

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>U. A. LOCAL UNION NO. 614 PENSION PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES - U. A. LOCAL UNION NO. 614 PENSION PLAN</u></p> <p><u>2001 CALDWELL DRIVE</u> <u>GOODLETTSVILLE, TN 37072</u></p>	<p><b>1c</b> Effective date of plan <u>04/01/1968</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>62-6085904</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>615-859-0131</u></p> <p><b>2d</b> Business code (see instructions) <u>238220</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	01/15/2026	JEFF TAYLOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	01/15/2026	DAVID W. SINK JR.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1292
<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>	1248
	<b>6a(2)</b>	1978
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	1978
	<b>6e</b>	0
	<b>6f</b>	1978
	<b>6g(1)</b>	
<b>6g(2)</b>	0	
<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>	59

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>2</u>
(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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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

<p><b>A</b> Name of plan <span style="color: blue;">U. A. LOCAL UNION NO. 614 PENSION PLAN</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">001</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">TRUSTEES - U. A. LOCAL UNION NO. 614 PENSION PLAN</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">62-6085904</span></p>	

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

**1 Coverage Information:**

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	780510-01	89	04/01/2024	03/31/2025

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="color: blue;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="color: blue;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	12089406
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	0

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

**b** Balance at the end of the previous year ..... **7b** 13266885

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	450946
	<b>7c(2)</b>	0
	<b>7c(3)</b>	452238
	<b>7c(4)</b>	14259887
	<b>7c(5)</b>	0

(6) Total additions ..... **7c(6)** 15163071

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 28429956

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	3097055
(2) Administration charge made by carrier.....	<b>7e(2)</b>	420
(3) Transferred to separate account .....	<b>7e(3)</b>	13243074
(4) Other (specify below) .....	<b>7e(4)</b>	0

(5) Total deductions ..... **7e(5)** 16340549

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 12089407

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

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

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**PRINCIPAL LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	706365		04/01/2024	03/31/2025

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	9129600

**6** Contracts With Allocated Funds:

- a** State the basis of premium rates ▶
  
- b** Premiums paid to carrier .....
- c** Premiums due but unpaid at the end of the year .....
- d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....  
Specify nature of costs ▶
  
- e** Type of contract: (1)  individual policies (2)  group deferred annuity  
(3)  other (specify) ▶
  
- f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
(3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....		<b>7e(5)</b>		
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<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 **04/01/2024** and ending **03/31/2025**

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

HIGHLAND CAPITAL MANAGEMENT, LLC

27-5440911

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 27	NONE	647745	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 checked="" type="checkbox"/>

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

UA LOCAL UNION NO 614 PENSION FUND

PO BOX 1449  
GOODLETTSVILLE, TN 37070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	OTHER	467084	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)

NOVARA TESIJA & CATENACCI, PLLC

888 W BIG BEAVER RD  
STE 600  
TROY, MI 48084

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	82485	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)

SOUTHERN BENEFIT ADMINISTRATORS INC

62-1116095

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 17	NONE	75400	Yes <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)

REYNOLDS CONSULTING SERVICES

20-1899564

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 70	NONE	52369	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)

NEEDLES & ASSOICATES, LLC

51-0435869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 10	NONE	52174	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)

REGIONS BANK

250 RIVERCHASE PARKWAY  
4TH FLOOR  
BIRMINGHAM, AL 35244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	8608	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)

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	150	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<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 04/01/2024 and ending 03/31/2025

<b>A</b> Name of plan <u>U. A. LOCAL UNION NO. 614 PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES - U. A. LOCAL UNION NO. 614 PENSION PLAN</u>	<b>D</b> Employer Identification Number (EIN) <u>62-6085904</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>PRINCIPAL US PROPERTY ACCOUNT</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>PRINCIPAL FINANCIAL GROUP</u>		
<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)	
<u>42-0127290-027</u>	<u>P</u>		<u>9129600</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)	

**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>04/01/2024</b> and ending <b>03/31/2025</b>	
<b>A</b> Name of plan <b>U. A. LOCAL UNION NO. 614 PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES - U. A. LOCAL UNION NO. 614 PENSION PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>62-6085904</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>	1793275	1475126
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1652008	850016
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	222580	325726
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	26981524	28802250
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	7013946	16250219
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	13661297	15006973
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	83467937	77958017
<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>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	9145253	9129600
<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>	37876680	41349187
<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>	13822170	12492484

<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>	195636670	203639598
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	65337	55898
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	34251	37541
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	99588	93439
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	195537082	203546159

**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>	9150321	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		9150321
<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>	132261	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	975148	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1107409
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	1073298	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	4978120	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		6051418
<b>(3)</b> 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>	4412542	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	4486467	
<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>		-73925
<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>	4524969	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		4524969

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		-14673
(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>		
<b>c</b> Other income .....	<b>2c</b>		532170
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		21277689

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	12188952	
(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>		12188952
<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>	66000	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	51834	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	700112	
(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>	82485	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	3977	
(11) Other expenses .....	<b>2i(11)</b>	175252	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1079660
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		13268612

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		8009077
<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: **NEEDLES & ASSOCIATES, LLC**

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

<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>	OMB No. 1210-0110  <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 **04/01/2024** and ending **03/31/2025**

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

<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.....	<b>1</b>	
<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 .....	<b>3</b>	<b>238</b>

<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) .....	<b>6a</b>	<b>0</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	<b>0</b>	
<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).....	<b>6c</b>	<b>0</b>	
<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 UNION NO. 614 PENSION PLAN***

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***FINANCIAL STATEMENTS***  
***March 31, 2025 and 2024***

***U.A. LOCAL UNION NO. 614 PENSION PLAN***

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***March 31, 2025 and 2024***

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## INDEPENDENT AUDITOR'S REPORT

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

### Opinion

We have audited the accompanying financial statements of the U.A. Local Union No. 614 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of March 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the U.A. Local Union No. 614 Pension Plan as of March 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

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

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

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

### **Auditors' Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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

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

## **Supplemental Schedules Required by ERISA**

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

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

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

*Needle & Associates, LLC*

Westminster, CO  
December 11, 2025

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**Statements of Net Assets Available for Benefits  
March 31, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
<b>Assets</b>		
Accounts receivable		
Employers' contributions	\$ 850,016	\$ 1,652,008
Accrued income	206,146	142,139
Other receivable	<u>119,580</u>	<u>80,441</u>
Total accounts receivable	<u>1,175,742</u>	<u>1,874,588</u>
Investments, at fair value		
Money market funds	28,802,250	26,981,524
Corporate bonds	15,006,973	13,661,297
Common stock	77,958,017	83,467,937
Municipal obligations	403,078	555,285
Government and agency obligations	16,250,219	7,013,946
Mutual funds	41,349,187	37,876,680
Pooled separate account	9,129,600	9,145,253
Investments, at contract value		
Stable value fund	<u>12,089,406</u>	<u>13,266,885</u>
Total investments	<u>200,988,730</u>	<u>191,968,807</u>
Cash	<u>1,475,126</u>	<u>1,793,275</u>
Total assets	<u>\$ 203,639,598</u>	<u>\$ 195,636,670</u>
<b>Liabilities</b>		
Accounts payable	\$ 55,898	\$ 65,337
Due to other funds	<u>37,541</u>	<u>34,251</u>
Total liabilities	<u>\$ 93,439</u>	<u>\$ 99,588</u>
Net assets available for benefits	<u>\$ 203,546,159</u>	<u>\$ 195,537,082</u>

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

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**Statements of Changes in Net Assets Available for Benefits  
Years Ended March 31, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
<b>Additions</b>		
Contributions		
Employers'	\$ 8,976,357	\$ 9,648,180
Reciprocity in	173,964	141,535
Total contributions	<u>9,150,321</u>	<u>9,789,715</u>
Investment earnings		
Interest	1,107,410	863,160
Equity Dividends	1,073,298	1,053,373
Mutual Fund Dividends	4,978,120	2,282,170
Pooled separate account	(14,333)	(991,920)
Net appreciation (depreciation) fair value	<u>4,450,702</u>	<u>24,969,381</u>
Total investment earnings	<u>11,595,197</u>	<u>28,176,164</u>
Other	<u>532,171</u>	<u>396,761</u>
Total additions	<u>\$ 21,277,689</u>	<u>\$ 38,362,640</u>
<b>Deductions</b>		
Benefit payments	\$ 12,188,612	\$ 7,947,213
Operating expenses (Note F)	<u>1,080,000</u>	<u>990,517</u>
Total deductions	<u>\$ 13,268,612</u>	<u>\$ 8,937,730</u>
 Net increase (decrease)	 8,009,077	 29,424,910
<b>Net assets available for benefits</b>		
Beginning of year	<u>\$ 195,537,082</u>	<u>\$ 166,112,172</u>
 End of year	 <u>\$ 203,546,159</u>	 <u>\$ 195,537,082</u>

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

***U.A. LOCAL UNION NO. 614 PENSION PLAN***

***Notes to Financial Statements  
March 31, 2025 and 2024***

***NOTE A - DESCRIPTION OF PLAN***

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

- **General**

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

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

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

- **Federal tax status**

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

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has evaluated the Plan's tax positions and concluded that the Plan has taken no uncertain tax positions that would require financial statement recognition or disclosure for the years ended March 31, 2025 and 2024

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

*U.A. LOCAL UNION NO. 614 PENSION PLAN*

*Notes to Financial Statements  
March 31, 2025 and 2024*

**NOTE A - DESCRIPTION OF PLAN (Continued)**

- **Funding**

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

- **Participant accounts**

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

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

- **Pension benefits**

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

- **Vesting**

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

- **Priorities upon termination**

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

**NOTE B – SUMMARY OF ACCOUNTING POLICIES**

The following are significant accounting policies used by the Plan:

- **Basis of accounting**

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

*U.A. LOCAL UNION NO. 614 PENSION PLAN**Notes to Financial Statements  
March 31, 2025 and 2024***NOTE B – SUMMARY OF ACCOUNTING POLICIES (Continued)**

- **Use of estimates**

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

- **Investment valuation and income recognition**

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

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

- **Employer' contributions receivable**

Employers' contributions are recorded as income in the month the hours are worked. Employers' contributions receivable represents contributions applicable to work months prior to March 31, 2025 and 2024, but collected subsequent to those dates. Plan management believes these receivables to be fully collectible. The Board of Trustees has a policy of performing agreed-upon procedures on the payroll records of contributing employers on a regular basis. Delinquencies may arise from these procedures, but due to the uncertainty of collections, no estimates of amounts due will be accrued until settlements are reached. Consequently, no allowance for uncollectible receivables is recorded.

- **Payment of benefits**

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

- **Subsequent events**

Management has evaluated subsequent events through December 11, 2025, the date the financial statements were available to be issued. No subsequent events occurred requiring accrual or disclosure.

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

***Notes to Financial Statements  
March 31, 2025 and 2024***

**NOTE C - FAIR VALUE MEASUREMENTS**

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- quoted prices for similar assets or liabilities in active markets;
  - quoted prices for identical or similar assets or liabilities in inactive markets;
  - inputs other than quoted prices that are observable for the asset or liability;
  - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2025 and 2024.

