-1869401

(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?
99	NONE	12650	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)

WASILEWSKI & KEATING PC

22-2676761

(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	NONE	12000	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)

UBS FINANCIAL SERVICES INC

13-2638166

(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?
71 63 27	NONE	36451	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	225	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PAUL WILLARD

22-6066637

(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?
99	NONE	9345	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)

ORANSKY SCARAGGI & BORG P.C.

22-3522685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	18150	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)

CHARLES RANSIAR

22-6066637

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	132854	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)

ALBERT SUHR

22-6066637

(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?
99	NONE	9575	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)

JAMES ABATE

22-6066637

(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?
99	NONE	9683	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)

FRANK YORKE

22-6066637

(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?
99	UNION OFFICER	11194	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)

THOMAS LECOMPTÉ

22-6066637

(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?
99	NONE	6450	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

3000 S. LENOLA RD
MAPLE SHADE, NJ 08052

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	18242	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)

ANDREW EISENBREY

22-6066637

(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?
99	NONE	9600	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)

PATRICK LYNCH

22-6066637

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	176854	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)

ANTHONY SCORCIOLLA

22-6066637

(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?
99	NONE	18660	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)

JAMES GORMAN

22-6066637

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	28000	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)

BENJAMIN SAYER

22-6066637

(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?
99	NONE	8064	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)

GEORGE LUDLAM

22-6066637

(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?
99	NONE	8979	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)

MATEUSZ TARGOSV

22-6066637

(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?
99	NONE	7674	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)

JEFFREY HOLOTA

22-6066637

(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?
99	NONE	8448	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)

JOSEPH WARREN

22-6066637

(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?
99	NONE	20250	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)

PAUL POLIZZI

22-6066637

(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?
99	NONE	7560	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)

BRIAN CONNELLY

22-6066637

(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?
99	NONE	6214	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)

MSPC

22-2951202

(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	NONE	10000	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)

TRI-COUNTY LANDSCAPING

P O BOX 215
LITTLE SILVER, NJ 07739

(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?
49	NONE	5719	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)

BRIAN LENAHAN

22-6066637

(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?
99	NONE	8333	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)

JEFF GIBSON

22-6066637

(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?
99	NONE	6708	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)

JOHN POSSER

22-6066637

(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?
99	NONE	5868	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)

PAUL REID

22-6066637

(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?
99	NONE	8329	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)

RENAN PAZ-ARRIAGA

22-6066637

(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?
99	NONE	8463	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)

SEAN FANNING

22-6066637

(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?
99	NONE	8706	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"/>

(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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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	
A Name of plan LOCAL 68 ENGINEERS UNION EDUCATION PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 68 ENGINEERS UNION EDUCATION EDUCATION FUND BOARD OF TRUSTEES	D Employer Identification Number (EIN) 22-6066637

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	368520	558437
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	128171	253214
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1216874	336883
(2) U.S. Government securities	1c(2)	61875	1271427
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1196423	2576825
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		279771
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8309126	7657868
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	566333	517008
f Total assets (add all amounts in lines 1a through 1e)	1f	11847322	13451433
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	6080	3399
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	6080	3399
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	11841242	13448034

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1578751	
(B) Participants	2a(1)(B)	251580	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1830331
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	110936	
(B) U.S. Government securities	2b(1)(B)	2459	
(C) Corporate debt instruments	2b(1)(C)	23293	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		136688
(2) Dividends:			
(A) Preferred stock	2b(2)(A)	1279	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	331737	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		95318
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	2032165	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2140772	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-11566	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1080046
c Other income	2c		1387
d Total income. Add all income amounts in column (b) and enter total	2d		3356613

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	1485371	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1485371
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	84468	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	10000	
(5) Investment advisory and investment management fees	2i(5)	41040	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	18150	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	110792	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		264450
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1749821

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1606792
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MSPC**

(2) EIN: **22-2951202**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

LOCAL 68 ENGINEERS UNION
EDUCATION FUND

FINANCIAL STATEMENTS

FOR THE YEARS ENDED
JUNE 30, 2024 AND 2023

MSPC
Certified Public
Accountants and Advisors, P.C.



An independent firm associated with
Moore Global Network Limited

LOCAL 68 ENGINEERS UNION EDUCATION FUND

Index to Financial Statements

	<u>Pages</u>
Independent Auditors' Report	1-3
Financial Statements:	
Statements of Net Assets Available for Benefits (Modified Cash Basis) as of June 30, 2024 and 2023	4
Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis) for the years ended June 30, 2024 and 2023	5
Notes to Financial Statements	6-11
Supplementary Information:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	13-16

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Local 68 Engineers Union Education Fund
West Caldwell, New Jersey

Opinion

We have audited the financial statements of Local 68 Engineers Union Education Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits (modified cash basis) as of June 30, 2024 and 2023, the related statement of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits (modified cash basis) of Local 68 Engineers Union Education Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits (modified cash basis) for the years then ended, in accordance with the modified cash basis of accounting as described in Note 2.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Local 68 Engineers Union Education Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Local 68 Engineers Union Education Fund'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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Local 68 Engineers Union Education Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Local 68 Engineers Union Education Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule (modified cash basis) of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The Schedule of Building Income and Expense and Schedule of School Income and Expenses are presented for the purpose of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule (modified cash basis) of Schedule H, Line 4i - Schedule of Assets (Held at End of Year), we evaluated whether this supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

A handwritten signature in black ink that reads "MSPC". The letters are cursive and slightly slanted.

