

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- 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) \_\_\_\_
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: U. A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 07/01/1979
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN
2b Employer Identification Number (EIN): 94-6075617
2c Plan Sponsor's telephone number: 408-588-3770
2d Business code (see instructions): 238220

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include signatures of plan administrator (ERIC MUSSYNSKI), employer/plan sponsor (ALEX HALL), and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3373
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	2144
	<b>6a(2)</b>	2095
	<b>6b</b>	155
	<b>6c</b>	1075
	<b>6d</b>	3325
	<b>6e</b>	24
	<b>6f</b>	3349
	<b>6g(1)</b>	3373
<b>6g(2)</b>	3349	
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	132

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

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

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

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

NWQ INVESTMENTS

47-0875103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	980462	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)

POLEN CAPITAL MANAGEMENT LLC

26-0319356

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	592634	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)

COLUMBIA MGMT INVESTMENT ADVISERS

41-1533211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	439962	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	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)

RAYMOND JAMES & ASSOCIATES, INC.

45-0250958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	326338	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)

NORTHWEST PLAN SERVICES

91-2090931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 50 59	NONE	264219	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BENESYS ADMINISTRATORS

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	207386	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)

KRAW LAW GROUP, APC

77-0171216

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	74532	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)

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	74355	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)

BROADRIDGE MATRIX TRUST CO

75-3182674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 50 62	NONE	63522	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	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)

SUZANNE NEEDHAM

1731 TECHNOLOGY DRIVE, SUITE 570  
SAN JOSE, CA 95110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	52474	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)

SMART SOURCE LLC

7270 MCGINNIS FERRY ROAD  
SUWANEE, GA 30024

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	24430	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)

SALTZMAN & JOHNSON LAW GROUP

94-2376174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	12065	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)

MARSH & MCLENNAN AGENCY LLC

26-3237576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	7312	Yes <input type="checkbox"/> No <input checked="" 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
MARSH & MCLENNAN AGENCY LLC	22	4804

(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.	
ULLICO  52-1579726	COMMISSIONS PAID BY INSURANCE CARRIER FOR INSURANCE PLACEMENT	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MARSH & MCLENNAN AGENCY LLC	22	2271

(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.	
BEAZLEY  THE RUTHERFORD BUILDING 65 SUITE 300 MEMORIAL ROAD, CT 06107	COMMISSIONS PAID BY INSURANCE CARRIER FOR INSURANCE PLACEMENT	

(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.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE STABLE VALUE FUND CLASS 75</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
<b>c</b> EIN-PN <u>26-0142858-094</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>35956538</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>U. A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF THE U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>94-6075617</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1332268	174823
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	2318008	2448361
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	914553	833601
<b>(3)</b> Other .....	<b>1b(3)</b>	3254707	4438688
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	16750628	11517406
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	231377554	256304449
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	18955977	25225215
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	281455164	310397790
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	5628087	8703530
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	42243428	35956538
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	91918196	116039885
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	696148570	772040286
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	119445	156116
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	135117	192271
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	254562	348387
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	695894008	771691899

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	28852961	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	12671831	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	22298	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		41547090
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	353124	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	14724069	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	312886	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		15390079
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	1551194	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	4319466	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	5450602	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		11321262
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	349713614	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	345969177	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		3744437
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	37191580	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		908421
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		13609340
<b>c</b> Other income .....	<b>2c</b>		807378
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		124519587

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	45556211	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		45556211
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	209213	
(3) Recordkeeping fees .....	<b>2i(3)</b>	20881	
(4) IQPA audit fees .....	<b>2i(4)</b>	57099	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	2407418	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	86597	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	53055	
(11) Other expenses .....	<b>2i(11)</b>	331222	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		3165485
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		48721696

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		75797891
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1387948
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  EIN(s): _____		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	98

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

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

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

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

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

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

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

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

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

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

**U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN**  
**Financial Statements**  
**December 31, 2024 and 2023**  
**With Independent Auditor's Reports**

**U.A. Local No. 393 Defined Contribution Plan**  
**Table of Contents**  
**December 31, 2024 and 2023**

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## INDEPENDENT AUDITOR'S REPORT

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

### Opinion

We have audited the financial statements of U.A. Local No. 393 Defined Contribution Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of U.A. Local No. 393 Defined Contribution Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

## Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of operating expenses for the years ended December 31, 2024 and 2023, are presented for purposes 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 our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

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

*Withum Smith & Brown, PC*

October 7, 2025

**U.A. Local No. 393 Defined Contribution Plan  
Statements of Net Assets Available for Benefits  
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Investments - at fair value	\$ 755,441,283	\$ 682,700,947
Receivables		
Employer contributions	2,408,757	2,318,008
Participant contributions	833,601	914,553
Accrued interest and dividends	4,438,350	3,243,231
Due from other trust funds	<u>39,942</u>	<u>11,476</u>
	<u>7,720,650</u>	<u>6,487,268</u>
Notes receivable from participants	<u>8,703,530</u>	<u>5,628,087</u>
Cash and cash equivalents	<u>174,823</u>	<u>1,332,268</u>
Total assets	<u>772,040,286</u>	<u>696,148,570</u>
<b>Liabilities</b>		
Accounts payable and accrued expenses	156,116	119,445
Reciprocity contributions payable	125,929	94,159
Due to other trust funds	<u>66,342</u>	<u>40,958</u>
Total liabilities	<u>348,387</u>	<u>254,562</u>
Net assets available for benefits	<u>\$ 771,691,899</u>	<u>\$ 695,894,008</u>