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

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

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

*U.A. LOCAL UNION NO. 614 PENSION PLAN*

*Notes to Financial Statements  
March 31, 2025 and 2024*

**NOTE C - FAIR VALUE MEASUREMENTS (Continued)**

*Pooled separate accounts:* Valued at the net asset value (NAV) or equivalent based on units of the pooled separate accounts. The NAV is used as a practical expedient to estimate fair value.

**Stable value fund**

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

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

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**Notes to Financial Statements  
March 31, 2025 and 2024**

**NOTE C - FAIR VALUE MEASUREMENTS (Continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2025 and March 31, 2024:

<b>Assets at fair value as of March 31, 2025</b>				
Description	Level 1	Level 2	Level 3	Total
Money market funds	\$ 28,802,250	\$ -	\$ -	\$ 28,802,250
Corporate bonds	-	15,006,973	-	15,006,973
Common stock	77,958,017	-	-	77,958,017
Municipal obligations	-	403,078	-	403,078
Government and agency obligations	-	16,250,219	-	16,250,219
Mutual funds	41,349,187	-	-	41,349,187
Pooled Separate account	-	9,129,600	-	9,129,600
Total assets in fair value hierarchy	<u>148,109,454</u>	<u>40,789,870</u>	<u>-</u>	<u>188,899,324</u>

<b>Assets at fair value as of March 31, 2024</b>				
Description	Level 1	Level 2	Level 3	Total
Money market funds	\$ 26,981,524	\$ -	\$ -	\$ 26,981,524
Corporate bonds	-	13,661,297	-	13,661,297
Common stock	83,467,937	-	-	83,467,937
Municipal obligations	-	555,285	-	555,285
Government and agency obligations	-	7,013,946	-	7,013,946
Mutual funds	37,876,680	-	-	37,876,680
Pooled Separate account	-	9,145,253	-	9,145,253
Total assets in fair value hierarchy	<u>148,326,141</u>	<u>30,375,781</u>	<u>-</u>	<u>178,701,922</u>

**NOTE D - RISKS AND UNCERTAINTIES**

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

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**Notes to Financial Statements  
March 31, 2025 and 2024**

**NOTE E - PARTY-IN-INTEREST TRANSACTIONS**

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

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

**NOTE F - OPERATING EXPENSES**

As of October 2023, all fees are paid as a direct expense. The following is a detailed summary of the Plan's administrative expenses for the fiscal years ended March 31, 2025 and 2024:

	2025	2024
Administrative	\$ 66,000	\$ 66,000
Consulting	9,400	9,400
Investment fees	647,743	525,723
Investment consulting	52,369	50,498
Legal fees	82,485	86,397
Audit fees	52,174	39,381
Insurance - bonding premiums	17,193	14,096
Meeting and conference expenses	3,977	2,100
Participant fees	141,831	-
Other	6,828	196,922
Total administrative expenses	<u>\$ 1,080,000</u>	<u>\$ 990,517</u>

**NOTE G – AMENDMENTS**

The following amendment was adopted during the Plan year.

Amendment 5-B – Effective January 1, 2023, in the event an Employee fails to work any hours of covered Employment in a period of five (5) consecutive Plan Years, and provided the balance of the Individual Account of such Employee is \$7,000 or less, the Employee may apply for and receive a distribution of the entire balance of his Individual Account.

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

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2025**

		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value			
(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	Current value
<b><u>Money market funds</u></b>					
*	Fidelity Institutional Money Mkt	N/A	N/A	N/A	\$ 26,805,113
	Regions Trust Cash Sweep - Institutional	N/A	N/A	N/A	<u>1,997,137</u>
	<b>Total money market funds</b>				\$ 28,802,250
				<b><u>Cost</u></b>	<b><u>Market Value</u></b>
	<b><u>Common stock</u></b>				
	Abbott Laboratories	N/A	N/A	357,743	458,969
	AbbVie INC	N/A	N/A	358,170	433,706
	AbbVie INC	N/A	N/A	526,306	527,152
	Accenture PLC	N/A	N/A	24,959	31,204
	Aegon Ltd	N/A	N/A	6,659	6,590
	AerCap Holdings NV	N/A	N/A	24,249	25,543
	Air Products and Chemicals Inc	N/A	N/A	347,059	353,904
	Airbnb Inc	N/A	N/A	313,662	313,702
	Albemarle Corp	N/A	N/A	295,994	107,310
	Alphabet Inc	N/A	N/A	274,158	378,077
	Alphabet Inc	N/A	N/A	332,109	1,327,894
	Alphabet Inc	N/A	N/A	342,141	1,121,888
	Altria Group Inc	N/A	N/A	286,736	385,328
	Amazon.com Inc	N/A	N/A	860,924	2,923,345
	American Electric Power Co Inc	N/A	N/A	354,413	507,013
	American Express Co	N/A	N/A	261,016	608,053
	American Express Co	N/A	N/A	354,771	316,672
	American International Group Inc	N/A	N/A	234,550	519,032
	Ameriprise Financial Inc	N/A	N/A	226,734	217,850
	Anheuser-Busch InBev SA/NV	N/A	N/A	42,469	27,702
	Apple Inc	N/A	N/A	375,989	4,592,760
	AppLovin Corp	N/A	N/A	295,427	524,906
	ArcelorMittal SA	N/A	N/A	12,756	11,540
	ASML Holding NV	N/A	N/A	32,981	33,132
	AT&T Inc	N/A	N/A	374,812	535,058
	Atlas Copco AB	N/A	N/A	13,172	15,890
	Baidu Inc	N/A	N/A	15,508	9,203
	Bank of America Corp	N/A	N/A	255,269	695,180
	Bank of Nova Scotia/The	N/A	N/A	27,832	21,344
	Barrick Gold Corp	N/A	N/A	20,776	24,300
	Berkshire Hathaway Inc	N/A	N/A	578,730	1,262,215
	BHP Group Ltd	N/A	N/A	22,918	19,416
	Boeing Co/The	N/A	N/A	280,700	289,935
	Boston Scientific Corp	N/A	N/A	431,457	479,180
	BP PLC	N/A	N/A	13,895	11,827
	Broadcom INC	N/A	N/A	884,915	1,831,517
	Brown & Brown Inc	N/A	N/A	261,932	261,862
	Builders FirstSource Inc	N/A	N/A	513,725	407,304
	Capital One Financial Corp	N/A	N/A	375,783	331,705
	Capri Holdings Ltd	N/A	N/A	5,202	2,960
	Carrier Global Corp	N/A	N/A	130,200	252,649

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2025**

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Cost	Current value
	Carvana Co	N/A	N/A	173,272	204,062
	Casey's General Stores Inc	N/A	N/A	342,251	442,721
	Caterpillar Inc	N/A	N/A	293,787	451,826
	Cboe Global Markets Inc	N/A	N/A	273,131	518,204
	Charter Communications Inc	N/A	N/A	359,976	350,104
	Cheniere Energy Inc	N/A	N/A	341,048	453,544
	Cheniere Energy Inc	N/A	N/A	91,532	240,887
	Chevron CORP	N/A	N/A	147,455	517,595
	Chubb Ltd	N/A	N/A	184,795	392,587
	Cigna Group/The	N/A	N/A	127,360	375,060
	Cigna Group/The	N/A	N/A	225,760	214,179
	Cisco Systems Inc	N/A	N/A	308,797	382,602
	Citigroup Inc	N/A	N/A	273,277	371,278
	Cloudflare Inc	N/A	N/A	304,468	239,128
	CMB Tech NV	N/A	N/A	9,847	6,810
	Coca-Cola Co/The	N/A	N/A	357,052	406,587
	ConocoPhillips	N/A	N/A	264,297	491,599
	Cooper Cos Inc/The	N/A	N/A	387,645	317,156
	Corning Inc	N/A	N/A	182,098	339,230
	Costco Wholesale Corp	N/A	N/A	926,200	1,004,418
	Credit Acceptance Corp	N/A	N/A	230,194	253,012
	Crowdstrike Holdings Inc	N/A	N/A	200,710	327,194
	Cummins Inc	N/A	N/A	260,814	517,176
	Daimler Truck Holding AG	N/A	N/A	10,584	12,030
	Danaher Corp	N/A	N/A	322,077	276,750
	Deckers Outdoor Corp	N/A	N/A	216,973	217,470
	Dell Technologies Inc	N/A	N/A	373,142	237,902
	Deutsche Bank AG	N/A	N/A	19,456	23,830
	Diageo PLC	N/A	N/A	32,079	26,198
	Doximity Inc	N/A	N/A	215,717	213,724
	DraftKings Inc	N/A	N/A	254,885	254,090
	Duke Energy Corp	N/A	N/A	270,221	420,797
	Dutch Bros Inc	N/A	N/A	252,761	270,298
	Eagle Materials Inc	N/A	N/A	316,742	550,386
	Eaton Corp PLC	N/A	N/A	124,519	516,477
	Eli Lilly & Co	N/A	N/A	296,055	1,105,893
	Equitable Holdings Inc	N/A	N/A	231,469	231,384
	F5 Inc	N/A	N/A	148,245	268,933
	Fair Isaac Corp	N/A	N/A	328,182	328,260
	Ferguson Enterprises Inc	N/A	N/A	28,437	24,035
	Ferrari NV	N/A	N/A	20,642	42,788
	Fiserv Inc	N/A	N/A	283,225	283,325
	Fresenius Medical Care AG	N/A	N/A	13,500	17,430
	Gaming and Leisure Properties Inc	N/A	N/A	287,840	336,958
	Gates Industrial Corp PLC	N/A	N/A	20,311	18,410
	GE Aerospace Com	N/A	N/A	321,957	319,039
	GE Vernova Inc	N/A	N/A	324,056	720,461