MSPC
Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
March 27, 2025

LOCAL 68 ENGINEERS UNION EDUCATION FUND

Statements of Net Assets Available for Benefits (Modified Cash Basis)

	<u>2024</u>	<u>June 30,</u> <u>2023</u>
<i>Assets:</i>		
Investments at Fair Value:		
Short-Term Investments	\$ 336,883	\$ 302,796
Bank Certificates of Deposit	--	914,078
Preferred Stocks	279,771	--
U.S. Government Securities	1,271,427	61,875
Corporate Bonds	2,576,825	1,196,423
Mutual Funds	5,996,654	6,095,156
Exchange Traded Funds	<u>1,661,214</u>	<u>2,213,970</u>
Total Investments at Fair Value	<u>12,122,774</u>	<u>10,784,298</u>
Receivables:		
Due from Related Funds	<u>253,214</u>	<u>128,171</u>
Property and Equipment:		
Land	110,369	110,369
Building	716,257	716,257
Building Improvements	1,076,958	1,076,958
Furniture and Equipment	1,604,065	1,604,065
Automobile	<u>15,446</u>	<u>--</u>
Total - At Cost	3,523,095	3,507,649
Less: Accumulated Depreciation	<u>3,006,087</u>	<u>2,941,316</u>
Property and Equipment - Net	<u>517,008</u>	<u>566,333</u>
Cash	<u>558,437</u>	<u>368,520</u>
Total Assets	13,451,433	11,847,322
Liabilities:		
Payroll Withholdings Payable	<u>3,399</u>	<u>6,080</u>
Net Assets Available for Benefits	<u>\$ 13,448,034</u>	<u>\$ 11,841,242</u>

See Accompanying Notes to Financial Statements.

LOCAL 68 ENGINEERS UNION EDUCATION FUND

Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis)

	<u>Years ended</u>	
	<u>June 30,</u>	
	<u>2024</u>	<u>2023</u>
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 959,872	\$ 498,815
Interest and Dividends	469,705	594,186
	<hr/>	<hr/>
Totals	1,429,577	1,093,001
Less: Investment Manager Fees	41,040	33,584
	<hr/>	<hr/>
Net Investment Income	1,388,537	1,059,417
Employers' Contributions	1,578,751	1,327,498
School Income	251,580	192,722
Rental Income	95,318	95,318
Miscellaneous Income	1,387	336
	<hr/>	<hr/>
Total Additions	3,315,573	2,675,291
Deductions from Net Assets Attributed to:		
Training Expenses:		
Rent	240,005	198,000
Instructors and Teachers Salaries	201,414	159,552
School Supplies	110,221	71,065
Depreciation	34,944	34,198
Graduation	7,921	7,627
Credit Card Fees	572	1,251
	<hr/>	<hr/>
Total Training Expenses	595,077	471,693
Administrative Expenses:		
Salaries	405,959	392,173
Employee Benefits	267,150	240,183
Building Maintenance	182,533	181,044
Shared Office Expenses	152,086	140,855
Professional Fees	58,391	42,533
Payroll Taxes	34,652	34,863
Fiduciary Insurance	10,725	12,022
Payroll Processing	2,208	2,260
	<hr/>	<hr/>
Total Administrative Expenses	1,113,704	1,045,933
Total Deductions	1,708,781	1,517,626
	<hr/>	<hr/>
Net Increase in Net Assets Available for Benefits	1,606,792	1,157,665
Net Assets Available for Benefits - Beginning of Years	11,841,242	10,683,577
	<hr/>	<hr/>
Net Assets Available for Benefits - End of Years	\$ 13,448,034	\$ 11,841,242

See Accompanying Notes to Financial Statements.

LOCAL 68 ENGINEERS UNION EDUCATION FUND

Notes to Financial Statements

(1) Description of the Plan

The following brief description of the Local 68 Engineers Union Education Fund (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer, defined benefit health and welfare fund which was established in accordance with an agreement and declaration of trust, as amended, between International Union of Operating Engineers Local 68 (the "Local") and certain employers. The Plan is administered by a Board of Trustees, comprised of representatives of the Local and the employers. Employees of the Local and its affiliated benefit funds are also covered, provided contributions are made on their behalf. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The purpose of the Plan is to provide for the development of skills of apprentices in the engineering industry, which provides a program of combined training school education and on-the-job training for accepted applicants. All applicants must meet specific requirements, including vocational aptitude, as determined by appropriate testing. Those who have acquired the necessary skills, knowledge, and experience of a journeyman as required by the board of trustees graduate from the program.

Funding Policy - The Plan is funded primarily by contributions from participating employers as specified in the collective bargaining agreement. Participant contributions are not permitted. The predominant hourly participating employer contribution rates during the years ended June 30, 2024 and 2023 ranged from \$0.25 to \$0.30 per hour respectively.

(2) Summary of Significant Accounting Policies

Basis of Accounting - The Plan's policy is to keep its accounts and records and prepare its financial statements on a modified cash basis, which is a comprehensive basis of accounting other than generally accepted accounting principles. This basis of presentation differs from accounting principles generally accepted in the United States of America (GAAP) in that certain revenues are recognized when received rather than earned and certain expenses are recognized when paid rather than when the obligation is incurred. Specifically, the variances from GAAP include omission of accrued investment income, accrued employer contributions and accrued expenses. Such variances are presumed to be material. However, similar to financial statements prepared in accordance with GAAP, these financial statements reflect the fair value of investments and interfund payables. The accompanying financial statements are not intended to present the financial position and results of operations in conformity with accounting principles generally accepted in the United States of America.

Use of Estimates - The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein and disclosures of contingent assets and liabilities. Actual results could differ from those estimates. Plan management determines the Plan's valuation policies utilizing information principally provided by the Plan's custodian.

Investment Valuation and Income Recognition - Certain investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information principally provided by the Plans custodian. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

LOCAL 68 ENGINEERS UNION EDUCATION FUND

Notes to Financial Statements

(2) Summary of Significant Accounting Policies (Continued)

Property and Equipment - Property and equipment employed in operations are recorded at cost and depreciation is computed using the straight-line method over the estimated useful life of the asset ranging from 5 to 50 years. Gain or loss, if any, is recognized upon the disposal of fixed assets and the asset and related accumulated depreciation are removed from the accounts. The other affiliated funds of the Plan are charged for a portion of depreciation expense.

Rental Income - Rental income from property is recognized when received on the accompanying statement of changes in net assets available for benefits (modified cash basis).

School Expenses - School expenses represent those costs directly related to the training and education of apprentices and any other programs carried out by the Plan.

Expenses - Expenses incurred in connection with the administration of the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. Certain investment-related expenses are included in net appreciation or depreciation in fair value of investments.

Training expenses represent those costs directly related to the training and education of apprentices or journeyman, or both, and any other programs carried out by the Plan. Administrative expenses represent costs not directly related to training or education but are associated with general operations of the Plan.