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

**U.A. Local No. 393 Defined Contribution Plan  
Statements of Changes in Net Assets Available for Benefits  
Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Additions</b>		
Investment income		
Net appreciation in fair value of investments	\$ 54,254,202	\$ 69,501,218
Dividends and interest	<u>27,598,031</u>	<u>21,884,304</u>
Total investment income	81,852,233	91,385,522
Investment expenses	<u>(2,081,080)</u>	<u>(1,847,574)</u>
Net investment income	<u>79,771,153</u>	<u>89,537,948</u>
Interest income on notes receivable from participants	<u>312,886</u>	<u>298,246</u>
Contributions		
Employer	28,852,961	28,648,423
Participant	12,671,831	12,037,255
Liquidated damages	<u>22,298</u>	<u>35,514</u>
Total contributions	<u>41,547,090</u>	<u>40,721,192</u>
Other income		
Administrative fee from participants	806,336	778,282
Litigation settlement	-	12,146
Fund fee recovery	<u>1,042</u>	<u>9,781</u>
Total other income	<u>807,378</u>	<u>800,209</u>
Total additions	<u>122,438,507</u>	<u>131,357,595</u>
<b>Deductions</b>		
Benefits paid	45,556,211	31,597,958
Operating expenses	<u>1,084,405</u>	<u>970,686</u>
Total deductions	<u>46,640,616</u>	<u>32,568,644</u>
<b>Net change in net assets available for benefits</b>	75,797,891	98,788,951
<b>Net assets available for benefits</b>		
Beginning of year	<u>695,894,008</u>	<u>597,105,057</u>
End of year	<u>\$ 771,691,899</u>	<u>\$ 695,894,008</u>

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

**U.A. Local No. 393 Defined Contribution Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**1. DESCRIPTION OF THE PLAN**

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

**General**

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

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

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

**Eligibility**

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

**Contributions**

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

During the years ended December 31, 2024 and 2023, the Plan received contributions from employers at the following rates for each hour worked by participants:

July 1, 2022 - June 30, 2023	\$	10.00
July 1, 2023 - June 30, 2024	\$	11.00
July 1, 2024 - December 31, 2024	\$	11.00

During the years ended December 31, 2024 and 2023, participants may be eligible to make 401(k) elective deferrals in the amounts of \$1.00, \$2.00, \$4.00, \$6.00, \$8.00, \$10.00, \$12.00, \$14.00, or \$16.00 per hour.

**Participant Accounts**

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

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

**U.A. Local No. 393 Defined Contribution Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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

*401(k) Account* - Elective deferrals by participants.

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

**Vesting**

Participants are fully vested at all times.

**Notes Receivable from Participants**

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

**Investment Options**

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

**Payment of Benefits**

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

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

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

**Use of Estimates**

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

**Investment Valuation and Income Recognition**

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

**U.A. Local No. 393 Defined Contribution Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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

**Notes Receivable from Participants**

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

**Employer Contributions and Contributions Receivable**

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

The carrying amount of contributions receivable is reduced by an allowance for credit losses that reflects management's best estimate of amounts that will not be collected. Factors that influence management's judgement in determining the appropriate allowance for credit losses include past collection experience, industry standards, and current and future economic conditions. As of December 31, 2024 and 2023, the allowance for doubtful accounts was \$0 and \$0, respectively.

**Reciprocity**

The Plan has various reciprocal agreements in place with other collectively bargained local unions. If a participant works under the jurisdiction of another collectively bargained agreement, the contributions will be transferred to the participant's home local union in the subsequent month. For the years ended December 31, 2024 and 2023, the Plan remitted \$1,352,055 and \$1,796,014, respectively, and received \$160,788 and \$509,597, respectively, of reciprocal cash payments in accordance with these agreements. Reciprocal payments received are included in employer contributions in the statements of changes in net assets available for benefits. No allowance for credit losses as of December 31, 2024 or 2023, was necessary for reciprocal payments due to the Plan. Payments made to other plans for reciprocal contributions collected on behalf of those plans are recorded as a reduction to the reciprocity contributions payable account and are not included in the statements of changes in net assets available for benefits as they do not represent revenue or expense of the Plan.

**Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

**Operating Expenses**

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

**U.A. Local No. 393 Defined Contribution Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**Subsequent Events**

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2024, for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through October 7, 2025, the date that the financial statements were available to be issued.

**3. FAIR VALUE MEASUREMENTS**

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

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

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

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

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

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. During the years ended December 31, 2024 and 2023, there were no transfers in or out of Level 3.

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

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

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

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

*Mutual Funds and Common Collective Trust* - Valued at quoted market prices.

**U.A. Local No. 393 Defined Contribution Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	<b>2024</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Money market deposit account	\$ -	\$ 11,517,406	\$ -	\$ 11,517,406
Corporate bonds	-	256,304,449	-	256,304,449
Common stock	310,397,790	-	-	310,397,790
Preferred stock	25,225,215	-	-	25,225,215
Common collective trust	35,956,538	-	-	35,956,538
Mutual funds	116,039,885	-	-	116,039,885
Total investments in the fair value hierarchy	<u>\$ 487,619,428</u>	<u>\$ 267,821,855</u>	<u>\$ -</u>	<u>\$ 755,441,283</u>

  

	<b>2023</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Money market deposit account	\$ -	\$ 16,750,628	\$ -	\$ 16,750,628
Corporate bonds	-	231,377,554	-	231,377,554
Common stock	281,455,164	-	-	281,455,164
Preferred stock	18,955,977	-	-	18,955,977
Common collective trust	42,243,428	-	-	42,243,428
Mutual funds	91,918,196	-	-	91,918,196
Total investments in the fair value hierarchy	<u>\$ 434,572,765</u>	<u>\$ 248,128,182</u>	<u>\$ -</u>	<u>\$ 682,700,947</u>

For the years ended December 31, 2024 and 2023, the common collective trust, MetLife Stable Value Fund, was reclassified from investments at net asset value outside of the fair value hierarchy to Level 1 in the fair value hierarchy based on revised fair valuation methodology.

**4. TAX STATUS**

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

U.S. GAAP requires management to evaluate tax positions taken and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has evaluated the tax positions taken by the Plan and concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing and regulatory jurisdictions. The Plan's administrator received a subpoena from the Department of Labor for information related to the Plan's collection of contributions. Management does not expect any negative outcome to the Plan's tax-exempt status or financial impact as a result of these inquiries. In addition, there has been no tax-related interest or penalties for periods presented in these financial statements.

**U.A. Local No. 393 Defined Contribution Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**5. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

The U.A. Local No. 393 Health and Welfare Trust Fund holds the lockbox account that receives contributions and liquidated damages on behalf of the related U.A. Local No. 393 Trust Funds. These contributions are allocated based on each trust's contribution rate and are transferred monthly. As of December 31, 2024 and 2023, the amounts of \$39,942 and \$11,476, respectively, were due from U.A. Local No.393 Health and Welfare Trust Fund.

The U.A. Local No. 393 Health and Welfare Trust Fund pays for member advocate and Plan director costs and is subsequently reimbursed by U.A. Local No. 393 Pension and Defined Contribution Trust Funds. As of December 31, 2024 and 2023, there were no amounts due to U.A. Local No.393 Health and Welfare Trust Fund.