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2025**

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Cost	Current value
	Genuine Parts Co	N/A	N/A	345,076	299,041
	GoDaddy Inc	N/A	N/A	205,915	244,990
	Goldman Sachs Group Inc/The	N/A	N/A	230,882	502,041
	Goldman Sachs Group Inc/The	N/A	N/A	332,710	279,700
	GSK PLC	N/A	N/A	11,685	12,009
	Haleon PLC	N/A	N/A	5,407	8,232
	Hilton Worldwide Holdings Inc	N/A	N/A	182,659	516,539
	Home Depot Inc/The	N/A	N/A	132,796	353,663
	Honda Motor Co Ltd	N/A	N/A	36,075	40,695
	Honeywell International Inc	N/A	N/A	355,246	328,213
	ICICI Bank Ltd	N/A	N/A	17,185	23,640
	ICON PLC	N/A	N/A	34,502	26,249
	ING Groep NV	N/A	N/A	20,939	32,324
	InterContinental Hotels Group PLC	N/A	N/A	18,446	30,685
	Intuitive Surgical Inc	N/A	N/A	593,209	580,456
	Invesco Ltd	N/A	N/A	21,119	20,480
	IQVIA Holdings Inc	N/A	N/A	244,514	215,615
	iShares MSCI Emerging Markets ETF	N/A	N/A	19,084	17,480
	JD.com Inc	N/A	N/A	8,955	12,336
	Jefferies Financial Group Inc	N/A	N/A	228,363	190,763
	Johnson & Johnson	N/A	N/A	244,668	351,581
	Jones Lang LaSalle Inc	N/A	N/A	297,269	416,489
	JPMorgan Chase & Co	N/A	N/A	133,777	1,067,055
	Kimberly-Clark Corp	N/A	N/A	312,477	352,706
	KKR & Co Inc	N/A	N/A	172,064	249,949
	Knight-Swift Transportation Holdings Inc	N/A	N/A	147,617	128,730
	Koninklijke Philips NV	N/A	N/A	49,316	41,123
	Kyocera Corp	N/A	N/A	14,750	11,320
	Labcorp Holdings Inc	N/A	N/A	217,173	302,562
	Lattice Semiconductor Corp	N/A	N/A	238,603	238,857
	Liberty Broadband Corp	N/A	N/A	217,458	217,558
	Linde PLC	N/A	N/A	8,880	23,282
	Live Nation Entertainment Inc	N/A	N/A	232,103	216,371
	Lowe's Cos Inc	N/A	N/A	301,582	345,180
	LVMH Moet Hennessy Louis Vuitton SE	N/A	N/A	24,915	18,581
	LyondellBasell Industries NV	N/A	N/A	338,999	264,000
	Marriott International Inc/MD	N/A	N/A	370,727	333,480
	Marvell Technology Inc	N/A	N/A	484,538	395,279
	Mastercard Inc	N/A	N/A	336,762	367,789
	McDonald's CORP	N/A	N/A	355,721	376,406
	McKesson Corp	N/A	N/A	359,711	450,903
	Medtronic PLC	N/A	N/A	31,345	22,465
	Medtronic PLC	N/A	N/A	223,784	188,706
	Mercedes-Benz Group AG	N/A	N/A	32,840	23,568
	Merck & Co Inc	N/A	N/A	419,966	378,249
	Meta Platforms Inc	N/A	N/A	784,000	2,423,017
	MetLife Inc	N/A	N/A	293,408	360,502

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**March 31, 2025**

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(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Cost	Current value
	MGM Resorts International	N/A	N/A	292,403	250,754
	Micron Technology Inc	N/A	N/A	224,755	432,712
	Microsoft CORP	N/A	N/A	1,024,730	4,217,507
	Mitsubishi UFJ Financial Group Inc	N/A	N/A	13,710	21,127
	Molson Coors Beverage Co	N/A	N/A	591,713	684,788
	Morgan Stanley	N/A	N/A	312,720	367,511
	Morgan Stanley	N/A	N/A	224,058	218,290
	National Grid PLC	N/A	N/A	14,251	16,403
	Netflix Inc	N/A	N/A	591,339	878,443
	News Corp	N/A	N/A	9,749	18,222
	NextEra Energy Inc	N/A	N/A	350,011	372,173
	NICE Systems Ltd	N/A	N/A	9,965	7,709
	NIKE Inc	N/A	N/A	309,085	188,536
	Nippon Telegraph & Telephone Corp	N/A	N/A	23,573	24,150
	Norfolk Southern Corp	N/A	N/A	119,897	367,118
	Novartis AG	N/A	N/A	26,378	33,444
	Novo Nordisk A/S	N/A	N/A	39,640	20,832
	NRG Energy Inc	N/A	N/A	150,512	420,979
	NVIDIA Corp	N/A	N/A	780,185	4,010,819
	NXP Semiconductors NV	N/A	N/A	10,056	19,006
	ONEOK Inc	N/A	N/A	362,597	337,348
	Oracle CORP	N/A	N/A	182,686	496,326
	Ovintiv Inc	N/A	N/A	9,037	15,408
	Palantir Technologies Inc	N/A	N/A	191,265	276,494
	Palo Alto Networks Inc	N/A	N/A	252,631	222,515
	PepsiCo Inc	N/A	N/A	239,665	311,875
	Pinterest Inc	N/A	N/A	259,556	260,338
	Procter & Gamble CO/THE	N/A	N/A	173,392	337,432
	Prologis Inc	N/A	N/A	203,552	272,768
	Qualcomm INC	N/A	N/A	509,462	501,690
	Realty Income Corp	N/A	N/A	312,935	279,028
	ROBLOX Corp	N/A	N/A	326,049	259,663
	Roku Inc	N/A	N/A	342,340	342,479
	Royal Caribbean Cruises Ltd	N/A	N/A	18,259	41,088
	Royal Caribbean Cruises Ltd	N/A	N/A	233,541	207,494
	RTX Corp	N/A	N/A	284,445	559,644
	S&P Global Inc	N/A	N/A	270,092	411,561
	Salesforce Inc	N/A	N/A	382,529	352,625
	Sandoz Group AG	N/A	N/A	1,485	2,515
	SAP SE	N/A	N/A	31,957	80,532
	Schlumberger NV	N/A	N/A	372,621	297,616
	Sea Ltd	N/A	N/A	16,148	6,525
	Sensata Technologies Holding PLC	N/A	N/A	13,151	6,068
	ServiceNow Inc	N/A	N/A	423,865	362,244
	Shell PLC	N/A	N/A	26,222	29,312
	Shopify Inc	N/A	N/A	13,288	23,870
	Siemens AG	N/A	N/A	23,930	40,383

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**March 31, 2025**

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(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Cost	Current value
	Smith & Nephew PLC	N/A	N/A	14,931	12,767
	SoFi Technologies Inc	N/A	N/A	252,034	191,104
	SoftBank Group Corp	N/A	N/A	11,706	12,610
	Sony Group Corp	N/A	N/A	24,564	63,475
	Spotify Technology SA	N/A	N/A	392,173	394,372
	STMicroelectronics NV	N/A	N/A	25,142	23,058
	Synchrony Financial	N/A	N/A	300,125	326,110
	Taiwan Semiconductor Manufacturing Co Ltd	N/A	N/A	13,139	41,500
	Takeda Pharmaceutical Co Ltd	N/A	N/A	18,410	17,101
	Targa Resources Corp	N/A	N/A	143,884	171,602
	Tenaris SA	N/A	N/A	27,466	33,244
	Tesla Inc	N/A	N/A	896,772	1,156,890
	Thermo Fisher Scientific Inc	N/A	N/A	445,257	408,032
	Timken Co/The	N/A	N/A	279,199	259,451
	TKO Group Holdings Inc	N/A	N/A	351,828	374,385
	Toll Brothers Inc	N/A	N/A	330,244	290,373
	Toronto-Dominion Bank/The	N/A	N/A	22,673	23,976
	TPG Inc	N/A	N/A	106,058	166,479
	Truist Financial Corp	N/A	N/A	336,174	376,111
	Twilio Inc	N/A	N/A	113,371	158,908
	UBS Group AG	N/A	N/A	29,140	49,008
	Unilever PLC	N/A	N/A	13,587	14,888
	United Parcel Service Inc	N/A	N/A	305,877	192,483
	UnitedHealth Group INC	N/A	N/A	339,403	424,238
	Valero Energy Corp	N/A	N/A	303,458	301,120
	Visa INC	N/A	N/A	1,012,323	1,368,196
	Walmart Inc	N/A	N/A	570,906	553,077
	Walt Disney Co/The	N/A	N/A	434,466	375,060
	Yum China Holdings Inc	N/A	N/A	16,350	18,221
	Zebra Technologies Corp	N/A	N/A	230,458	215,311
	<b>Total common stock</b>			\$ 49,373,410	\$ 77,958,017

**Corporate bonds**

	<b><u>Interest Rate</u></b>	<b><u>Maturity Date</u></b>	<b><u>Maturity Value</u></b>	<b><u>Current value</u></b>
ACTIVISION BLIZZARD	3.40%	9/15/2026	166,226	171,033
AGREE LP	2.00%	6/15/2028	99,265	91,995
AGREE LP	2.60%	6/15/2033	27,758	22,813
AMERICAN ELECTRIC POWER	5.70%	8/15/2025	94,574	95,335
AQUA FIN TRUST	1.54%	7/17/2046	91,181	83,295
ARES CAPITAL CORP	2.88%	6/15/2028	51,348	46,538
ARM MASTER TRUST	2.43%	11/15/2027	29,749	29,638
ATHENE HOLDING LTD	5.88%	1/15/2034	44,178	45,704
AUXILIOR TERM FUNDING LLC	6.18%	12/15/2028	61,662	62,223
AVIS BUDGET RENTAL CAR FUNDING	1.63%	8/20/2027	149,961	144,043
BAIN CAPITAL SPECIALTY F	2.55%	10/13/2026	42,541	41,189
BANK OF AMERICA CORP	4.55%	3/3/2026	263,384	256,526
BANKERS HEALTHCARE GROUP SECURITIZATION	1.42%	11/17/2033	50,902	49,933
BLACKBIRD CAPITAL AIRCRAFT	2.44%	7/15/2046	221,191	203,989

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**March 31, 2025**

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(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	Current value
	BLUE OWL FINANCE LLC	3.13%	6/10/2031	164,879	146,639
	BLUE OWL TECHNOLOGY FINA	2.50%	1/15/2027	137,616	131,652
	BLUE OWL TECHNOLOGY FINA	4.75%	11/15/2025	191,963	174,104
	BOJANGLES ISSUER, LLC	6.58%	11/20/2054	160,000	160,643
	BUSINESS JET SECURITIES, LLC	6.20%	5/15/2039	171,472	174,651
	CAPITAL ONE FINANCIAL CO	5.47%	2/1/2029	200,000	203,346
	CARMAX AUTO OWNER TRUST	0.56%	9/15/2026	9,919	10,019
	CARVANA AUTO RECEIVABLES TRUST	3.35%	2/10/2027	32,184	32,626
	CCG RECEIVABLES TRUST	1.50%	3/14/2029	90,758	99,860
	CHASE AUTO OWNER TRUST	5.13%	5/25/2029	100,031	101,168
	CHASE MORTGAGE FINANCE CORPORA	5.50%	2/25/2056	148,078	148,079
	CHASE MORTGAGE FINANCE CORPORA	6.00%	5/25/2055	106,682	107,607
	CITIGROUP INC	2.66%	1/29/2031	125,000	112,778
	CITIGROUP INC	5.17%	2/13/2030	45,000	45,585
	CLI FUNDING LLC	1.64%	2/18/2046	168,818	154,382
	CLI FUNDING LLC	2.72%	1/18/2047	221,329	201,304
	COLONY AMERICAN FINANCE LTD	2.38%	7/15/2054	149,989	127,624
	COMMONBOND STUDENT LOAN TRUST	1.17%	9/25/2051	149,991	130,799
	CORLD OMNI AUTO LEASE	5.26%	10/15/2027	149,525	151,381
	CROSSROADS ASSET TRUST	5.90%	8/20/2030	131,718	133,442
	CUSTOMERS BANCORP INC	2.88%	8/15/2031	89,000	77,430
	CyrusOne Data Centers Issuer I	5.56%	11/20/2048	162,273	175,411
	DAIMLER TRUCKS RETAIL TRUST	5.49%	12/15/2027	150,170	151,296
	DELL EQUIPMENT FINANCE TRUST	5.93%	4/23/2029	130,513	131,279
	DLLAD LLC	5.30%	7/20/2029	53,989	54,874
	ENSTAR FINANCE LLC	5.50%	1/15/2042	160,000	155,989
	ENTERPRISE FLEET FINANCING LLC	5.51%	1/22/2029	102,720	103,107
	F&G GLOBAL FUNDING	5.88%	6/10/2027	159,909	163,246
	FIFTH THIRD BANCORP	4.90%	9/6/2030	80,000	79,809
	FLAGSTAR MORTGAGE TRUST	2.50%	9/25/2041	184,745	160,958
	FOURSIGHT CAPITAL AUTOMOBILE R	1.92%	9/15/2027	197,318	198,603
	GLENCORE FUNDING LLC	1.63%	4/27/2026	99,895	97,046
	GLENCORE FUNDING LLC	2.85%	4/27/2031	67,924	59,916
	GLOBAL FEDERAL CU	4.75%	4/14/2026	250,000	251,668
	GRACIE POINT INTERNATIONAL FUN	6.06%	3/1/2028	100,000	100,176
	GS Mortgage-Backed Securities	4.00%	11/25/2049	8,670	7,990
	HERCULES CAPITAL INC	3.38%	1/20/2027	107,225	104,093
	HIGHMARK INC	1.45%	5/10/2026	149,799	144,252
	HYUNDAI CAPITAL AMERICA	5.25%	3/25/2027	200,000	199,840
	JACK IN THE BOX FUNDING, LLC	4.14%	2/26/2052	282,000	252,444
	JANUS HEND US HLDGS INC	5.45%	9/10/2034	19,948	19,335
	JONES LANG LASALLE INC	6.88%	12/1/2028	51,603	55,177
	JP MORGAN COMMERCIAL MORTGAGE	5.59%	1/15/2042	100,000	98,999
	JP MORGAN MORTGAGE TRUST	6.00%	6/25/2054	64,323	64,703
	JP MORGAN MORTGAGE TRUST	5.50%	4/25/2055	281,519	284,334
	JP MORGAN MORTGAGE TRUST	6.00%	12/25/2054	163,465	164,507
	KYNDRYL HOLDINGS INC	2.05%	10/15/2026	26,965	25,933