Subsequent Events - The Plan has evaluated subsequent events through March 27, 2025, the date on which the financial statements were available to be issued.

(3) Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codifications ("ASC") 820, *Fair Value Measurements and Disclosures*, establishes framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2-Inputs to the valuation methodology include:

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

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

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

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

LOCAL 68 ENGINEERS UNION EDUCATION FUND

Notes to Financial Statements

(3) Fair Value Measurements (Continued)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023:

Short-Term Investments and Bank Certificates of Deposit: Valued at amortized cost, which approximates fair value.

U.S. Government Securities, Preferred Securities, and Corporate Bonds: Valued at the closing price reported on the active market on which the individual securities are traded (Level 1). Those U.S. government securities without quoted market prices are valued using pricing models maximizing the use of observable inputs for similar securities (Level 2)

Mutual Funds and Exchange Traded Funds: Valued at the daily closing price as reported by the fund. Funds held by the Plan are open-end mutual funds and exchange traded funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds and exchange traded funds held by the Plan are deemed to be actively traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2024 and 2023.

	<u>Assets at Fair Value as of June 30, 2024</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Short-Term Investments	\$ --	\$ 336,883	\$ --	\$ 336,883
Preferred Securities	--	279,771	--	279,771
U.S. Government Securities	1,193,403	78,024	--	1,271,427
Corporate Bonds	--	2,576,825	--	2,576,825
Mutual Funds	5,996,654	--	--	5,996,654
Exchange Traded Funds	1,661,214	--	--	1,661,214
<u>Total Assets at Fair Value</u>	<u>\$ 8,851,271</u>	<u>\$ 3,271,503</u>	<u>\$ --</u>	<u>\$ 12,122,774</u>
	<u>Assets at Fair Value as of June 30, 2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Short-Term Investments	\$ --	\$ 302,796	\$ --	\$ 302,796
Bank Certificates of Deposit	--	914,078	--	914,078
U.S. Government Securities	25,550	36,325	--	61,875
Corporate Bonds	--	1,196,423	--	1,196,423
Mutual Funds	6,095,156	--	--	6,095,156
Exchange Traded Funds	2,213,970	--	--	2,213,970
<u>Total Assets at Fair Value</u>	<u>\$ 8,334,676</u>	<u>\$ 2,449,622</u>	<u>\$ --</u>	<u>\$ 10,784,298</u>

LOCAL 68 ENGINEERS UNION EDUCATION FUND

Notes to Financial Statements

(3) Fair Value Measurements (Continued)

Transfers Between Levels - The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

(4) Transactions with Related Parties

Certain expenses are allocated among the Local 68 Engineers Union Welfare, Annuity, Pension and Education Funds ("affiliated plans") on a prorata basis. The Plan shares certain operating expenses and office space with the other affiliated plans.

The Plan's share of the allocated expenses were as follows:

	<u>2024</u>	<u>June 30,</u> <u>2023</u>
Salaries	\$ 75,382	\$ 70,903
Payroll Taxes	6,469	6,051
International Pension Fund	13,110	11,830
Local 68 Benefits	44,100	40,346
Office Expenses	5,592	4,897
Insurance	1,504	1,525
Equipment Lease	1,538	1,505
Other	<u>4,391</u>	<u>3,798</u>
<u>Totals</u>	<u>\$ 152,086</u>	<u>\$ 140,855</u>

The Plan processes the payroll for employees who work specifically for that Fund and the payroll for employees that are shared among the affiliated plans. The Welfare Fund provides cash advances to the Plan to cover the shared payroll. Actual shared expenses are calculated and reimbursed on a quarterly basis.

The Plan pays fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party in interest transactions under ERISA.

(5) Commitments - Operating Lease

Atlantic City - The Plan leases commercial real property in Atlantic City, New Jersey for \$18,632 per month, to use for classroom instruction from IUOE Local Union No. 68, a party in interest. The current lease is dated May 1, 2021 and expires on April 30, 2026.

The following is a schedule of future minimum rental payments required under this lease as of June 30, 2024:

<u>Year ended</u> <u>June 30,</u>	
2025	\$ 223,584
2026	<u>186,320</u>
<u>Total</u>	<u>\$ 409,904</u>

LOCAL 68 ENGINEERS UNION EDUCATION FUND

Notes to Financial Statements

(5) Commitments - Operating Lease (Continued)

Rent expense for the Atlantic City location totaled \$240,005 and \$198,000 for the years ended June 30, 2024 and 2023, respectively.

West Caldwell - The Plan owns a commercial building at 14 Fairfield Place in West Caldwell, NJ. The Plan uses a portion of the building for classrooms and office space. The remainder of the building is leased to the related Welfare, Pension and Annuity Funds. Rent is based on the amount of space used by the respective fund on a month to month basis.

Rental income from these leases for the years ended June 30, 2024 and 2023 as follows:

	<u>2 0 2 4</u>	<u>June 30,</u> <u>2 0 2 3</u>	
Welfare Fund	\$ 50,658	\$ 50,658	
Pension Fund	22,330	22,330	
Annuity Fund	<u>22,330</u>	<u>22,330</u>	
<u>Total Rental Income</u>	<u>\$ 95,318</u>	<u>\$ 95,318</u>	

(6) Multiemployer Pension Plans

The Plan contributes to two multiemployer defined benefit Pension plans, which cover substantially all employees. The Plan's employees are not subject to a collective bargaining agreement and as such their inclusion in the plans are based on the relationship between the Plan and the International Union of Operating Engineers, the sponsor. The following table outlines the plans participation in these plans for the years ended June 30, 2024 and 2023 and sets forth the contributions into each plan. The "EIN/Pension Plan Number" column provides the Employer Identification Number ("EIN") and the three-digit plan number. The most recent Pension Protection Act zone status available in 2024 and 2023 relates to the plans' two most recent fiscal year-ends. The zone status is based on information received from the plans' administrators and is certified by each plan's actuary. Among other factors, plans certified in the red zone are generally less than 65% funded, plans certified in the orange zone are both less than 80% funded and have an accumulated funding deficiency or are expected to have a deficiency in any of the next six plan years, plans certified in the yellow zone are less than 80% funded, and plans certified in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates whether a financial improvement plan ("FIP") for yellow/orange zone plans, or a rehabilitation plan ("RP") for red zone plans, is either pending or has been implemented. As of June 30, 2023, all plans that have either a FIP or RP requirement have had the respective FIP or RP implemented. The Plan did not provide more than 5% of the contributions by all contributing employers to these plans. There is no collective bargaining agreement associated with Plan's participation in these plans.