As of December 31, 2024 and 2023, the amounts of \$66,342 and \$40,958, respectively, were due to other labor union related entities for trustee payroll related expenses.

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

**6. RISKS AND UNCERTAINTIES**

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

**7. DELINQUENT PARTICIPANT CONTRIBUTIONS**

It was noted in 2024 and 2023 that there were delays by the employers in submitting employee elective contributions to the Plan in the aggregate amounts of \$621,908 and \$766,040, respectively. The contributions were remitted in 2024 and 2023, respectively. The Plan calculated lost earnings of \$1,949 and \$4,207 and credited the participant accounts in 2024 and 2023, respectively.

**8. PLAN AMENDMENTS**

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

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

On September 16, 2024, effective January 1, 2024, the Plan was amended to incorporate a limit for small balance cash-outs to comply with provisions under the SECURE Act 2.0.

On September 16, 2024, effective January 1, 2024, the Plan was amended to update the rules for self-certified hardship distributions.

**9. PRIORITIES UPON PLAN TERMINATION**

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

## **SUPPLEMENTARY INFORMATION**

**U.A. Local No. 393 Defined Contribution Plan  
Schedules of Operating Expenses  
Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Operating expenses</b>		
Professional fees		
Investment consultant	\$ 326,338	\$ 272,999
Consulting	266,571	176,502
Legal	86,597	102,511
Plan director	53,055	51,599
Auditing	57,099	41,752
Employer payroll auditing	20,881	16,081
Total professional fees	<u>810,541</u>	<u>661,444</u>
General expenses		
Insurance	32,101	30,065
Printing and postage	20,447	39,677
Conventions and meetings	10,299	16,734
Miscellaneous	1,804	2,457
Total general expenses	<u>64,651</u>	<u>88,933</u>
Administrative expenses		
Administration - Local #393	528	526
Administration - Reciprocity	1,240	1,200
Administration - BeneSys	207,445	214,923
Credit check fees	-	3,660
Total administrative expenses	<u>209,213</u>	<u>220,309</u>
Total operating expenses	<u>\$ 1,084,405</u>	<u>\$ 970,686</u>

See Independent Auditor's Report.

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

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

We have audited the financial statements of the U.A. Local 393 Defined Contribution Plan as of and for the years ended December 31, 2024 and 2023, and have issued our report thereon, dated October 7, 2025, which contained an unmodified opinion on the financial statements. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole.

The supplemental schedules of Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions, Schedule H, Part IV, Line 4i - Schedule of Assets (held at end of year) and Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions as of and for the year ended December 31, 2024 and 2023, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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

*Withum Smith+Brown, PC*

October 7, 2025

**U.A. Local No. 393 Defined Contribution Plan**  
**Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions**  
**EIN #94-6075617, Plan #003**  
**December 31, 2024**

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	<u>Participant Contributions</u>		<u>Total that Constitute Nonexempt Prohibited Transactions</u>			<u>Total Fully Corrected Under VFCP and PTE 2002-51</u>
	<u>Transferred Late to Plan</u>	<u>Check Here if Late Participant Loan Repayments are Included:</u>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	
2023:	\$ 766,040		\$ -	\$ 766,040	\$ -	\$ -
2024:	\$ 621,908		\$ -	\$ 621,908	\$ -	\$ -

**U.A. Local No. 393 Defined Contribution Plan**  
**Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)**  
**EIN #94-6075617, Plan #003**  
**Year Ended December 31, 2024**

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d) Cost	(e) Current Value	
		Description	Collateral	Rate of Interest	Maturity Date			Par/Maturity Value
<b>Money Market Deopsit Account</b>								
	Accrued Dividend	Cash	N/A	N/A	N/A	N/A	253,997	253,997
	Cash	Cash	N/A	N/A	N/A	N/A	816,168	816,168
	Raymond James Cash Acct	Cash	N/A	N/A	N/A	N/A	10,447,240	10,447,241
							<u>11,517,405</u>	<u>11,517,406</u>
<b>Common Collective Funds</b>								
	Great Gray CIT III for MetLife Group Annuity Contract No. 25554 CL J	Collective Funds	N/A	N/A	N/A	1,681,053	34,975,187	35,956,538
							<u>34,975,187</u>	<u>35,956,538</u>
<b>Convertible Preferred</b>								
	Bank Of America Corp	Convertible Preferred	N/A	7.250%	N/A	N/A	3,896,783	3,444,381
	Wells Fargo & Company 7.5%	Convertible Preferred	N/A	7.500%	N/A	N/A	3,312,770	2,946,363
							<u>7,209,553</u>	<u>6,390,744</u>
<b>Corporate Bonds</b>								
	Aes Corp/The	Corporate Bonds	N/A	7.60%	1/15/2055	2,750,000	2,769,921	2,825,625
	Albertsons Cos/Safeway	Corporate Bonds	N/A	7.50%	3/15/2026	3,525,000	3,830,813	3,537,514
	Albertsons Cos/Safeway	Corporate Bonds	N/A	6.50%	2/15/2028	1,390,000	1,407,610	1,409,530
	Altria Group Inc	Corporate Bonds	N/A	5.80%	2/14/2039	1,800,000	2,262,188	1,782,720
	Amkor Technology Inc	Corporate Bonds	N/A	6.63%	9/15/2027	3,405,000	3,667,743	3,403,905
	Antero Resources Corp	Corporate Bonds	N/A	7.63%	2/1/2029	1,983,000	2,057,876	2,030,632
	Arcelormittal	Corporate Bonds	N/A	7.00%	10/15/2039	3,250,000	3,676,609	3,458,096
	Ashland LLC	Corporate Bonds	N/A	6.88%	5/15/2043	1,350,000	1,699,875	1,404,495
	Ashtead Capital Inc	Corporate Bonds	N/A	4.00%	5/1/2028	2,250,000	2,268,805	2,164,613
	Ashtead Capital Inc	Corporate Bonds	N/A	5.50%	8/11/2032	1,025,000	974,418	1,013,110
	Avantor Funding Inc	Corporate Bonds	N/A	4.63%	7/15/2028	1,225,000	1,284,456	1,174,187
	Bat Capital Corp	Corporate Bonds	N/A	7.08%	8/2/2053	2,525,000	2,832,310	2,769,698
	Builders Firstsource Inc	Corporate Bonds	N/A	6.38%	3/1/2034	1,400,000	1,450,470	1,383,102
	Caesars Entertain Inc	Corporate Bonds	N/A	6.50%	2/15/2032	2,775,000	2,796,079	2,790,623
	Carrier Global Corp	Corporate Bonds	N/A	5.90%	3/15/2034	375,000	374,411	388,380
	CCO Hldgs LLC/Cap Corp	Corporate Bonds	N/A	7.38%	3/1/2031	2,250,000	2,312,048	2,295,743
	Celanese US Holdings LLC	Corporate Bonds	N/A	6.17%	7/15/2027	1,425,000	1,450,886	1,444,694
	Celanese US Holdings LLC	Corporate Bonds	N/A	6.55%	11/15/2030	1,375,000	1,431,650	1,423,043
	Chart Industries Inc	Corporate Bonds	N/A	7.50%	1/1/2030	2,075,000	2,170,809	2,163,188
	Charter Comm Opt LLC/Cap	Corporate Bonds	N/A	6.48%	10/23/2045	2,725,000	3,477,990	2,575,452
	Citigroup Inc	Corporate Bonds	N/A	5.95%	12/31/2049	250,000	275,250	249,763
	Citigroup Inc	Corporate Bonds	N/A	6.25%	12/31/2049	2,075,000	2,355,125	2,083,819
	Civitas Resources Inc	Corporate Bonds	N/A	8.63%	11/1/2030	1,300,000	1,380,226	1,363,843
	Columbia Pipelines Oper Co LLC	Corporate Bonds	N/A	6.54%	11/15/2053	4,047,000	4,170,047	4,235,226
	Comcast Corp	Corporate Bonds	N/A	4.15%	10/15/2028	1,400,000	1,513,161	1,366,722
	Crown Castle Intl Corp	Corporate Bonds	N/A	3.30%	7/1/2030	1,725,000	1,891,315	1,568,715
	Dell Int LLC / EMC Corp	Corporate Bonds	N/A	6.20%	7/15/2030	275,000	294,267	288,284
	Diamondback Energy Inc	Corporate Bonds	N/A	6.25%	3/15/2033	1,300,000	1,339,267	1,349,790