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	LIBERTY MUTUAL GROUP INC	4.30%	2/1/2061	125,000	77,818
	MARLETTE FUNDING TRUST	5.95%	7/17/2034	32,759	32,856
	MERCEDES-BENZ AUTO RECEIVABLES	0.46%	6/15/2026	11,985	12,274
	MICRON TECHNOLOGY INC	4.19%	2/15/2027	121,049	119,066
	MMAF EQUIPMENT FINANCE LLC	5.54%	12/13/2029	49,990	51,005
	MVW OWNER TRUST	1.14%	1/22/2041	67,040	63,416
	NATIONAL RURAL UTIL COOP	3.05%	4/25/2027	209,570	204,855
	NAVIGATOR AIRCRAFT	2.77%	11/15/2046	190,847	177,486
	NBC FUNDING LLC	6.75%	7/30/2054	218,900	222,450
	NMI HOLDINGS	6.00%	8/15/2029	107,642	110,357
	NORTHROP GRUMMAN CORP	3.20%	2/1/2027	79,871	78,340
	OPORTUN FUNDING LLC	2.18%	10/8/2031	217,532	212,464
	PEAC SOLUTIONS RECEIVABLES LLC	5.79%	6/21/2027	93,569	94,344
	PIEDMONT HEALTHCARE INC	2.04%	1/1/2032	67,000	55,838
	PIEDMONT OPERATING PARTN	3.15%	8/15/2030	136,946	120,986
	PRINCIPAL LFE GLB FND II	1.50%	11/17/2026	134,212	128,798
	PROGRESS RESIDENTIAL TRUST	1.69%	8/17/2040	248,208	227,482
	RADIAN MORTGAGE CAPITAL TRUST	5.50%	7/25/2055	244,330	246,643
	SANTANDER DRIVE AUTO RECEIVABL	4.42%	11/15/2027	118,258	118,524
	SBA SMALL BUSINESS ADMINISTRATION	2.28%	9/10/2029	210,667	210,667
	SBL HOLDINGS INC	6.50%	1/0/1900	190,000	175,750
	SEQUOIA MORTGAGE TRUST	6.00%	3/25/2055	258,217	258,540
	SERVICE EXPERTS ISSUER	2.67%	2/2/2032	90,666	88,172
	SERVPRO MASTER ISS	3.13%	1/25/2052	388,000	360,288
	SLAM LLC	5.34%	9/15/2049	96,819	95,960
	SMB PRIVATE EDUCATION LOAN TRU	5.24%	3/15/2056	88,286	89,165
	STARWOOD COMMERCIAL MORTGAGE T	5.49%	11/15/2038	231,179	230,336
	SUBWAY FUNDING LLC	5.91%	7/30/2054	199,500	196,726
	SUNRUN ISSUER	5.99%	4/30/2060	200,000	199,117
	SWTCH	6.28%	3/25/2054	108,043	110,311
	TAL ADVANTAGE VII	3.29%	9/20/2045	152,941	144,702
	TENN VALLEY AUTHORITY	2.88%	2/1/2027	139,892	137,235
	TEXTAINER MARINE CONTAINERS LI	2.10%	9/20/2045	112,906	105,503
	TEXTAINER MARINE CONTAINERS LI	3.34%	9/20/2045	56,496	53,027
	TEXTAINER MARINE CONTAINERS LI	1.68%	2/20/2046	185,110	170,174
	TEXTAINER MARINE CONTAINERS LI	2.82%	4/20/2046	68,642	63,074
	TEXTAINER MARINE CONTAINERS LI	1.94%	8/20/2046	196,133	174,977
	TEXTAINER MARINE CONTAINERS LI	2.43%	8/20/2046	139,035	122,543
	TIF FUNDING III LLC	5.48%	4/20/2049	92,469	93,027
	TRITON CONTAINER FINANCE LLC	2.11%	9/20/2045	156,142	142,528
	TRP 2021 LLC	2.15%	6/19/2051	244,612	229,164
	TRP LLC	3.06%	6/19/2051	99,971	93,592
	US BANCORP	5.87%	2/28/2035	150,000	152,277
	VELOCITY COMMERICAL CAPITAL	1.96%	10/25/2051	215,450	178,583
	VELOCITY COMMERICAL CAPITAL	5.49%	10/25/2054	197,079	195,462
	VERUS SECURIZATION TRUST	5.48%	2/25/2070	293,362	294,133
	WENDY'S FINANCIAL	2.37%	6/15/2051	168,439	155,496

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	WESTLAKE CORP	3.38%	6/15/2030	32,864	30,724
	WOODWARD CAPITAL MANAGEMENT	6.00%	3/25/2055	545,000	545,000
	WP CAREY INC	2.40%	2/1/2031	34,685	30,326
	ZAYO ISSURER LLC	5.65%	3/20/2055	250,000	251,034
	<b>Total corporate bonds</b>			\$ 15,560,158	\$ 15,006,973

**Gov't agencies**

	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Maturity Value</u>	<u>Current value</u>
FANNIE MAE POOL FN	3.42%	10/1/2025	138,122	133,839
FED NATL MORT ASSC	6.00%	5/1/2038	6,926	6,602
FANNIE MAE POOL FN	4.00%	6/1/2025	189	181
FANNIE MAE POOL FN	4.00%	10/1/2032	19,785	18,567
FANNIE MAE POOL FN	3.46%	5/1/2028	61,325	53,846
FANNIE MAE POOL FN	2.50%	11/1/2027	33,714	32,691
Fannie Mae	2.50%	9/1/2031	63,816	59,231
FANNIE MAE POOL FN	4.22%	11/1/2028	255,321	240,172
Fannie Mae	5.73%	11/1/2032	50,598	52,558
Fannie Mae	4.04%	2/1/2028	79,408	82,310
Fannie Mae	5.32%	2/1/2033	250,547	258,630
Fannie Mae	2.50%	6/1/2050	95,377	96,875
Fannie Mae	2.50%	9/1/2027	9,799	9,813
FANNIE MAE POOL FN	3.00%	7/1/2028	32,558	31,314
FANNIE MAE POOL	2.50%	10/1/2031	5,096	4,896
FANNIE MAE	3.00%	6/1/2027	20,549	20,247
Fannie Mae	3.50%	6/1/2047	46,693	41,218
Fannie Mae	5.00%	7/1/2038	227,781	229,095
Fannie Mae	5.50%	8/1/2054	149,553	151,984
FANNIE MAE	5.30%	9/25/2032	138,237	139,319
FANNIE MAE	4.62%	1/25/2034	20,656	20,579
FANNIE MAE	4.65%	7/25/2037	6,316	6,441
Fannie Mae	4.50%	12/25/2041	151,556	153,561
FANNIE MAE	4.81%	3/25/2041	9,103	9,300
FANNIE MAE	2.00%	10/25/2041	151,526	155,108
FANNIE MAE	2.50%	3/25/2042	22,852	20,982
FANNIE MAE	3.00%	5/25/2042	636	630
FANNIE MAE	2.25%	3/25/2044	38,723	37,384
FANNIE MAE	3.00%	3/25/2045	23,408	22,996
FANNIE MAE	3.00%	12/25/2045	37,753	36,171
FANNIE MAE REMIC TRUST	2.50%	8/25/2047	26,894	24,366
FANNIE MAE	2.00%	10/25/2043	38,076	39,466
FANNIEMAE-ACES	2.99%	4/25/2025	54,917	51,580
FEDERAL FARM CREDIT BANK	4.09%	5/3/2032	129,675	125,130
FEDERAL FARM CREDIT BANK	5.20%	9/25/2025	149,700	149,714
FEDERAL HOME LOAN BANK	3.55%	7/25/2025	200,000	199,462
FEDERAL HOME LOAN BANK	6.00%	10/15/2025	99,960	99,992
FREDDIE MAC GOLD POOL FG	3.50%	10/1/2042	7,149	6,792
FREDDIE MAC GOLD POOL FG	6.00%	7/1/2027	11,176	10,499
Freddie Mac	3.50%	5/1/2032	77,723	78,697