Pension Fund	EIN/Pension Plan Number	Pension Protection Act		FIP/RP Status Pending/ Implemented	Contributions	
		Zone Status 2024	Zone Status 2023		2024	2023
Local 68 Engineers Union Pension Plan	51-0176618-001	Green	Green	Not applicable	\$ 103,992	\$ 104,486
Pension Plan of the International Union of Operating Engineers	52-6124299-001	Green	Green	Not applicable	<u>162,842</u>	<u>158,961</u>
<u>Total Contributions</u>					<u>\$ 266,834</u>	<u>\$ 263,447</u>

LOCAL 68 ENGINEERS UNION EDUCATION FUND

Notes to Financial Statements

(7) Health and Welfare Benefits

Employees of the Plan receive health coverage as participants of the Local 68 Engineers Union Welfare Fund, a multi-employer plan. The Plan contributed \$234,652 and \$238,588 to the Local 68 Welfare Fund for the years ending June 30, 2024 and 2023, respectively.

(8) Severance Benefits

The Plan’s policy provides a severance benefit to eligible employees upon termination of employment with the Plan. No severance benefits were paid during the years ending June 30, 2024 and 2023, respectively.

(9) Tax Status

The Plan obtained a determination letter in December 1964, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. 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 IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(10) Termination of the Plan

Although it has not expressed any intention to do so, the Plan may be terminated by the Board of Trustees, by unanimous vote, subject to collective bargaining agreements and applicable law. Upon termination of the trust, it shall be divided in accordance with the Board of Trustees determination and applicable law. In no event shall any assets of the Trust revert to any employer or union.

(11) Risks and Uncertainties

Investment Risk - The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investments securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Concentration of Credit Risk - The Plan maintains its cash balances in high credit quality financial institutions. Accounts at each institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At times such cash balances may be in excess of the insured limit. At June 30, 2024 and 2023, the Plan’s cash exceed federally insured limits by approximately \$208,000 and \$31,000, respectively.

.

SUPPLEMENTARY INFORMATION

LOCAL 68 ENGINEERS UNION EDUCATION FUND
EIN: 22-6066637
PLAN NO. 501 - PLAN YEAR ENDED JUNE 30, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
Short-Term Investments:				
	Federated Hermes Govt	288,625	\$ 288,625	\$ 288,625
	UBS Bank USA Dept	41,667	41,667	41,667
	UBS Insured Sweep Program	6,591	6,591	6,591
	Total Short-Term Investments		<u>336,883</u>	<u>336,883</u>
Preferred Securities:				
	Allstate Corp	220	4,772	4,805
	Allstate Corp	102	2,729	2,725
	AT&T Inc	415	7,938	8,366
	Athene Holding LTD Ser C	60	1,503	1,509
	Athene Holding LTD Ser D	78	1,500	1,469
	Athene Holding LTD Ser A	63	1,523	1,520
	Bank of Americ Corp Ser	212	4,848	4,921
	Bank of America Co Ser GG	547	13,622	13,653
	Bank of America Corp	87	2,149	2,175
	Bank of America Corp	182	3,261	3,351
	Bank of America Corp	202	3,685	3,763
	Bank of America Corp	162	3,278	3,371
	Brighthouse Financial Inc	155	2,914	2,995
	Brighthouse Financial Inc	72	1,203	1,164
	Capital One Financial Corp	270	5,130	5,373
	Capital One Financial Corp	300	5,411	5,643
	Capital One Financial Corp	209	3,488	3,683
	Charles Schwab Corp	74	1,463	1,483
	Citizens Financial Group Inc	59	1,476	1,561
	CMS Energy Corp	80	1,465	1,512
	Duke Energy Corp	392	9,602	9,800
	Equitable Holdings Inc	135	2,901	2,936
	Equitable Holdings Inc	163	2,886	2,945
	Fifth Third Bancorp	367	9,379	9,307
	Huntington Banchshare Ser H	153	2,633	2,734
	Huntington Banchshare Inc	83	2,040	2,068
	JP Morgan Chase & Co Ser EE	321	7,922	7,993
	JP Morgan Chase & Co Ser JJ	562	14,053	14,106
	JP Morgan Chase & Co	484	9,728	10,014
	JP Morgan Chase & Co	536	10,942	11,224
	JP Morgan Chase & Co	232	4,350	4,429
	Keycorp	158	3,732	3,620
	Keycorp New Ser F	176	3,606	3,538
	Keycorp New Ser F	46	930	916
	M&T Bank Corp Ser J	59	1,498	1,523
	M&T Bank Corp	14	2,928	3,006
	MetLife Inc	319	7,544	7,793
	MetLife Inc	72	1,455	1,464
	Morgan Stanley Ser E PFD	462	11,714	11,647

See Independent Auditors' Report.