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

**U.A. Local No. 393 Defined Contribution Plan**  
**Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)**  
**EIN #94-6075617, Plan #003**  
**Year Ended December 31, 2024**

Encompass Health Corp	Corporate Bonds	N/A	4.75% 2/1/2030	450,000	457,875	426,929
Ford Motor Company	Corporate Bonds	N/A	5.29% 12/8/2046	2,550,000	2,883,256	2,184,789
Ford Motor Credit Co LLC	Corporate Bonds	N/A	7.35% 11/4/2027	1,570,000	1,610,630	1,643,729
Gap Inc/The	Corporate Bonds	N/A	3.63% 10/1/2029	1,545,000	1,519,388	1,386,949
Gap Inc/The	Corporate Bonds	N/A	3.88% 10/1/2031	1,450,000	1,418,917	1,253,836
GCI LLC	Corporate Bonds	N/A	4.75% 10/15/2028	2,275,000	2,335,906	2,124,688
Gen Digital Inc	Corporate Bonds	N/A	7.13% 9/30/2030	2,100,000	2,173,790	2,153,361
Gen Digital Inc	Corporate Bonds	N/A	5.00% 4/15/2025	825,000	821,188	823,125
General Motors Co	Corporate Bonds	N/A	6.60% 4/1/2036	3,084,000	3,971,704	3,238,447
GLP Capital LP / Fin II	Corporate Bonds	N/A	5.38% 4/15/2026	875,000	866,097	874,983
GLP Capital LP / Fin II	Corporate Bonds	N/A	5.25% 6/1/2025	889,000	868,076	889,685
Gmac Inc	Corporate Bonds	N/A	8.00% 11/1/2031	2,225,000	2,715,943	2,461,006
Goodyear Tire & Rubber	Corporate Bonds	N/A	9.50% 5/31/2025	374,000	381,480	375,088
HCA Inc	Corporate Bonds	N/A	5.13% 6/15/2039	2,500,000	2,393,199	2,279,000
Hp Enterprise Co	Corporate Bonds	N/A	6.35% 10/15/2045	5,225,000	6,566,524	5,434,197
Iron Mountain Inc	Corporate Bonds	N/A	7.00% 2/15/2029	3,546,000	3,633,093	3,635,501
L Brands Inc	Corporate Bonds	N/A	6.88% 11/1/2035	3,521,000	3,781,365	3,611,560
Lam Research Corp	Corporate Bonds	N/A	4.88% 3/15/2049	1,125,000	1,621,355	1,011,839
Level 3 Financing Inc	Corporate Bonds	N/A	11.00% 11/15/2029	2,525,000	2,858,033	2,846,938
Liberty Mutual Group Inc	Corporate Bonds	N/A	7.80% 3/15/2037	1,215,000	1,631,138	1,356,633
Light & Wonder Intl Inc	Corporate Bonds	N/A	7.50% 9/1/2031	3,425,000	3,561,631	3,526,651
Marrriott International	Corporate Bonds	N/A	4.63% 6/15/2030	1,425,000	1,367,826	1,398,410
McDonald's Corp	Corporate Bonds	N/A	4.88% 12/9/2045	3,075,000	4,057,952	2,765,655
Metlife Inc	Corporate Bonds	N/A	9.25% 4/8/2038	2,200,000	2,981,500	2,080,204
Munich Re	Corporate Bonds	N/A	5.88% 5/23/2042	1,200,000	1,179,000	1,220,683
National Rural Util Coop	Corporate Bonds	N/A	7.13% 9/15/2053	2,025,000	2,042,813	2,080,688
Nexstar Broadcasting Inc	Corporate Bonds	N/A	4.75% 11/1/2028	1,675,000	1,734,666	1,564,065
Nexstar Broadcasting Inc	Corporate Bonds	N/A	5.63% 7/15/2027	2,525,000	2,640,078	2,462,773
Nordstrom Inc	Corporate Bonds	N/A	5.00% 1/15/2044	1,775,000	1,780,294	1,330,753
Oracle Corp	Corporate Bonds	N/A	6.50% 4/15/2038	2,075,000	2,372,016	2,227,388
PBF Holding Co LLC	Corporate Bonds	N/A	6.00% 2/15/2028	2,400,000	2,365,343	2,318,400
Permian Resourc Optg LLC	Corporate Bonds	N/A	5.88% 7/1/2029	3,525,000	3,460,719	3,458,720
Phillips 66	Corporate Bonds	N/A	4.65% 11/15/2034	2,215,000	2,399,653	2,063,915
Piedmont Operating Partn	Corporate Bonds	N/A	9.25% 7/20/2028	1,405,000	1,550,787	1,543,477
Pulte Group Inc	Corporate Bonds	N/A	6.38% 5/15/2033	800,000	1,042,992	846,840
Pulte Group Inc	Corporate Bonds	N/A	6.00% 2/15/2035	1,157,000	1,484,003	1,196,130
Raymond James Financial	Corporate Bonds	N/A	4.95% 7/15/2046	1,525,000	1,995,993	1,376,923
Regal Rexnord Corp	Corporate Bonds	N/A	6.05% 2/15/2026	2,400,000	2,426,293	2,422,320
Regal Rexnord Corp	Corporate Bonds	N/A	6.05% 4/15/2028	625,000	630,513	635,719
Regal Rexnord Corp	Corporate Bonds	N/A	6.40% 4/15/2033	2,325,000	2,329,960	2,399,214
Roller Bearing Co Of Ame	Corporate Bonds	N/A	4.38% 10/15/2029	2,025,000	2,061,379	1,895,238
Seagate HDD Cayman	Corporate Bonds	N/A	9.63% 12/1/2032	2,075,000	2,368,422	2,338,307
Seagate Hdd Cayman	Corporate Bonds	N/A	4.88% 6/1/2027	1,000,000	1,114,500	987,100
Seagate Hdd Cayman	Corporate Bonds	N/A	4.09% 6/1/2029	925,000	991,748	862,849
Sealed Air Corp	Corporate Bonds	N/A	6.88% 7/15/2033	2,947,000	3,600,546	3,068,661
Sealed Air/Sealed Air US	Corporate Bonds	N/A	7.25% 2/15/2031	550,000	572,000	566,933
Southern Copper Corp	Corporate Bonds	N/A	5.88% 4/23/2045	1,650,000	2,214,795	1,611,034