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2025**

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	Current value
	FREDDIE MAC GOLD POOL FG	4.50%	6/1/2025	104	101
	Freddie Mac	5.00%	11/1/2031	34,513	31,533
	Freddie Mac	4.00%	4/1/2037	53,485	56,393
	FREDDIE MAC	4.00%	5/15/2047	10,625	9,675
	FREDDIE MAC GOLD POOL FG	3.00%	7/1/2031	35,941	33,003
	FHLMC MULTIFAMILY STRUCTURED P	4.05%	7/25/2033	131,912	134,188
	FHLMC MULTIFAMILY STRUCTURED P	4.60%	12/25/2032	70,953	73,600
	FHLMC MULTIFAMILY STRUCTURED P	3.24%	8/25/2027	275,001	261,245
	FHLMC MULTIFAMILY STRUCTURED P	3.69%	1/25/2029	132,864	126,353
	FHLMC MULTIFAMILY STRUCTURED P	3.50%	1/25/2026	212,136	206,314
	FHLMC MULTIFAMILY STRUCTURED P	2.94%	4/25/2029	256,466	236,223
	FHLMC MULTIFAMILY STRUCTURED P	2.88%	4/25/2026	283,239	271,228
	FHLMC Multifamily Structured P	2.98%	11/25/2025	6,911	6,735
	Freddie Mac	3.00%	1/1/2040	85,208	86,207
	Freddie Mac	5.13%	2/1/2033	82,819	85,906
	Freddie Mac	5.29%	9/1/2028	197,205	200,722
	FREDDIE MAC	4.71%	11/15/2032	14,960	15,207
	FREDDIE MAC	5.00%	6/15/2037	37,921	36,954
	FREDDIE MAC	4.86%	10/15/2037	11,700	11,920
	FREDDIE MAC	3.50%	7/15/2040	12,325	11,838
	FREDDIE MAC	4.00%	6/15/2039	120,708	116,237
	FREDDIE MAC	3.00%	3/15/2027	24,468	23,762
	FREDDIE MAC	1.50%	5/15/2027	59,951	60,702
	Freddie Mac	2.00%	5/15/2041	66,068	63,913
	FREDDIE MAC	1.25%	12/15/2027	54,450	55,119
	FREDDIE MAC	3.00%	2/15/2033	5,797	5,847
	FREDDIE MAC	3.00%	8/15/2031	350	357
	FREDDIE MAC	2.50%	7/15/2044	36,905	33,998
	FREDDIE MAC	2.50%	12/15/2045	40,601	37,220
	FREDDIE MAC	2.75%	12/15/2046	31,268	27,427
	FRESB MULTIFAMILY MORTGAGE PAS	2.75%	4/25/2040	91,875	93,479
	Government National Mortgage Association	4.57%	4/15/2032	995	1,012
	Government National Mortgage Association	6.00%	6/15/2032	2,472	2,527
	GOVT NATL MTG ASSO	6.00%	9/15/2033	68,778	68,970
	Government National Mortgage Association	5.00%	5/15/2025	349	341
	Government National Mortgage Association	4.00%	8/15/2036	17,782	17,446
	Government National Mortgage Association	6.00%	7/20/2038	15,476	14,917
	Government National Mortgage Association	5.50%	7/20/2038	5,031	5,343
	Government National Mortgage Association	5.00%	7/20/2039	39,152	36,214
	GINNIE MAE II POOL	3.50%	12/20/2025	2,307	2,264
	GINNIE MAE II POOL	2.50%	2/20/2028	17,323	17,210
	GOVERNMENT NATIONAL MORTGAGE A	1.75%	11/20/2042	7,719	6,985
	Government National Mortgage Association	2.85%	1/16/2047	116,682	118,439
	GOVERNMENT NATIONAL MORTGAGE A	3.00%	11/20/2045	133	129
	Government National Mortgage A	2.50%	9/20/2047	148,489	131,835
	GOVERNMENT NATIONAL MORTGAGE A	2.50%	1/20/2048	191,313	166,296
	GOVERNMENT NATIONAL MORTGAGE A	3.50%	11/20/2047	17,936	17,252

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2025**

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	Current value
	GOVERNMENT NATIONAL MORTGAGE A	3.00%	4/20/2048	81,049	79,056
	GOVERNMENT NATIONAL MORTGAGE A	2.00%	4/20/2049	238,650	172,105
	GOVERNMENT NATIONAL MORTGAGE A	3.00%	10/20/2049	5,543	5,361
	Government National Mortgage A	1.25%	12/16/2062	126,965	128,932
	GOVERNMENT NATIONAL MORTGAGE A	1.25%	6/16/2062	108,657	103,300
	GOVERNMENT NATIONAL MORTGAGE A	1.55%	8/16/2063	32,819	34,612
	Government National Mortgage Association	1.75%	8/16/2063	58,304	61,180
	Small Business Administration	0.00%	5/1/2026	23,520	22,163
	SMALL BUSINESS ADMINISTRATION	5.87%	9/1/2026	12,717	12,108
	SMALL BUSINESS ADMINISTRATION	2.07%	5/1/2033	29,593	27,405
	US TREASURY N/B	1.13%	2/15/2031	68,285	60,433
	US TREASURY N/B	1.25%	8/15/2031	110,276	93,643
	US TREASURY N/B	1.38%	10/31/2028	1,170,660	1,190,826
	US TREASURY N/B	3.13%	8/31/2029	53,427	53,206
	US TREASURY N/B	3.25%	6/30/2027	263,893	272,291
	US TREASURY N/B	3.50%	9/30/2029	1,266,738	1,276,392
	US TREASURY N/B	3.63%	9/30/2031	822,707	828,852
	US TREASURY N/B	3.75%	8/31/2026	1,688,313	1,694,815
	US TREASURY N/B	3.88%	8/15/2033	345,030	346,948
	US TREASURY N/B	3.88%	8/15/2034	915,939	911,335
	US TREASURY N/B	3.88%	10/15/2027	1,691,102	1,699,133
	US TREASURY N/B	4.13%	8/31/2030	689,811	694,423
	US TREASURY N/B	4.25%	6/30/2031	352,297	353,871
	US TREASURY N/B	4.38%	8/15/2026	192,487	195,005
	<b>Total government and agency obligations</b>			\$ 16,422,641	\$ 16,250,219
	<b><u>Municipal bonds</u></b>	<b><u>Interest Rate</u></b>	<b><u>Maturity Date</u></b>	<b><u>Maturity Value</u></b>	<b><u>Current value</u></b>
	MET GOVT NASHVILLE & DAVIDSON	6.57%	7/1/2037	57,749	46,858
	MIAMI-DADE CNTY FL AVIATION RE	3.73%	10/1/2037	100,000	87,913
	SAN FRANCISCO CITY & CNTY CA P	3.70%	11/1/2032	146,000	135,729
	VIRGINIA ST PORT AUTH PORT	4.48%	7/1/2045	110,000	97,733
	UNIV OF TEXAS TX PERMANENT UNI	3.38%	7/1/2047	45,000	34,845
	<b>Total municipal bonds</b>			\$ 458,749	\$ 403,078
	<b><u>Mutual funds</u></b>				
	American Fds Grth Fnd America	N/A	N/A	N/A	7,001,492
	Baron Growth Fund	N/A	N/A	N/A	1,296,530
	Columbia Seligman Tech Info Fund	N/A	N/A	N/A	11,424,700
	Dodge & Cox International Stock Fund	N/A	N/A	N/A	712,184
	Eaton Vance Large-Cap Value Fd	N/A	N/A	N/A	1,165,357
	Fidelity Mid Cap incex	N/A	N/A	N/A	1,294,795
	Invesco Real Estate Fund	N/A	N/A	N/A	594,830
	MassMutual Diversified Bond Fd	N/A	N/A	N/A	1,020,067
	MM Slet T.Rowe Pr Rtmt 2010 Fd	N/A	N/A	N/A	9,190
	MM Slet T.Rowe Pr Rtmt 2020 Fd	N/A	N/A	N/A	17,565
	MM Slet T.Rowe Pr Rtmt 2030 Fd	N/A	N/A	N/A	942,943

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2025**

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Cost	Current value
	MM Slct T.Rowe Pr Rtmt 2040 Fd	N/A	N/A	N/A	2,378,000
	MM Slct T.Rowe Pr Rtmt 2050 Fd	N/A	N/A	N/A	2,352,277
	MM Slct T.Rowe Pr Rtmt 2060 Fd	N/A	N/A	N/A	319,897
	MM Slct T.Rowe Pr Rtmt Blnd Fd	N/A	N/A	N/A	139,940
	MM S&P 500 Index Fd(Nrthrn Tr)	N/A	N/A	N/A	5,547,294
	Oakmark Equity & Income Fund	N/A	N/A	N/A	567,795
	PIMCO Total return Fund	N/A	N/A	N/A	51,734
	Royce Total Return Fund	N/A	N/A	N/A	396,102
	Thornburg Intl Equity Fd	N/A	N/A	N/A	1,134,989
	Vanguard Interm-Term Treas Fd	N/A	N/A	N/A	956,909
	Vanguard Sm Cap Grwth Indx Fnd	N/A	N/A	N/A	785,857
	Vanguard Small Cap Index Fund	N/A	N/A	N/A	557,413
	Vanguard Small-Cap Val Indx Fd	N/A	N/A	N/A	681,327
	<b>Total mutual funds</b>				<u>\$ 41,349,187</u>
	<b>Pooled separate account</b>				
	Principal U.S. Property Account	N/A	N/A	N/A	<u>\$ 9,129,600</u>
	<b>Stable value fund</b>				
	Mass Mutual SAGIC Core Bond Fund	N/A	N/A	N/A	<u>\$ 12,089,406</u>
	<b>Total assets (held at end of year)</b>				<u>\$ 200,988,730</u>

\* Denotes party in interest

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001  
Form 5500, Schedule H, line 4j  
Schedule of Reportable Transactions  
Year Ended March 31, 2025**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Regions Bank	Regions Trust Cash Sweep	\$ 30,624,109	\$ -	\$ -	\$ -	\$ 30,624,109	\$ 30,624,109	\$ -
Regions Bank	Regions Trust Cash Sweep	-	32,148,037	-	-	32,148,037	32,148,037	-

**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 04/01/2024 and ending 03/31/2025

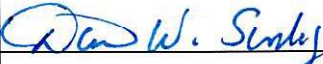
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)  
 a single-employer plan  a DFE (specify) \_\_\_\_\_
- B** This return/report is:  the first return/report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

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan U. A. Local Union No. 614 Pension Plan		<b>1b</b> Three-digit plan number (PN) ▶	001
		<b>1c</b> Effective date of plan	04/01/1968
<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) Trustees - U. A. Local Union No. 614 Pension Plan		<b>2b</b> Employer Identification Number (EIN)	62-6085904
2001 Caldwell Drive		<b>2c</b> Plan Sponsor's telephone number	(615) 859-0131
Goodlettsville TN 37072		<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.

SIGN HERE			Jeff Taylor
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		1/7/2026	David W. Sink Jr.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<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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**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here:

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description) \_\_\_\_\_

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here:

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan U. A. Local Union No. 614 Pension Plan	<b>1b</b> Three-digit plan number (PN) ▶ 001
<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) Trustees - U. A. Local Union No. 614 Pension Plan  2001 Caldwell Drive  Goodlettsville TN 37072	<b>1c</b> Effective date of plan 04/01/1968  <b>2b</b> Employer Identification Number (EIN) 62-6085904  <b>2c</b> Plan Sponsor's telephone number (615) 859-0131  <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>		<u>1-7-26</u>	Jeff Taylor
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			David W. Sink Jr.
	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