LOCAL 68 ENGINEERS UNION EDUCATION FUND

EIN: 22-6066637

PLAN NO. 501 - PLAN YEAR ENDED JUNE 30, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	Morgan Stanley	415	10,500	10,412
	Morgan Stanley Ser I Prf	458	11,482	11,473
	Morgan Stanley Ser K Prf	177	4,326	4,397
	Morgan Stanley	78	1,458	1,494
	Morgan Stanley Ser P	57	1,459	1,488
	Public Storage Cuml	149	3,688	3,746
	Public Storage Cuml	108	2,178	2,202
	Public Storage Cuml	111	1,959	2,022
	Regions Finl Corp Ser B	457	11,576	11,402
	Regions Finl Corp	65	1,468	1,492
	State Street Corporation	79	1,900	1,899
	Synchrony Finl Sponsored Ads	59	1,495	1,505
	Truist Finl Corp	33	721	728
	Truist Finl Corp	240	4,693	4,764
	US Bancorp	102	1,756	1,778
	US Bancorp	90	1,754	1,775
	Voya Finl Inc Ser B	127	3,082	3,084
	Wells Fargo & Co	468	9,547	9,552
	Wells Fargo & Co	368	7,467	7,474
	Wells Fargo & Co New	309	5,930	5,951
	Wells Fargo & Co New	268	4,988	5,028
	Total Preferred Securities		<u>276,628</u>	<u>279,771</u>
	U.S. Government Securities:			
	Federal Natl Mtg Assn	30,000 5.625% 07/15/37	32,497	32,985
	FHLMC	20,000 6.750% 03/15/31	22,414	22,617
	FHLMC MTN	20,000 6.250% 07/15/32	22,171	22,422
	United States T	21,000 5.375% 02/15/31	22,118	22,358
	United States T	29,000 4.500% 02/15/36	29,127	29,614
	United States T	29,000 4.750% 02/15/37	29,708	30,195
	United States T	33,000 4.375% 02/15/38	32,412	33,055
	United States T	37,000 3.500% 02/15/39	32,699	33,414
	United States T	47,000 1.125% 05/15/40	28,213	29,057
	United States T	25,000 2.250% 05/15/41	17,720	18,173
	United States T	25,000 3.125% 02/15/42	20,104	20,623
	United States T	29,000 2.750% 11/15/42	21,769	22,328
	United States T	17,000 4.375% 08/15/43	16,115	16,479
	United States T	16,000 4.750% 11/15/43	15,925	16,283
	United States T	19,000 4.500% 02/15/44	18,305	18,721
	US Treasury Note	83,000 0.500% 03/31/25	79,904	80,162
	US Treasury Note	87,000 1.625% 05/15/26	81,868	82,104
	US Treasury Note	82,000 2.250% 08/15/27	76,356	76,628
	US Treasury Note	82,000 2.750% 02/15/28	77,064	77,342
	US Treasury Note	90,000 1.125% 08/31/28	78,444	78,887
	US Treasury Note	112,000 1.500% 11/30/28	98,433	99,164
	US Treasury Note	82,000 2.375% 05/15/29	74,569	74,928

See Independent Auditors' Report.

LOCAL 68 ENGINEERS UNION EDUCATION FUND
EIN: 22-6066637
PLAN NO. 501 - PLAN YEAR ENDED JUNE 30, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)			(d)	(e)
<u>Identity of Issue,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>			<u>Cost</u>	<u>Current</u>
<u>Lessor, or</u>	<u>Similar Party</u>	<u>Rate of Interest, Collateral</u>				<u>Value</u>
		<u>Par or Maturity Value</u>				
US Treasury Note		25,000	1.750%	11/15/29	21,687	21,974
US Treasury Note		106,000	1.500%	02/15/30	90,374	91,056
US Treasury Note		25,000	0.625%	05/15/30	19,904	20,229
US Treasury Note		63,000	1.875%	02/15/32	52,652	52,972
US Treasury Note		25,000	3.500%	02/15/33	23,100	23,474
US Treasury Note		44,000	3.375%	05/15/33	40,655	40,878
US Treasury Note		66,000	4.500%	11/15/33	66,449	66,753
US Treasury Note		17,000	4.000%	02/15/34	16,262	16,552
Total U.S. Government Securities					1,259,018	1,271,427
Corporate Bonds:						
Amgen Inc		65,000	5.250%	03/02/30	64,812	65,517
Apple Inc		35,000	3.200%	05/13/25	36,655	34,403
Apple Inc		55,000	3.250%	02/23/26	57,959	53,457
AT&T Inc		31,000	4.350%	03/01/29	30,043	30,064
Avery Dennison Corp		65,000	4.875%	12/06/28	63,777	64,035
Bank of America Corp		25,000	4.200%	08/26/24	26,407	24,938
Bank of America Corp		31,000	3.384%	04/02/26	30,410	30,448
Blackrock TCP		50,000	3.900%	08/23/24	51,880	49,780
Boeing Co		50,000	2.196%	02/04/26	50,653	46,996
Bristol-Myers Squibb		31,000	4.900%	02/22/29	30,940	30,956
Broadcom Inc		65,000	4.750%	04/15/29	63,365	64,148
Charles Schwab Corp		16,000	2.300%	05/13/31	13,358	13,430
Citigroup Inc		31,000	3.700%	01/12/26	30,211	30,190
Comcast Corp		31,000	3.950%		30,480	30,513
Conagra Brands Inc		65,000	5.300%	10/01/26	64,761	64,929
Dollar General Corp		85,000	5.200%	07/08/28	84,458	84,840
Dominion Enerfy Inc Corp		65,000	5.375%	11/15/32	63,779	64,568
Dow Chemical Co		75,000	2.000%	09/15/31	75,000	60,765
Duke Energy Corp		85,000	5.000%	12/08/27	84,458	84,584
Equinix Inc		31,000	3.200%	11/18/29	27,893	27,963
Fidelity Natl Info Serv		90,000	5.100%	07/15/32	88,672	89,023
Freeport-McMoRan Inc		25,000	4.550%	11/14/24	23,796	24,871
General Motors Finl Co Inc		35,000	2.400%	11/20/28	35,000	30,301
General Motors Finl Co Inc		50,000	2.250%	12/20/29	50,000	41,610
Goldman Sachs Group		31,000	2.640%	02/24/28	28,867	28,917
Goldman Sachs Group		50,000	3.000%	02/18/32	50,000	42,316
Jefferies Group LLC		50,000	4.000%	02/26/46	50,000	33,841
John Deere Capital Corp		65,000	4.950%	07/14/28	64,602	65,088
JP Morgan Chase & Co		50,000	4.125%	12/15/26	52,893	48,707
Kraft Heinz Foods Co		90,000	4.250%	03/01/31	85,034	85,470
Lennar Corp Med Term		65,000	5.250%	06/01/26	64,732	64,826
Lockheed Martin Corp		13,000	3.550%	01/15/26	12,900	12,684
Marriott Intl Inc		65,000	5.750%		65,029	65,049
Marsh & McLennan Cos Inc		85,000	4.375%	03/15/29	82,632	83,106
McDonalds Corp		45,000	3.700%	01/30/26	45,801	43,965

See Independent Auditors' Report.