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

**U.A. Local No. 393 Defined Contribution Plan**  
**Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)**  
**EIN #94-6075617, Plan #003**  
**Year Ended December 31, 2024**

Sprint Corp	Corporate Bonds	N/A		7.63%	3/1/2026	725,000	745,181	741,255	
T-Mobile USA Inc	Corporate Bonds	N/A		4.75%	2/1/2028	1,395,000	1,332,430	1,386,351	
Tenet Healthcare Corp	Corporate Bonds	N/A		6.13%	10/1/2028	575,000	566,969	573,890	
Time Warner Entertainment	Corporate Bonds	N/A		8.38%	7/15/2033	1,050,000	1,187,283	1,177,323	
Transcanada Trust	Corporate Bonds	N/A		5.88%	8/15/1976	2,230,000	2,367,360	2,191,198	
United Rentals North Am	Corporate Bonds	N/A		5.25%	1/15/2030	1,850,000	1,990,750	1,796,813	
Valero Energy Corp	Corporate Bonds	N/A		6.63%	6/15/2037	2,575,000	2,719,406	2,705,656	
Viacom Inc	Corporate Bonds	N/A		6.88%	4/30/2036	1,500,000	2,097,706	1,526,130	
Viasat Inc	Corporate Bonds	N/A		5.63%	4/15/2027	1,495,000	1,440,387	1,450,150	
Vici Properties LP	Corporate Bonds	N/A		5.63%	5/15/2052	3,045,000	2,772,502	2,825,456	
Vistra Corp	Corporate Bonds	N/A		5.00%	7/31/2027	875,000	915,688	860,571	
Warnermedia Holdings Inc	Corporate Bonds	N/A		5.14%	3/15/2052	2,200,000	1,710,566	1,631,762	
Wells Fargo & Company	Corporate Bonds	N/A		5.88%	12/31/2049	600,000	652,200	601,020	
Welltower Inc	Corporate Bonds	N/A		3.10%	1/15/2030	1,400,000	1,215,592	1,276,814	
Wesco Distribution Inc	Corporate Bonds	N/A		7.25%	6/15/2028	2,690,000	2,718,229	2,735,230	
XPO CNW Inc	Corporate Bonds	N/A		6.70%	5/1/2034	1,325,000	1,470,937	1,382,041	
XPO Inc	Corporate Bonds	N/A		6.25%	6/1/2028	790,000	797,250	794,832	
XPO Inc	Corporate Bonds	N/A		7.13%	6/1/2031	1,380,000	1,418,728	1,415,125	
							<u>186,371,158</u>	<u>171,777,462</u>	
<b>Mutual Funds</b>									
Af Rtrmnt Inc-Conserv-R6	Mutual Fund	N/A	N/A	N/A		207,962	2,305,054	2,424,838	
American Funds 2010 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A		214	2,432	2,489	
American Funds 2015 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A		192	2,306	2,355	
American Funds 2020 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A		490	7,067	6,592	
American Funds 2025 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A		730	11,449	11,089	
American Funds 2030 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A		8,430	143,916	145,755	
American Funds 2035 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A		18,553	330,820	353,248	
American Funds 2040 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A		8,606	177,059	176,934	
American Funds 2045 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A		10,207	192,320	216,387	
American Funds 2050 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A		1,856	40,368	38,795	
American Funds 2055 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A		25,466	715,845	673,054	
American Funds 2060 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A		9,026	150,815	161,842	
American Funds 2065 Trgt Date Retire R6	Mutual Fund	N/A	N/A	N/A		11,127	198,479	194,619	
American Funds Europacific Growth R6	Mutual Fund	N/A	N/A	N/A		81,256	4,407,823	4,365,095	
American Funds Growth Fund of Amer R6	Mutual Fund	N/A	N/A	N/A		294,064	19,220,575	21,922,508	
American Funds Invest co R6	Mutual Fund	N/A	N/A	N/A		206,164	11,763,653	11,885,382	
Federated Hermes Mid-Cap Index R6	Mutual Fund	N/A	N/A	N/A		116,854	2,001,546	1,803,050	
Fidelity Advisor® Total Bond I	Mutual Fund	N/A	N/A	N/A		173,595	1,639,778	1,630,056	
Franklin Sm Mid Cap Gr Adv	Mutual Fund	N/A	N/A	N/A		153,797	6,637,065	7,150,026	
iShares Sht/Trm Tips Bnd-K	Mutual Fund	N/A	N/A	N/A		9,430	90,538	90,619	
JPMorgan Investor Growth R6	Mutual Fund	N/A	N/A	N/A		151,338	3,705,942	3,951,440	
Putnam Large Cap Value Fd Cl R6	Mutual Fund	N/A	N/A	N/A		179,040	6,473,640	6,175,074	
Putnam Small Cap Growth R6	Mutual Fund	N/A	N/A	N/A		11,057	948,606	876,902	
Vanguard Balanced Index Adm	Mutual Fund	N/A	N/A	N/A		5,530	278,269	268,115	
Vanguard Emerging Mkts Stock Idx Adm	Mutual Fund	N/A	N/A	N/A		1,243	47,712	45,717	