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2025**

		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value			
(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	Current value
<b><u>Money market funds</u></b>					
*	Fidelity Institutional Money Mkt	N/A	N/A	N/A	\$ 26,805,113
	Regions Trust Cash Sweep - Institutional	N/A	N/A	N/A	<u>1,997,137</u>
	<b>Total money market funds</b>				<b>\$ 28,802,250</b>
<b><u>Common stock</u></b>					
				<b><u>Cost</u></b>	<b><u>Market Value</u></b>
	Abbott Laboratories	N/A	N/A	357,743	458,969
	AbbVie INC	N/A	N/A	358,170	433,706
	AbbVie INC	N/A	N/A	526,306	527,152
	Accenture PLC	N/A	N/A	24,959	31,204
	Aegon Ltd	N/A	N/A	6,659	6,590
	AerCap Holdings NV	N/A	N/A	24,249	25,543
	Air Products and Chemicals Inc	N/A	N/A	347,059	353,904
	Airbnb Inc	N/A	N/A	313,662	313,702
	Albemarle Corp	N/A	N/A	295,994	107,310
	Alphabet Inc	N/A	N/A	274,158	378,077
	Alphabet Inc	N/A	N/A	332,109	1,327,894
	Alphabet Inc	N/A	N/A	342,141	1,121,888
	Altria Group Inc	N/A	N/A	286,736	385,328
	Amazon.com Inc	N/A	N/A	860,924	2,923,345
	American Electric Power Co Inc	N/A	N/A	354,413	507,013
	American Express Co	N/A	N/A	261,016	608,053
	American Express Co	N/A	N/A	354,771	316,672
	American International Group Inc	N/A	N/A	234,550	519,032
	Ameriprise Financial Inc	N/A	N/A	226,734	217,850
	Anheuser-Busch InBev SA/NV	N/A	N/A	42,469	27,702
	Apple Inc	N/A	N/A	375,989	4,592,760
	AppLovin Corp	N/A	N/A	295,427	524,906
	ArcelorMittal SA	N/A	N/A	12,756	11,540
	ASML Holding NV	N/A	N/A	32,981	33,132
	AT&T Inc	N/A	N/A	374,812	535,058
	Atlas Copco AB	N/A	N/A	13,172	15,890
	Baidu Inc	N/A	N/A	15,508	9,203
	Bank of America Corp	N/A	N/A	255,269	695,180
	Bank of Nova Scotia/The	N/A	N/A	27,832	21,344
	Barrick Gold Corp	N/A	N/A	20,776	24,300
	Berkshire Hathaway Inc	N/A	N/A	578,730	1,262,215
	BHP Group Ltd	N/A	N/A	22,918	19,416
	Boeing Co/The	N/A	N/A	280,700	289,935
	Boston Scientific Corp	N/A	N/A	431,457	479,180
	BP PLC	N/A	N/A	13,895	11,827
	Broadcom INC	N/A	N/A	884,915	1,831,517
	Brown & Brown Inc	N/A	N/A	261,932	261,862
	Builders FirstSource Inc	N/A	N/A	513,725	407,304
	Capital One Financial Corp	N/A	N/A	375,783	331,705
	Capri Holdings Ltd	N/A	N/A	5,202	2,960
	Carrier Global Corp	N/A	N/A	130,200	252,649

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2025**

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Cost	Current value
	Carvana Co	N/A	N/A	173,272	204,062
	Casey's General Stores Inc	N/A	N/A	342,251	442,721
	Caterpillar Inc	N/A	N/A	293,787	451,826
	Cboe Global Markets Inc	N/A	N/A	273,131	518,204
	Charter Communications Inc	N/A	N/A	359,976	350,104
	Cheniere Energy Inc	N/A	N/A	341,048	453,544
	Cheniere Energy Inc	N/A	N/A	91,532	240,887
	Chevron CORP	N/A	N/A	147,455	517,595
	Chubb Ltd	N/A	N/A	184,795	392,587
	Cigna Group/The	N/A	N/A	127,360	375,060
	Cigna Group/The	N/A	N/A	225,760	214,179
	Cisco Systems Inc	N/A	N/A	308,797	382,602
	Citigroup Inc	N/A	N/A	273,277	371,278
	Cloudflare Inc	N/A	N/A	304,468	239,128
	CMB Tech NV	N/A	N/A	9,847	6,810
	Coca-Cola Co/The	N/A	N/A	357,052	406,587
	ConocoPhillips	N/A	N/A	264,297	491,599
	Cooper Cos Inc/The	N/A	N/A	387,645	317,156
	Corning Inc	N/A	N/A	182,098	339,230
	Costco Wholesale Corp	N/A	N/A	926,200	1,004,418
	Credit Acceptance Corp	N/A	N/A	230,194	253,012
	Crowdstrike Holdings Inc	N/A	N/A	200,710	327,194
	Cummins Inc	N/A	N/A	260,814	517,176
	Daimler Truck Holding AG	N/A	N/A	10,584	12,030
	Danaher Corp	N/A	N/A	322,077	276,750
	Deckers Outdoor Corp	N/A	N/A	216,973	217,470
	Dell Technologies Inc	N/A	N/A	373,142	237,902
	Deutsche Bank AG	N/A	N/A	19,456	23,830
	Diageo PLC	N/A	N/A	32,079	26,198
	Doximity Inc	N/A	N/A	215,717	213,724
	DraftKings Inc	N/A	N/A	254,885	254,090
	Duke Energy Corp	N/A	N/A	270,221	420,797
	Dutch Bros Inc	N/A	N/A	252,761	270,298
	Eagle Materials Inc	N/A	N/A	316,742	550,386
	Eaton Corp PLC	N/A	N/A	124,519	516,477
	Eli Lilly & Co	N/A	N/A	296,055	1,105,893
	Equitable Holdings Inc	N/A	N/A	231,469	231,384
	F5 Inc	N/A	N/A	148,245	268,933
	Fair Isaac Corp	N/A	N/A	328,182	328,260
	Ferguson Enterprises Inc	N/A	N/A	28,437	24,035
	Ferrari NV	N/A	N/A	20,642	42,788
	Fiserv Inc	N/A	N/A	283,225	283,325
	Fresenius Medical Care AG	N/A	N/A	13,500	17,430
	Gaming and Leisure Properties Inc	N/A	N/A	287,840	336,958
	Gates Industrial Corp PLC	N/A	N/A	20,311	18,410
	GE Aerospace Com	N/A	N/A	321,957	319,039
	GE Vernova Inc	N/A	N/A	324,056	720,461

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(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Cost	Current value
	Genuine Parts Co	N/A	N/A	345,076	299,041
	GoDaddy Inc	N/A	N/A	205,915	244,990
	Goldman Sachs Group Inc/The	N/A	N/A	230,882	502,041
	Goldman Sachs Group Inc/The	N/A	N/A	332,710	279,700
	GSK PLC	N/A	N/A	11,685	12,009
	Haleon PLC	N/A	N/A	5,407	8,232
	Hilton Worldwide Holdings Inc	N/A	N/A	182,659	516,539
	Home Depot Inc/The	N/A	N/A	132,796	353,663
	Honda Motor Co Ltd	N/A	N/A	36,075	40,695
	Honeywell International Inc	N/A	N/A	355,246	328,213
	ICICI Bank Ltd	N/A	N/A	17,185	23,640
	ICON PLC	N/A	N/A	34,502	26,249
	ING Groep NV	N/A	N/A	20,939	32,324
	InterContinental Hotels Group PLC	N/A	N/A	18,446	30,685
	Intuitive Surgical Inc	N/A	N/A	593,209	580,456
	Invesco Ltd	N/A	N/A	21,119	20,480
	IQVIA Holdings Inc	N/A	N/A	244,514	215,615
	iShares MSCI Emerging Markets ETF	N/A	N/A	19,084	17,480
	JD.com Inc	N/A	N/A	8,955	12,336
	Jefferies Financial Group Inc	N/A	N/A	228,363	190,763
	Johnson & Johnson	N/A	N/A	244,668	351,581
	Jones Lang LaSalle Inc	N/A	N/A	297,269	416,489
	JPMorgan Chase & Co	N/A	N/A	133,777	1,067,055
	Kimberly-Clark Corp	N/A	N/A	312,477	352,706
	KKR & Co Inc	N/A	N/A	172,064	249,949
	Knight-Swift Transportation Holdings Inc	N/A	N/A	147,617	128,730
	Koninklijke Philips NV	N/A	N/A	49,316	41,123
	Kyocera Corp	N/A	N/A	14,750	11,320
	Labcorp Holdings Inc	N/A	N/A	217,173	302,562
	Lattice Semiconductor Corp	N/A	N/A	238,603	238,857
	Liberty Broadband Corp	N/A	N/A	217,458	217,558
	Linde PLC	N/A	N/A	8,880	23,282
	Live Nation Entertainment Inc	N/A	N/A	232,103	216,371
	Lowe's Cos Inc	N/A	N/A	301,582	345,180
	LVMH Moet Hennessy Louis Vuitton SE	N/A	N/A	24,915	18,581
	LyondellBasell Industries NV	N/A	N/A	338,999	264,000
	Marriott International Inc/MD	N/A	N/A	370,727	333,480
	Marvell Technology Inc	N/A	N/A	484,538	395,279
	Mastercard Inc	N/A	N/A	336,762	367,789
	McDonald's CORP	N/A	N/A	355,721	376,406
	McKesson Corp	N/A	N/A	359,711	450,903
	Medtronic PLC	N/A	N/A	31,345	22,465
	Medtronic PLC	N/A	N/A	223,784	188,706
	Mercedes-Benz Group AG	N/A	N/A	32,840	23,568
	Merck & Co Inc	N/A	N/A	419,966	378,249
	Meta Platforms Inc	N/A	N/A	784,000	2,423,017
	MetLife Inc	N/A	N/A	293,408	360,502

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**March 31, 2025**

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Cost	Current value
	MGM Resorts International	N/A	N/A	292,403	250,754
	Micron Technology Inc	N/A	N/A	224,755	432,712
	Microsoft CORP	N/A	N/A	1,024,730	4,217,507
	Mitsubishi UFJ Financial Group Inc	N/A	N/A	13,710	21,127
	Molson Coors Beverage Co	N/A	N/A	591,713	684,788
	Morgan Stanley	N/A	N/A	312,720	367,511
	Morgan Stanley	N/A	N/A	224,058	218,290
	National Grid PLC	N/A	N/A	14,251	16,403
	Netflix Inc	N/A	N/A	591,339	878,443
	News Corp	N/A	N/A	9,749	18,222
	NextEra Energy Inc	N/A	N/A	350,011	372,173
	NICE Systems Ltd	N/A	N/A	9,965	7,709
	NIKE Inc	N/A	N/A	309,085	188,536
	Nippon Telegraph & Telephone Corp	N/A	N/A	23,573	24,150
	Norfolk Southern Corp	N/A	N/A	119,897	367,118
	Novartis AG	N/A	N/A	26,378	33,444
	Novo Nordisk A/S	N/A	N/A	39,640	20,832
	NRG Energy Inc	N/A	N/A	150,512	420,979
	NVIDIA Corp	N/A	N/A	780,185	4,010,819
	NXP Semiconductors NV	N/A	N/A	10,056	19,006
	ONEOK Inc	N/A	N/A	362,597	337,348
	Oracle CORP	N/A	N/A	182,686	496,326
	Ovintiv Inc	N/A	N/A	9,037	15,408
	Palantir Technologies Inc	N/A	N/A	191,265	276,494
	Palo Alto Networks Inc	N/A	N/A	252,631	222,515
	PepsiCo Inc	N/A	N/A	239,665	311,875
	Pinterest Inc	N/A	N/A	259,556	260,338
	Procter & Gamble CO/THE	N/A	N/A	173,392	337,432
	Prologis Inc	N/A	N/A	203,552	272,768
	Qualcomm INC	N/A	N/A	509,462	501,690
	Realty Income Corp	N/A	N/A	312,935	279,028
	ROBLOX Corp	N/A	N/A	326,049	259,663
	Roku Inc	N/A	N/A	342,340	342,479
	Royal Caribbean Cruises Ltd	N/A	N/A	18,259	41,088
	Royal Caribbean Cruises Ltd	N/A	N/A	233,541	207,494
	RTX Corp	N/A	N/A	284,445	559,644
	S&P Global Inc	N/A	N/A	270,092	411,561
	Salesforce Inc	N/A	N/A	382,529	352,625
	Sandoz Group AG	N/A	N/A	1,485	2,515
	SAP SE	N/A	N/A	31,957	80,532
	Schlumberger NV	N/A	N/A	372,621	297,616
	Sea Ltd	N/A	N/A	16,148	6,525
	Sensata Technologies Holding PLC	N/A	N/A	13,151	6,068
	ServiceNow Inc	N/A	N/A	423,865	362,244
	Shell PLC	N/A	N/A	26,222	29,312
	Shopify Inc	N/A	N/A	13,288	23,870
	Siemens AG	N/A	N/A	23,930	40,383