LOCAL 68 ENGINEERS UNION EDUCATION FUND
EIN: 22-6066637
PLAN NO. 501 - PLAN YEAR ENDED JUNE 30, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)			(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>			<u>Cost</u>	<u>Current Value</u>
	Merck & Co	19,000	6.400%	03/01/28	24,593	19,964
	Microsoft Corp	50,000	3.125%	11/03/25	49,315	48,763
	Morgan Stanley	31,000	4.000%	07/23/25	30,523	30,537
	Old Rep Intl Corp	25,000	4.875%	10/01/24	27,332	24,924
	Oracle Corp	65,000	5.800%		65,247	65,300
	Parker-Hannifin Corp	85,000	4.500%	09/15/29	82,387	82,887
	Philip Morris Intl	65,000	5.625%	11/17/29	65,835	66,424
	PNC Financial Services	31,000	5.582%	06/12/29	31,282	31,349
	Raytheon Technologies	20,000	5.000%	02/27/26	19,933	19,902
	Royal Bank of Canada	31,000	4.650%	01/27/26	30,628	30,561
	Synchrony Finl	50,000	3.700%	08/04/26	52,992	47,711
	Thermo Fisher Scientific	90,000	4.977%	08/10/30	89,284	90,190
	Toronto-Dominion Bank	50,000	3.400%	04/18/27	50,000	48,100
	United Health Group Inc	65,000	5.250%	02/15/28	65,424	65,876
	United Health Group Inc	16,000	2.300%	05/15/31	13,450	13,444
	US Bancorp	31,000	4.653%	02/01/29	30,297	30,346
	Verizon Communications	75,000	2.350%	05/15/31	75,000	61,976
	Walt Disney Company	40,000	3.000%	02/13/26	40,920	38,558
	Walt Disney Company	50,000	2.650%	01/13/31	55,418	43,715
	Total Corporate Bonds				2,681,117	2,576,825
	Mutual Funds:					
	American Funds International Vantage	28,271			454,317	482,305
	AMG Montrusco Bolton Lrg Cap Growth	95,849			1,535,306	1,312,176
	Artisan Mid Cap Fund	9,644			340,737	356,457
	Blackrock Equity	60,549			1,221,929	1236412
	Bramshill Income Performance Fund					
	Class Instl	72,195			698,134	703,183
	CRM Mid Cap	15,418			339,729	367,263
	Federated Hermes Institutional High					
	Yield Bond F	80,260			695,857	701,474
	Johcm International	20,032			454,316	481,158
	Touchstone Small Company	53,407			340,737	356,226
	Total Mutual Funds				6,081,062	5,996,654
	Exchange Traded Funds:					
	Ishares Russell 1000 Growth ETF	1,892			113,478	689,653
	Ishares Russell 1000 Value ETF	3,433			286,174	600,700
	Ishares Russell Mid-Cap Growth ETF	1,099			32,040	121,275
	Ishares Russell Mid-Cap Value ETF	977			44,319	117,963
	SPDR Bloomberg 1-3 Month T-Bill	156			14,317	14,317
	Vanguard Small-Cap ETF	538			113,765	117,306
	Total Exchange Traded Funds				604,093	1,661,214
	Total Assets Held				\$ 11,238,801	\$ 12,122,774

See Independent Auditors' Report.

LOCAL 68 ENGINEERS UNION EDUCATION FUND
EIN: 22-6066637
PLAN NO. 501 - PLAN YEAR ENDED JUNE 30, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
Short-Term Investments:				
	Federated Hermes Govt	288,625	\$ 288,625	\$ 288,625
	UBS Bank USA Dept	41,667	41,667	41,667
	UBS Insured Sweep Program	6,591	6,591	6,591
	Total Short-Term Investments		<u>336,883</u>	<u>336,883</u>
Preferred Securities:				
	Allstate Corp	220	4,772	4,805
	Allstate Corp	102	2,729	2,725
	AT&T Inc	415	7,938	8,366
	Athene Holding LTD Ser C	60	1,503	1,509
	Athene Holding LTD Ser D	78	1,500	1,469
	Athene Holding LTD Ser A	63	1,523	1,520
	Bank of Americ Corp Ser	212	4,848	4,921
	Bank of America Co Ser GG	547	13,622	13,653
	Bank of America Corp	87	2,149	2,175
	Bank of America Corp	182	3,261	3,351
	Bank of America Corp	202	3,685	3,763
	Bank of America Corp	162	3,278	3,371
	Brighthouse Financial Inc	155	2,914	2,995
	Brighthouse Financial Inc	72	1,203	1,164
	Capital One Financial Corp	270	5,130	5,373
	Capital One Financial Corp	300	5,411	5,643
	Capital One Financial Corp	209	3,488	3,683
	Charles Schwab Corp	74	1,463	1,483
	Citizens Financial Group Inc	59	1,476	1,561
	CMS Energy Corp	80	1,465	1,512
	Duke Energy Corp	392	9,602	9,800
	Equitable Holdings Inc	135	2,901	2,936
	Equitable Holdings Inc	163	2,886	2,945
	Fifth Third Bancorp	367	9,379	9,307
	Huntington Banchshare Ser H	153	2,633	2,734
	Huntington Banchshare Inc	83	2,040	2,068
	JP Morgan Chase & Co Ser EE	321	7,922	7,993
	JP Morgan Chase & Co Ser JJ	562	14,053	14,106
	JP Morgan Chase & Co	484	9,728	10,014
	JP Morgan Chase & Co	536	10,942	11,224
	JP Morgan Chase & Co	232	4,350	4,429
	Keycorp	158	3,732	3,620
	Keycorp New Ser F	176	3,606	3,538
	Keycorp New Ser F	46	930	916
	M&T Bank Corp Ser J	59	1,498	1,523
	M&T Bank Corp	14	2,928	3,006
	MetLife Inc	319	7,544	7,793
	MetLife Inc	72	1,455	1,464
	Morgan Stanley Ser E PFD	462	11,714	11,647

See Independent Auditors' Report.