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**U.A. Local No. 393 Defined Contribution Plan**  
**Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)**  
**EIN #94-6075617, Plan #003**  
**Year Ended December 31, 2024**

Vanguard Growth Index Admiral	Mutual Fund	N/A	N/A	N/A	15,494	3,132,178	3,272,685
Vanguard Institutional Index I	Mutual Fund	N/A	N/A	N/A	89,013	33,606,382	42,628,512
Vanguard Interm-Term Bond Index Adm	Mutual Fund	N/A	N/A	N/A	74,277	777,778	752,426
Vanguard Long-Term Bond Index Fund Admiral Shares	Mutual Fund	N/A	N/A	N/A	29,738	322,507	308,980
Vanguard Mid-Cap Growth Index Admiral	Mutual Fund	N/A	N/A	N/A	5,716	632,339	624,610
Vanguard Mid-Cap Value Index Admiral	Mutual Fund	N/A	N/A	N/A	4,594	394,313	384,929
Vanguard Real Estate Index Admiral	Mutual Fund	N/A	N/A	N/A	2,383	318,974	301,022
Vanguard Small Cap Growth Index Admiral	Mutual Fund	N/A	N/A	N/A	6,149	626,840	605,200
Vanguard Small Cap Value Index Admiral	Mutual Fund	N/A	N/A	N/A	8,842	769,771	753,037
Vanguard Total Intl Stock Index Admiral	Mutual Fund	N/A	N/A	N/A	22,184	741,570	703,007
Vanguard Value Index Adm	Mutual Fund	N/A	N/A	N/A	17,164	1,196,614	1,133,496
						<u>104,012,341</u>	<u>116,039,885</u>
<b>Preferred Stocks</b>							
Algonquin Power Utilities Corp Sub Nt A 19	Preferred Stock	N/A	N/A	N/A	21,650	577,406	546,013
Allstate Corp	Preferred Stock	N/A	N/A	N/A	59,100	1,525,956	1,573,242
Athene Holding Ltd	Preferred Stock	N/A	N/A	N/A	93,126	2,527,926	2,333,738
CHS Inc 6.75%	Preferred Stock	N/A	N/A	N/A	72,300	1,863,995	1,791,594
Chs Inc 7.1%	Preferred Stock	N/A	N/A	N/A	65,096	1,806,171	1,644,325
Ford Motor Company	Preferred Stock	N/A	N/A	N/A	50,800	1,362,411	1,162,812
Morgan Stanley 7.125	Preferred Stock	N/A	N/A	N/A	37,731	958,322	951,953
Morgan Stanley Pfd	Preferred Stock	N/A	N/A	N/A	106,700	2,667,500	2,828,618
National Storage Affilia 6	Preferred Stock	N/A	N/A	N/A	26,700	711,194	569,778
Reinsurance Grp Of Amer 7.125 10/15/2052	Preferred Stock	N/A	N/A	N/A	105,325	2,690,002	2,717,385
SCE Tr VII 7.50%	Preferred Stock	N/A	N/A	N/A	84,900	2,162,777	2,194,665
Synchrony Financial	Preferred Stock	N/A	N/A	N/A	25,400	686,090	487,172
Wesco International Inc 10.625 (delisted 06/23/25)	Preferred Stock	N/A	N/A	N/A	1,300	34,411	33,176
						<u>19,574,160</u>	<u>18,834,471</u>
<b>Stocks</b>							
Abbott Laboratories	Stock	N/A	N/A	N/A	53,687	5,657,605	6,072,537
Accenture PLC	Stock	N/A	N/A	N/A	15,024	3,150,325	5,285,293
Adobe Inc	Stock	N/A	N/A	N/A	13,274	5,815,162	5,902,682
Airbnb Inc Class A	Stock	N/A	N/A	N/A	36,936	4,899,599	4,853,760
Alphabet Inc CL C	Stock	N/A	N/A	N/A	52,719	4,280,766	10,039,806
Amazon Com Inc	Stock	N/A	N/A	N/A	89,033	8,459,083	19,532,954
Apple Inc	Stock	N/A	N/A	N/A	29,622	6,743,502	7,417,941
Costar Group Inc	Stock	N/A	N/A	N/A	31,220	2,239,144	2,235,040
Eli Lilly & Company	Stock	N/A	N/A	N/A	6,340	4,443,291	4,894,480
Gartner Inc	Stock	N/A	N/A	N/A	4,615	1,240,482	2,235,829
Mastercard Inc A	Stock	N/A	N/A	N/A	15,106	4,900,851	7,954,366
Microsoft Corporation	Stock	N/A	N/A	N/A	28,042	8,228,064	11,819,703
MSCI Inc	Stock	N/A	N/A	N/A	9,172	4,810,724	5,503,292
Netflix Inc	Stock	N/A	N/A	N/A	8,198	2,529,167	7,307,041
Novo-Nordisk As	Stock	N/A	N/A	N/A	26,202	2,418,261	2,253,896
Oracle Corp	Stock	N/A	N/A	N/A	48,507	7,394,037	8,083,206
Paycom Software Inc	Stock	N/A	N/A	N/A	13,574	2,490,416	2,782,263

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**U.A. Local No. 393 Defined Contribution Plan**  
**Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)**  
**EIN #94-6075617, Plan #003**  
**Year Ended December 31, 2024**