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**March 31, 2025**

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(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Cost	Current value
	Smith & Nephew PLC	N/A	N/A	14,931	12,767
	SoFi Technologies Inc	N/A	N/A	252,034	191,104
	SoftBank Group Corp	N/A	N/A	11,706	12,610
	Sony Group Corp	N/A	N/A	24,564	63,475
	Spotify Technology SA	N/A	N/A	392,173	394,372
	STMicroelectronics NV	N/A	N/A	25,142	23,058
	Synchrony Financial	N/A	N/A	300,125	326,110
	Taiwan Semiconductor Manufacturing Co Ltd	N/A	N/A	13,139	41,500
	Takeda Pharmaceutical Co Ltd	N/A	N/A	18,410	17,101
	Targa Resources Corp	N/A	N/A	143,884	171,602
	Tenaris SA	N/A	N/A	27,466	33,244
	Tesla Inc	N/A	N/A	896,772	1,156,890
	Thermo Fisher Scientific Inc	N/A	N/A	445,257	408,032
	Timken Co/The	N/A	N/A	279,199	259,451
	TKO Group Holdings Inc	N/A	N/A	351,828	374,385
	Toll Brothers Inc	N/A	N/A	330,244	290,373
	Toronto-Dominion Bank/The	N/A	N/A	22,673	23,976
	TPG Inc	N/A	N/A	106,058	166,479
	Truist Financial Corp	N/A	N/A	336,174	376,111
	Twilio Inc	N/A	N/A	113,371	158,908
	UBS Group AG	N/A	N/A	29,140	49,008
	Unilever PLC	N/A	N/A	13,587	14,888
	United Parcel Service Inc	N/A	N/A	305,877	192,483
	UnitedHealth Group INC	N/A	N/A	339,403	424,238
	Valero Energy Corp	N/A	N/A	303,458	301,120
	Visa INC	N/A	N/A	1,012,323	1,368,196
	Walmart Inc	N/A	N/A	570,906	553,077
	Walt Disney Co/The	N/A	N/A	434,466	375,060
	Yum China Holdings Inc	N/A	N/A	16,350	18,221
	Zebra Technologies Corp	N/A	N/A	230,458	215,311
	<b>Total common stock</b>			\$ 49,373,410	\$ 77,958,017

**Corporate bonds**

	<b>Interest Rate</b>	<b>Maturity Date</b>	<b>Maturity Value</b>	<b>Current value</b>
ACTIVISION BLIZZARD	3.40%	9/15/2026	166,226	171,033
AGREE LP	2.00%	6/15/2028	99,265	91,995
AGREE LP	2.60%	6/15/2033	27,758	22,813
AMERICAN ELECTRIC POWER	5.70%	8/15/2025	94,574	95,335
AQUA FIN TRUST	1.54%	7/17/2046	91,181	83,295
ARES CAPITAL CORP	2.88%	6/15/2028	51,348	46,538
ARM MASTER TRUST	2.43%	11/15/2027	29,749	29,638
ATHENE HOLDING LTD	5.88%	1/15/2034	44,178	45,704
AUXILIOR TERM FUNDING LLC	6.18%	12/15/2028	61,662	62,223
AVIS BUDGET RENTAL CAR FUNDING	1.63%	8/20/2027	149,961	144,043
BAIN CAPITAL SPECIALTY F	2.55%	10/13/2026	42,541	41,189
BANK OF AMERICA CORP	4.55%	3/3/2026	263,384	256,526
BANKERS HEALTHCARE GROUP SECURITIZATION	1.42%	11/17/2033	50,902	49,933
BLACKBIRD CAPITAL AIRCRAFT	2.44%	7/15/2046	221,191	203,989

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(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	Current value
	BLUE OWL FINANCE LLC	3.13%	6/10/2031	164,879	146,639
	BLUE OWL TECHNOLOGY FINA	2.50%	1/15/2027	137,616	131,652
	BLUE OWL TECHNOLOGY FINA	4.75%	11/15/2025	191,963	174,104
	BOJANGLES ISSUER, LLC	6.58%	11/20/2054	160,000	160,643
	BUSINESS JET SECURITIES, LLC	6.20%	5/15/2039	171,472	174,651
	CAPITAL ONE FINANCIAL CO	5.47%	2/1/2029	200,000	203,346
	CARMAX AUTO OWNER TRUST	0.56%	9/15/2026	9,919	10,019
	CARVANA AUTO RECEIVABLES TRUST	3.35%	2/10/2027	32,184	32,626
	CCG RECEIVABLES TRUST	1.50%	3/14/2029	90,758	99,860
	CHASE AUTO OWNER TRUST	5.13%	5/25/2029	100,031	101,168
	CHASE MORTGAGE FINANCE CORPORA	5.50%	2/25/2056	148,078	148,079
	CHASE MORTGAGE FINANCE CORPORA	6.00%	5/25/2055	106,682	107,607
	CITIGROUP INC	2.66%	1/29/2031	125,000	112,778
	CITIGROUP INC	5.17%	2/13/2030	45,000	45,585
	CLI FUNDING LLC	1.64%	2/18/2046	168,818	154,382
	CLI FUNDING LLC	2.72%	1/18/2047	221,329	201,304
	COLONY AMERICAN FINANCE LTD	2.38%	7/15/2054	149,989	127,624
	COMMONBOND STUDENT LOAN TRUST	1.17%	9/25/2051	149,991	130,799
	CORLD OMNI AUTO LEASE	5.26%	10/15/2027	149,525	151,381
	CROSSROADS ASSET TRUST	5.90%	8/20/2030	131,718	133,442
	CUSTOMERS BANCORP INC	2.88%	8/15/2031	89,000	77,430
	CyrusOne Data Centers Issuer I	5.56%	11/20/2048	162,273	175,411
	DAIMLER TRUCKS RETAIL TRUST	5.49%	12/15/2027	150,170	151,296
	DELL EQUIPMENT FINANCE TRUST	5.93%	4/23/2029	130,513	131,279
	DLLAD LLC	5.30%	7/20/2029	53,989	54,874
	ENSTAR FINANCE LLC	5.50%	1/15/2042	160,000	155,989
	ENTERPRISE FLEET FINANCING LLC	5.51%	1/22/2029	102,720	103,107
	F&G GLOBAL FUNDING	5.88%	6/10/2027	159,909	163,246
	FIFTH THIRD BANCORP	4.90%	9/6/2030	80,000	79,809
	FLAGSTAR MORTGAGE TRUST	2.50%	9/25/2041	184,745	160,958
	FOURSIGHT CAPITAL AUTOMOBILE R	1.92%	9/15/2027	197,318	198,603
	GLENCORE FUNDING LLC	1.63%	4/27/2026	99,895	97,046
	GLENCORE FUNDING LLC	2.85%	4/27/2031	67,924	59,916
	GLOBAL FEDERAL CU	4.75%	4/14/2026	250,000	251,668
	GRACIE POINT INTERNATIONAL FUN	6.06%	3/1/2028	100,000	100,176
	GS Mortgage-Backed Securities	4.00%	11/25/2049	8,670	7,990
	HERCULES CAPITAL INC	3.38%	1/20/2027	107,225	104,093
	HIGHMARK INC	1.45%	5/10/2026	149,799	144,252
	HYUNDAI CAPITAL AMERICA	5.25%	3/25/2027	200,000	199,840
	JACK IN THE BOX FUNDING, LLC	4.14%	2/26/2052	282,000	252,444
	JANUS HEND US HLDGS INC	5.45%	9/10/2034	19,948	19,335
	JONES LANG LASALLE INC	6.88%	12/1/2028	51,603	55,177
	JP MORGAN COMMERCIAL MORTGAGE	5.59%	1/15/2042	100,000	98,999
	JP MORGAN MORTGAGE TRUST	6.00%	6/25/2054	64,323	64,703
	JP MORGAN MORTGAGE TRUST	5.50%	4/25/2055	281,519	284,334
	JP MORGAN MORTGAGE TRUST	6.00%	12/25/2054	163,465	164,507
	KYNDRYL HOLDINGS INC	2.05%	10/15/2026	26,965	25,933

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	LIBERTY MUTUAL GROUP INC	4.30%	2/1/2061	125,000	77,818
	MARLETTE FUNDING TRUST	5.95%	7/17/2034	32,759	32,856
	MERCEDES-BENZ AUTO RECEIVABLES	0.46%	6/15/2026	11,985	12,274
	MICRON TECHNOLOGY INC	4.19%	2/15/2027	121,049	119,066
	MMAF EQUIPMENT FINANCE LLC	5.54%	12/13/2029	49,990	51,005
	MVW OWNER TRUST	1.14%	1/22/2041	67,040	63,416
	NATIONAL RURAL UTIL COOP	3.05%	4/25/2027	209,570	204,855
	NAVIGATOR AIRCRAFT	2.77%	11/15/2046	190,847	177,486
	NBC FUNDING LLC	6.75%	7/30/2054	218,900	222,450
	NMI HOLDINGS	6.00%	8/15/2029	107,642	110,357
	NORTHROP GRUMMAN CORP	3.20%	2/1/2027	79,871	78,340
	OPORTUN FUNDING LLC	2.18%	10/8/2031	217,532	212,464
	PEAC SOLUTIONS RECEIVABLES LLC	5.79%	6/21/2027	93,569	94,344
	PIEDMONT HEALTHCARE INC	2.04%	1/1/2032	67,000	55,838
	PIEDMONT OPERATING PARTN	3.15%	8/15/2030	136,946	120,986
	PRINCIPAL LFE GLB FND II	1.50%	11/17/2026	134,212	128,798
	PROGRESS RESIDENTIAL TRUST	1.69%	8/17/2040	248,208	227,482
	RADIAN MORTGAGE CAPITAL TRUST	5.50%	7/25/2055	244,330	246,643
	SANTANDER DRIVE AUTO RECEIVABL	4.42%	11/15/2027	118,258	118,524
	SBA SMALL BUSINESS ADMINISTRATION	2.28%	9/10/2029	210,667	210,667
	SBL HOLDINGS INC	6.50%	1/0/1900	190,000	175,750
	SEQUOIA MORTGAGE TRUST	6.00%	3/25/2055	258,217	258,540
	SERVICE EXPERTS ISSUER	2.67%	2/2/2032	90,666	88,172
	SERVPRO MASTER ISS	3.13%	1/25/2052	388,000	360,288
	SLAM LLC	5.34%	9/15/2049	96,819	95,960
	SMB PRIVATE EDUCATION LOAN TRU	5.24%	3/15/2056	88,286	89,165
	STARWOOD COMMERCIAL MORTGAGE T	5.49%	11/15/2038	231,179	230,336
	SUBWAY FUNDING LLC	5.91%	7/30/2054	199,500	196,726
	SUNRUN ISSUER	5.99%	4/30/2060	200,000	199,117
	SWTCH	6.28%	3/25/2054	108,043	110,311
	TAL ADVANTAGE VII	3.29%	9/20/2045	152,941	144,702
	TENN VALLEY AUTHORITY	2.88%	2/1/2027	139,892	137,235
	TEXTAINER MARINE CONTAINERS LI	2.10%	9/20/2045	112,906	105,503
	TEXTAINER MARINE CONTAINERS LI	3.34%	9/20/2045	56,496	53,027
	TEXTAINER MARINE CONTAINERS LI	1.68%	2/20/2046	185,110	170,174
	TEXTAINER MARINE CONTAINERS LI	2.82%	4/20/2046	68,642	63,074
	TEXTAINER MARINE CONTAINERS LI	1.94%	8/20/2046	196,133	174,977
	TEXTAINER MARINE CONTAINERS LI	2.43%	8/20/2046	139,035	122,543
	TIF FUNDING III LLC	5.48%	4/20/2049	92,469	93,027
	TRITON CONTAINER FINANCE LLC	2.11%	9/20/2045	156,142	142,528
	TRP 2021 LLC	2.15%	6/19/2051	244,612	229,164
	TRP LLC	3.06%	6/19/2051	99,971	93,592
	US BANCORP	5.87%	2/28/2035	150,000	152,277
	VELOCITY COMMERICAL CAPITAL	1.96%	10/25/2051	215,450	178,583
	VELOCITY COMMERICAL CAPITAL	5.49%	10/25/2054	197,079	195,462
	VERUS SECURIZATION TRUST	5.48%	2/25/2070	293,362	294,133
	WENDY'S FINANCIAL	2.37%	6/15/2051	168,439	155,496