LOCAL 68 ENGINEERS UNION EDUCATION FUND
EIN: 22-6066637
PLAN NO. 501 - PLAN YEAR ENDED JUNE 30, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>		
<u>Lessor, or</u>	<u>Similar Party</u>	<u>Including Maturity Date,</u>		
		<u>Rate of Interest, Collateral</u>	<u>Cost</u>	<u>Current</u>
		<u>Par or Maturity Value</u>		<u>Value</u>
Morgan Stanley		415	10,500	10,412
Morgan Stanley Ser I Prf		458	11,482	11,473
Morgan Stanley Ser K Prf		177	4,326	4,397
Morgan Stanley		78	1,458	1,494
Morgan Stanley Ser P		57	1,459	1,488
Public Storage Cuml		149	3,688	3,746
Public Storage Cuml		108	2,178	2,202
Public Storage Cuml		111	1,959	2,022
Regions Finl Corp Ser B		457	11,576	11,402
Regions Finl Corp		65	1,468	1,492
State Street Corporation		79	1,900	1,899
Synchrony Finl Sponsored Ads		59	1,495	1,505
Truist Finl Corp		33	721	728
Truist Finl Corp		240	4,693	4,764
US Bancorp		102	1,756	1,778
US Bancorp		90	1,754	1,775
Voya Finl Inc Ser B		127	3,082	3,084
Wells Fargo & Co		468	9,547	9,552
Wells Fargo & Co		368	7,467	7,474
Wells Fargo & Co New		309	5,930	5,951
Wells Fargo & Co New		268	4,988	5,028
Total Preferred Securities			276,628	279,771
U.S. Government Securities:				
Federal Natl Mtg Assn		30,000	5.625% 07/15/37	32,497
FHLMC		20,000	6.750% 03/15/31	22,414
FHLMC MTN		20,000	6.250% 07/15/32	22,171
United States T		21,000	5.375% 02/15/31	22,118
United States T		29,000	4.500% 02/15/36	29,127
United States T		29,000	4.750% 02/15/37	29,708
United States T		33,000	4.375% 02/15/38	32,412
United States T		37,000	3.500% 02/15/39	32,699
United States T		47,000	1.125% 05/15/40	28,213
United States T		25,000	2.250% 05/15/41	17,720
United States T		25,000	3.125% 02/15/42	20,104
United States T		29,000	2.750% 11/15/42	21,769
United States T		17,000	4.375% 08/15/43	16,115
United States T		16,000	4.750% 11/15/43	15,925
United States T		19,000	4.500% 02/15/44	18,305
US Treasury Note		83,000	0.500% 03/31/25	79,904
US Treasury Note		87,000	1.625% 05/15/26	81,868
US Treasury Note		82,000	2.250% 08/15/27	76,356
US Treasury Note		82,000	2.750% 02/15/28	77,064
US Treasury Note		90,000	1.125% 08/31/28	78,444
US Treasury Note		112,000	1.500% 11/30/28	98,433
US Treasury Note		82,000	2.375% 05/15/29	74,569

See Independent Auditors' Report.

LOCAL 68 ENGINEERS UNION EDUCATION FUND
EIN: 22-6066637
PLAN NO. 501 - PLAN YEAR ENDED JUNE 30, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)			(d)	(e)
<u>Identity of Issue,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>			<u>Cost</u>	<u>Current</u>
<u>Lessor, or</u>	<u>Similar Party</u>	<u>Rate of Interest, Collateral</u>				<u>Value</u>
		<u>Par or Maturity Value</u>				
US Treasury Note		25,000	1.750%	11/15/29	21,687	21,974
US Treasury Note		106,000	1.500%	02/15/30	90,374	91,056
US Treasury Note		25,000	0.625%	05/15/30	19,904	20,229
US Treasury Note		63,000	1.875%	02/15/32	52,652	52,972
US Treasury Note		25,000	3.500%	02/15/33	23,100	23,474
US Treasury Note		44,000	3.375%	05/15/33	40,655	40,878
US Treasury Note		66,000	4.500%	11/15/33	66,449	66,753
US Treasury Note		17,000	4.000%	02/15/34	16,262	16,552
Total U.S. Government Securities					1,259,018	1,271,427
Corporate Bonds:						
Amgen Inc		65,000	5.250%	03/02/30	64,812	65,517
Apple Inc		35,000	3.200%	05/13/25	36,655	34,403
Apple Inc		55,000	3.250%	02/23/26	57,959	53,457
AT&T Inc		31,000	4.350%	03/01/29	30,043	30,064
Avery Dennison Corp		65,000	4.875%	12/06/28	63,777	64,035
Bank of America Corp		25,000	4.200%	08/26/24	26,407	24,938
Bank of America Corp		31,000	3.384%	04/02/26	30,410	30,448
Blackrock TCP		50,000	3.900%	08/23/24	51,880	49,780
Boeing Co		50,000	2.196%	02/04/26	50,653	46,996
Bristol-Myers Squibb		31,000	4.900%	02/22/29	30,940	30,956
Broadcom Inc		65,000	4.750%	04/15/29	63,365	64,148
Charles Schwab Corp		16,000	2.300%	05/13/31	13,358	13,430
Citigroup Inc		31,000	3.700%	01/12/26	30,211	30,190
Comcast Corp		31,000	3.950%		30,480	30,513
Conagra Brands Inc		65,000	5.300%	10/01/26	64,761	64,929
Dollar General Corp		85,000	5.200%	07/08/28	84,458	84,840
Dominion Enerfy Inc Corp		65,000	5.375%	11/15/32	63,779	64,568
Dow Chemical Co		75,000	2.000%	09/15/31	75,000	60,765
Duke Energy Corp		85,000	5.000%	12/08/27	84,458	84,584
Equinix Inc		31,000	3.200%	11/18/29	27,893	27,963
Fidelity Natl Info Serv		90,000	5.100%	07/15/32	88,672	89,023
Freeport-McMoRan Inc		25,000	4.550%	11/14/24	23,796	24,871
General Motors Finl Co Inc		35,000	2.400%	11/20/28	35,000	30,301
General Motors Finl Co Inc		50,000	2.250%	12/20/29	50,000	41,610
Goldman Sachs Group		31,000	2.640%	02/24/28	28,867	28,917
Goldman Sachs Group		50,000	3.000%	02/18/32	50,000	42,316
Jefferies Group LLC		50,000	4.000%	02/26/46	50,000	33,841
John Deere Capital Corp		65,000	4.950%	07/14/28	64,602	65,088
JP Morgan Chase & Co		50,000	4.125%	12/15/26	52,893	48,707
Kraft Heinz Foods Co		90,000	4.250%	03/01/31	85,034	85,470
Lennar Corp Med Term		65,000	5.250%	06/01/26	64,732	64,826
Lockheed Martin Corp		13,000	3.550%	01/15/26	12,900	12,684
Marriott Intl Inc		65,000	5.750%		65,029	65,049
Marsh & McLennan Cos Inc		85,000	4.375%	03/15/29	82,632	83,106
McDonalds Corp		45,000	3.700%	01/30/26	45,801	43,965