Servicenow Inc	Stock	N/A	N/A	N/A	7,395	2,980,191	7,839,587
Shopify Inc A	Stock	N/A	N/A	N/A	71,531	4,926,349	7,605,891
Thermo Fisher Scientific Inc	Stock	N/A	N/A	N/A	11,570	6,488,813	6,019,061
Unitedhealth Group Inc	Stock	N/A	N/A	N/A	5,368	2,237,214	2,715,456
Visa Inc Class A Shares	Stock	N/A	N/A	N/A	28,614	5,970,650	9,043,169
Workday Inc-Class A	Stock	N/A	N/A	N/A	17,698	3,913,555	4,566,615
Zoetis Inc	Stock	N/A	N/A	N/A	34,245	5,487,440	5,579,538
Aes Corp	Stock	N/A	N/A	N/A	383,427	6,561,992	4,934,705
Alphabet Inc CL A	Stock	N/A	N/A	N/A	30,389	3,121,050	5,752,638
American International Group	Stock	N/A	N/A	N/A	66,175	3,415,884	4,817,540
Applied Material	Stock	N/A	N/A	N/A	24,567	3,228,270	3,995,331
Bank Of America Corp	Stock	N/A	N/A	N/A	107,137	2,945,544	4,708,671
Barrick Gold Corp	Stock	N/A	N/A	N/A	170,837	3,409,637	2,647,974
Boeing Company	Stock	N/A	N/A	N/A	33,364	5,651,391	5,905,428
Bristol-Myers Squibb Co	Stock	N/A	N/A	N/A	84,883	4,776,624	4,800,982
Caterpillar Inc	Stock	N/A	N/A	N/A	12,569	3,216,162	4,559,530
Centene Corp	Stock	N/A	N/A	N/A	70,976	4,692,430	4,299,726
Chevron Corp	Stock	N/A	N/A	N/A	28,068	3,556,121	4,065,369
Cigna Group	Stock	N/A	N/A	N/A	14,053	2,921,431	3,880,595
Cisco Systems Inc	Stock	N/A	N/A	N/A	55,358	2,466,766	3,277,194
Citigroup Inc	Stock	N/A	N/A	N/A	78,096	4,466,004	5,497,177
Corning Inc	Stock	N/A	N/A	N/A	101,906	3,468,351	4,842,573
CSX Corp	Stock	N/A	N/A	N/A	135,843	3,824,306	4,383,654
CVS Health Corp	Stock	N/A	N/A	N/A	84,370	5,014,517	3,787,369
Epam Systems Inc	Stock	N/A	N/A	N/A	23,167	4,543,748	5,416,908
Firstenergy Corp	Stock	N/A	N/A	N/A	97,894	3,269,992	3,894,223
Freeport-Mcmoran Inc	Stock	N/A	N/A	N/A	123,086	3,811,630	4,687,115
JPMorgan Chase & Co	Stock	N/A	N/A	N/A	19,547	2,236,277	4,685,611
Lowes Co Inc	Stock	N/A	N/A	N/A	19,996	2,715,280	4,935,013
Marathon Petroleum Corp	Stock	N/A	N/A	N/A	23,827	2,052,348	3,323,867
Metlife Inc	Stock	N/A	N/A	N/A	59,192	3,062,769	4,846,641
Morgan Stanley	Stock	N/A	N/A	N/A	35,602	2,428,086	4,475,883
Pg&e Corp	Stock	N/A	N/A	N/A	256,094	3,051,402	5,167,977
Philip Morris International	Stock	N/A	N/A	N/A	32,284	2,807,154	3,885,379
Qualcomm	Stock	N/A	N/A	N/A	21,374	2,910,087	3,283,474
RTX Corp	Stock	N/A	N/A	N/A	36,956	3,050,299	4,276,548
Southwest Airlines Company	Stock	N/A	N/A	N/A	98,387	4,012,243	3,307,771
TechnipFMC PLC	Stock	N/A	N/A	N/A	138,396	1,716,750	4,005,180
Teradata Corp Del	Stock	N/A	N/A	N/A	87,822	2,990,366	2,735,655
Verizon Communications	Stock	N/A	N/A	N/A	154,073	7,634,026	6,161,379
Wells Fargo & Co New	Stock	N/A	N/A	N/A	49,932	1,799,200	3,507,224
Williams Co.	Stock	N/A	N/A	N/A	75,796	2,090,399	4,102,080
						<u>234,623,224</u>	<u>310,397,790</u>

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**U.A. Local No. 393 Defined Contribution Plan**  
**Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)**  
**EIN #94-6075617, Plan #003**  
**Year Ended December 31, 2024**

**Variable Rate Corporate Bonds**

Ally Financial Inc	Variable Rate Corporate Bonds	N/A	4.70%	12/31/1999	3,151,700	3,206,599	2,944,822
American Express Co	Variable Rate Corporate Bonds	N/A	3.55%	12/31/1999	2,425,000	2,432,613	2,331,710
Ares Finance Co	Variable Rate Corporate Bonds	N/A	4.13%	6/30/2051	2,050,000	2,054,375	1,964,720
Bank Of America Corp	Variable Rate Corporate Bonds	N/A	6.10%	12/31/2049	875,000	889,844	875,796
Capital One Financial Co	Variable Rate Corporate Bonds	N/A	3.95%	12/31/1999	430,000	440,750	410,766
Charles Schwab Corp	Variable Rate Corporate Bonds	N/A	5.38%	12/1/1999	2,750,000	3,058,969	2,739,083
Citigroup Inc	Variable Rate Corporate Bonds	N/A	4.00%	12/1/1999	2,075,000	2,088,043	2,023,333
Citigroup Inc	Variable Rate Corporate Bonds	N/A	7.38%	12/31/1999	1,275,000	1,325,219	1,316,132
Cobank ACB	Variable Rate Corporate Bonds	N/A	6.45%	12/31/1999	2,225,000	2,225,000	2,236,125
Discover Financial Svcs	Variable Rate Corporate Bonds	N/A	6.13%	12/31/1999	1,030,000	1,160,819	1,026,653
Dominion Energy Inc	Variable Rate Corporate Bonds	N/A	6.88%	2/1/2055	1,575,000	1,587,331	1,639,323
Dominion Energy Inc	Variable Rate Corporate Bonds	N/A	7.00%	6/1/2054	2,650,000	2,780,481	2,805,979
Edison International	Variable Rate Corporate Bonds	N/A	5.00%	12/31/1999	1,625,000	1,530,375	1,581,548
Edison International	Variable Rate Corporate Bonds	N/A	8.13%	6/15/2053	1,100,000	1,130,250	1,139,050
Edison International	Variable Rate Corporate Bonds	N/A	7.88%	6/15/2054	1,201,000	1,232,348	1,240,455
Emera Inc	Variable Rate Corporate Bonds	N/A	6.75%	6/15/1976	3,550,000	3,264,313	3,586,991
Enbridge Inc	Variable Rate Corporate Bonds	N/A	8.50%	1/15/1984	1,602,000	1,749,946	1,772,213
Energy Transfer Lp	Variable Rate Corporate Bonds	N/A	7.13%	12/31/1999	1,425,000	1,382,250	1,443,639
Energy Transfer LP Jr SB Gbl Nt 54	Variable Rate Corporate Bonds	N/A	8.00%	5/15/2054	3,325,000	3,410,325	3,498,765
Enstar Finance LLC	Variable Rate Corporate Bonds	N/A	5.75%	9/1/2040	2,115,000	2,167,912	2,138,984
Enstar Finance Llc	Variable Rate Corporate Bonds	N/A	5.50%	1/15/2042	525,000	525,438	502,084
Eushi Finance Inc	Variable Rate Corporate Bonds	N/A	7.63%	12/15/2054	1,625,000	1,645,844	1,690,410
First Citizens Bancshare 5.8%	Variable Rate Corporate Bonds	N/A	8.74%	12/1/1999	775,000	780,438	784,300
General Motors Finl Co	Variable Rate Corporate Bonds	N/A	5.70%	12/31/1999	2,039,000	2,211,005	1,980,644
Goldman Sachs Group Inc	Variable Rate Corporate Bonds	N/A	7.50%	12/31/1999	2,675,000	2,805,555	2,826,245
JPMorgan Chase & Co	Variable Rate Corporate Bonds	N/A	6.88%	12/31/1999	2,050,000	2,077,000	2,159,470
Morgan Stanley	Variable Rate Corporate Bonds	N/A	5.95%	1/19/2038	3,525,000	3,611,156	3,540,475
Nextera Energy Capital	Variable Rate Corporate Bonds	N/A	5.65%	5/1/1979	3,600,000	4,187,051	3,522,096
Nextera Energy Capital	Variable Rate Corporate Bonds	N/A	6.75%	6/15/2054	1,600,000	1,646,750	1,645,936
NRG Energy Inc	Variable Rate Corporate Bonds	N/A	10.25%	12/31/1999	2,689,000	2,900,046	2,972,932
Paramount Global	Variable Rate Corporate Bonds	N/A	6.38%	3/30/2062	1,000,000	1,000,000	965,000
PG&E Corp	Variable Rate Corporate Bonds	N/A	7.38%	3/15/2055	2,800,000	2,894,476	2,873,450
PNC Financial Services	Variable Rate Corporate Bonds	N/A	6.20%	12/31/1999	2,112,000	2,119,025	2,132,001
Sempra Energy	Variable Rate Corporate Bonds	N/A	4.88%	12/1/1999	2,050,000	2,164,525	2,029,910
South Bow Can Infra Hold	Variable Rate Corporate Bonds	N/A	7.50%	3/1/2055	1,390,000	1,411,875	1,437,290
State Street Corp	Variable Rate Corporate Bonds	N/A	6.70%	12/31/1999	2,725,000	2,726,238	2,790,482
Transcanada Trust	Variable Rate Corporate Bonds	N/A	5.60%	3/7/1982	625,000	625,000	591,350
Vistra Corp	Variable Rate Corporate Bonds	N/A	8.00%	12/31/1999	3,225,000	3,383,872	3,295,660
Vistra Corp	Variable Rate Corporate Bonds	N/A	7.00%	12/31/1999	900,000	905,595	906,057
Vistra Corp	Variable Rate Corporate Bonds	N/A	8.88%	12/31/1999	3,900,000	4,091,438	4,160,805
Wells Fargo & Company	Variable Rate Corporate Bonds	N/A	7.63%	12/31/1999	2,825,000	2,911,802	3,004,303
						<u>85,741,887</u>	<u>84,526,987</u>

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**U.A. Local No. 393 Defined Contribution Plan**  
**Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)**  
**EIN #94-6075617, Plan #003**  
**Year Ended December 31, 2024**

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<b>Participant Loans</b>					
*	Plan Participants	8% - 11%	Through August 2054	<u>8,703,530</u>	<u>8,703,530</u>
				<u>8,703,530</u>	<u>8,703,530</u>
Total Market Value				<u>\$ 692,728,445</u>	<u>\$ 764,144,813</u>
*	Party-in-interest as defined by ERISA.				

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

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>				
For calendar plan year 2024 or fiscal plan year beginning		01/01/2024	and ending	12/31/2024
<b>A</b>	This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)	
		<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____	
<b>B</b>	This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report	
		<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)	
<b>C</b>	If the plan is a collectively-bargained plan, check here. ....			<input checked="" type="checkbox"/>
<b>D</b>	Check box if filing under:	<input type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program
		<input type="checkbox"/> special extension (enter description)		
<b>E</b>	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....			<input type="checkbox"/>

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

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

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

<b>SIGN HERE</b>	<i>Eric Mussynski</i>	10/09/2025	ERIC MUSSYNSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<i>Alex Hall</i>	10/12/2025	ALEX HALL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3,373
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6a(1)</b>	2,144
	<b>6a(2)</b>	2,095
	<b>6b</b>	155
	<b>6c</b>	1,075
	<b>6d</b>	3,325
	<b>6e</b>	24
	<b>6f</b>	3,349
	<b>6g(1)</b>	3,373
	<b>6g(2)</b>	3,349
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	132

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

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

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

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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**U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN**

**EIN 94-6075617**

**Plan No. 003**

**Plan Year Ended December 31, 2024**

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

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

**U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN**

**EIN 94-6075617**

**Plan No. 003**

**Plan Year Ended December 31, 2024**

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

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

**U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN**

**EIN 94-6075617**

**Plan No. 003**

**Plan Year Ended December 31, 2024**

**Form 5500, Schedule H, Part III**

**Financial Statements used to formulate IQPA's opinion**

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