See Independent Auditors' Report.

LOCAL 68 ENGINEERS UNION EDUCATION FUND

EIN: 22-6066637

PLAN NO. 501 - PLAN YEAR ENDED JUNE 30, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	Merck & Co	19,000 6.400% 03/01/28	24,593	19,964
	Microsoft Corp	50,000 3.125% 11/03/25	49,315	48,763
	Morgan Stanley	31,000 4.000% 07/23/25	30,523	30,537
	Old Rep Intl Corp	25,000 4.875% 10/01/24	27,332	24,924
	Oracle Corp	65,000 5.800%	65,247	65,300
	Parker-Hannifin Corp	85,000 4.500% 09/15/29	82,387	82,887
	Philip Morris Intl	65,000 5.625% 11/17/29	65,835	66,424
	PNC Financial Services	31,000 5.582% 06/12/29	31,282	31,349
	Raytheon Technologies	20,000 5.000% 02/27/26	19,933	19,902
	Royal Bank of Canada	31,000 4.650% 01/27/26	30,628	30,561
	Synchrony Finl	50,000 3.700% 08/04/26	52,992	47,711
	Thermo Fisher Scientific	90,000 4.977% 08/10/30	89,284	90,190
	Toronto-Dominion Bank	50,000 3.400% 04/18/27	50,000	48,100
	United Health Group Inc	65,000 5.250% 02/15/28	65,424	65,876
	United Health Group Inc	16,000 2.300% 05/15/31	13,450	13,444
	US Bancorp	31,000 4.653% 02/01/29	30,297	30,346
	Verizon Communications	75,000 2.350% 05/15/31	75,000	61,976
	Walt Disney Company	40,000 3.000% 02/13/26	40,920	38,558
	Walt Disney Company	50,000 2.650% 01/13/31	55,418	43,715
	Total Corporate Bonds		<u>2,681,117</u>	<u>2,576,825</u>
	Mutual Funds:			
	American Funds International Vantage	28,271	454,317	482,305
	AMG Montrusco Bolton Lrg Cap Growth	95,849	1,535,306	1,312,176
	Artisan Mid Cap Fund	9,644	340,737	356,457
	Blackrock Equity	60,549	1,221,929	1236412
	Bramshill Income Performance Fund			
	Class Instl	72,195	698,134	703,183
	CRM Mid Cap	15,418	339,729	367,263
	Federated Hermes Institutional High			
	Yield Bond F	80,260	695,857	701,474
	Johcm International	20,032	454,316	481,158
	Touchstone Small Company	53,407	340,737	356,226
	Total Mutual Funds		<u>6,081,062</u>	<u>5,996,654</u>
	Exchange Traded Funds:			
	Ishares Russell 1000 Growth ETF	1,892	113,478	689,653
	Ishares Russell 1000 Value ETF	3,433	286,174	600,700
	Ishares Russell Mid-Cap Growth ETF	1,099	32,040	121,275
	Ishares Russell Mid-Cap Value ETF	977	44,319	117,963
	SPDR Bloomberg 1-3 Month T-Bill	156	14,317	14,317
	Vanguard Small-Cap ETF	538	113,765	117,306
	Total Exchange Traded Funds		<u>604,093</u>	<u>1,661,214</u>
	Total Assets Held		<u>\$ 11,238,801</u>	<u>\$ 12,122,774</u>

See Independent Auditors' Report.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form Is Open to Public Inspection
--	---	--

Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

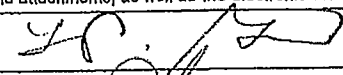
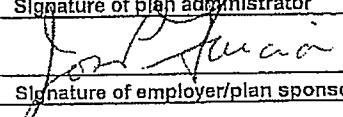
- A This return/report is for: a multiemployer plan a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)
- B This return/report is: a single-employer plan a DFE (specify) _____
- C If the plan is a collectively-bargained plan, check here: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months)
- D Check box if filing under: Form 5558 automatic extension special extension (enter description) the DFVC program
- E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here:

Part II Basic Plan Information—enter all requested information

1a Name of plan LOCAL 68 ENGINEERS UNION EDUCATION PLAN	1b Three-digit plan number (PN)	501
	1c Effective date of plan	12/30/1964
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOCAL 68 ENGINEERS UNION EDUCATION EDUCATION FUND BOARD OF TRUSTEES 14 FAIRFIELD PL BOX 534 WEST CALDWELL, NJ 07006	2b Employer Identification Number (EIN) 22-6066637	2c Plan Sponsor's telephone number 973-227-6426
	2d Business code (see instructions) 561210	

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.

	4/10/25	THOMAS P. GIBLIN Enter name of individual signing as plan administrator
	4/10/25	JOSE GARCIA Enter name of individual signing as employer or plan sponsor
_____ Signature of DFE	_____ Date	_____ Enter name of individual signing as DFE

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2851
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 2851
a(2) Total number of active participants at the end of the plan year	6a(2) 2970
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal. Add lines 6a(2), 6b, and 6c	6d 2970
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 266

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

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

45

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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 _____
- (4) C (Service Provider Information)
- (5) D (DFE/Participating Plan Information)
- (6) G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____