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2025**

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	Current value
	WESTLAKE CORP	3.38%	6/15/2030	32,864	30,724
	WOODWARD CAPITAL MANAGEMENT	6.00%	3/25/2055	545,000	545,000
	WP CAREY INC	2.40%	2/1/2031	34,685	30,326
	ZAYO ISSURER LLC	5.65%	3/20/2055	250,000	251,034
	<b>Total corporate bonds</b>			\$ 15,560,158	\$ 15,006,973

**Gov't agencies**

	<u>Interest Rate</u>	<u>Maturity Date</u>	<u>Maturity Value</u>	<u>Current value</u>
FANNIE MAE POOL FN	3.42%	10/1/2025	138,122	133,839
FED NATL MORT ASSC	6.00%	5/1/2038	6,926	6,602
FANNIE MAE POOL FN	4.00%	6/1/2025	189	181
FANNIE MAE POOL FN	4.00%	10/1/2032	19,785	18,567
FANNIE MAE POOL FN	3.46%	5/1/2028	61,325	53,846
FANNIE MAE POOL FN	2.50%	11/1/2027	33,714	32,691
Fannie Mae	2.50%	9/1/2031	63,816	59,231
FANNIE MAE POOL FN	4.22%	11/1/2028	255,321	240,172
Fannie Mae	5.73%	11/1/2032	50,598	52,558
Fannie Mae	4.04%	2/1/2028	79,408	82,310
Fannie Mae	5.32%	2/1/2033	250,547	258,630
Fannie Mae	2.50%	6/1/2050	95,377	96,875
Fannie Mae	2.50%	9/1/2027	9,799	9,813
FANNIE MAE POOL FN	3.00%	7/1/2028	32,558	31,314
FANNIE MAE POOL	2.50%	10/1/2031	5,096	4,896
FANNIE MAE	3.00%	6/1/2027	20,549	20,247
Fannie Mae	3.50%	6/1/2047	46,693	41,218
Fannie Mae	5.00%	7/1/2038	227,781	229,095
Fannie Mae	5.50%	8/1/2054	149,553	151,984
FANNIE MAE	5.30%	9/25/2032	138,237	139,319
FANNIE MAE	4.62%	1/25/2034	20,656	20,579
FANNIE MAE	4.65%	7/25/2037	6,316	6,441
Fannie Mae	4.50%	12/25/2041	151,556	153,561
FANNIE MAE	4.81%	3/25/2041	9,103	9,300
FANNIE MAE	2.00%	10/25/2041	151,526	155,108
FANNIE MAE	2.50%	3/25/2042	22,852	20,982
FANNIE MAE	3.00%	5/25/2042	636	630
FANNIE MAE	2.25%	3/25/2044	38,723	37,384
FANNIE MAE	3.00%	3/25/2045	23,408	22,996
FANNIE MAE	3.00%	12/25/2045	37,753	36,171
FANNIE MAE REMIC TRUST	2.50%	8/25/2047	26,894	24,366
FANNIE MAE	2.00%	10/25/2043	38,076	39,466
FANNIEMAE-ACES	2.99%	4/25/2025	54,917	51,580
FEDERAL FARM CREDIT BANK	4.09%	5/3/2032	129,675	125,130
FEDERAL FARM CREDIT BANK	5.20%	9/25/2025	149,700	149,714
FEDERAL HOME LOAN BANK	3.55%	7/25/2025	200,000	199,462
FEDERAL HOME LOAN BANK	6.00%	10/15/2025	99,960	99,992
FREDDIE MAC GOLD POOL FG	3.50%	10/1/2042	7,149	6,792
FREDDIE MAC GOLD POOL FG	6.00%	7/1/2027	11,176	10,499
Freddie Mac	3.50%	5/1/2032	77,723	78,697

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2025**

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	Current value
	FREDDIE MAC GOLD POOL FG	4.50%	6/1/2025	104	101
	Freddie Mac	5.00%	11/1/2031	34,513	31,533
	Freddie Mac	4.00%	4/1/2037	53,485	56,393
	FREDDIE MAC	4.00%	5/15/2047	10,625	9,675
	FREDDIE MAC GOLD POOL FG	3.00%	7/1/2031	35,941	33,003
	FHLMC MULTIFAMILY STRUCTURED P	4.05%	7/25/2033	131,912	134,188
	FHLMC MULTIFAMILY STRUCTURED P	4.60%	12/25/2032	70,953	73,600
	FHLMC MULTIFAMILY STRUCTURED P	3.24%	8/25/2027	275,001	261,245
	FHLMC MULTIFAMILY STRUCTURED P	3.69%	1/25/2029	132,864	126,353
	FHLMC MULTIFAMILY STRUCTURED P	3.50%	1/25/2026	212,136	206,314
	FHLMC MULTIFAMILY STRUCTURED P	2.94%	4/25/2029	256,466	236,223
	FHLMC MULTIFAMILY STRUCTURED P	2.88%	4/25/2026	283,239	271,228
	FHLMC Multifamily Structured P	2.98%	11/25/2025	6,911	6,735
	Freddie Mac	3.00%	1/1/2040	85,208	86,207
	Freddie Mac	5.13%	2/1/2033	82,819	85,906
	Freddie Mac	5.29%	9/1/2028	197,205	200,722
	FREDDIE MAC	4.71%	11/15/2032	14,960	15,207
	FREDDIE MAC	5.00%	6/15/2037	37,921	36,954
	FREDDIE MAC	4.86%	10/15/2037	11,700	11,920
	FREDDIE MAC	3.50%	7/15/2040	12,325	11,838
	FREDDIE MAC	4.00%	6/15/2039	120,708	116,237
	FREDDIE MAC	3.00%	3/15/2027	24,468	23,762
	FREDDIE MAC	1.50%	5/15/2027	59,951	60,702
	Freddie Mac	2.00%	5/15/2041	66,068	63,913
	FREDDIE MAC	1.25%	12/15/2027	54,450	55,119
	FREDDIE MAC	3.00%	2/15/2033	5,797	5,847
	FREDDIE MAC	3.00%	8/15/2031	350	357
	FREDDIE MAC	2.50%	7/15/2044	36,905	33,998
	FREDDIE MAC	2.50%	12/15/2045	40,601	37,220
	FREDDIE MAC	2.75%	12/15/2046	31,268	27,427
	FRESB MULTIFAMILY MORTGAGE PAS	2.75%	4/25/2040	91,875	93,479
	Government National Mortgage Association	4.57%	4/15/2032	995	1,012
	Government National Mortgage Association	6.00%	6/15/2032	2,472	2,527
	GOVT NATL MTG ASSO	6.00%	9/15/2033	68,778	68,970
	Government National Mortgage Association	5.00%	5/15/2025	349	341
	Government National Mortgage Association	4.00%	8/15/2036	17,782	17,446
	Government National Mortgage Association	6.00%	7/20/2038	15,476	14,917
	Government National Mortgage Association	5.50%	7/20/2038	5,031	5,343
	Government National Mortgage Association	5.00%	7/20/2039	39,152	36,214
	GINNIE MAE II POOL	3.50%	12/20/2025	2,307	2,264
	GINNIE MAE II POOL	2.50%	2/20/2028	17,323	17,210
	GOVERNMENT NATIONAL MORTGAGE A	1.75%	11/20/2042	7,719	6,985
	Government National Mortgage Association	2.85%	1/16/2047	116,682	118,439
	GOVERNMENT NATIONAL MORTGAGE A	3.00%	11/20/2045	133	129
	Government National Mortgage A	2.50%	9/20/2047	148,489	131,835
	GOVERNMENT NATIONAL MORTGAGE A	2.50%	1/20/2048	191,313	166,296
	GOVERNMENT NATIONAL MORTGAGE A	3.50%	11/20/2047	17,936	17,252

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2025**

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	Current value
	GOVERNMENT NATIONAL MORTGAGE A	3.00%	4/20/2048	81,049	79,056
	GOVERNMENT NATIONAL MORTGAGE A	2.00%	4/20/2049	238,650	172,105
	GOVERNMENT NATIONAL MORTGAGE A	3.00%	10/20/2049	5,543	5,361
	Government National Mortgage A	1.25%	12/16/2062	126,965	128,932
	GOVERNMENT NATIONAL MORTGAGE A	1.25%	6/16/2062	108,657	103,300
	GOVERNMENT NATIONAL MORTGAGE A	1.55%	8/16/2063	32,819	34,612
	Government National Mortgage Association	1.75%	8/16/2063	58,304	61,180
	Small Business Administration	0.00%	5/1/2026	23,520	22,163
	SMALL BUSINESS ADMINISTRATION	5.87%	9/1/2026	12,717	12,108
	SMALL BUSINESS ADMINISTRATION	2.07%	5/1/2033	29,593	27,405
	US TREASURY N/B	1.13%	2/15/2031	68,285	60,433
	US TREASURY N/B	1.25%	8/15/2031	110,276	93,643
	US TREASURY N/B	1.38%	10/31/2028	1,170,660	1,190,826
	US TREASURY N/B	3.13%	8/31/2029	53,427	53,206
	US TREASURY N/B	3.25%	6/30/2027	263,893	272,291
	US TREASURY N/B	3.50%	9/30/2029	1,266,738	1,276,392
	US TREASURY N/B	3.63%	9/30/2031	822,707	828,852
	US TREASURY N/B	3.75%	8/31/2026	1,688,313	1,694,815
	US TREASURY N/B	3.88%	8/15/2033	345,030	346,948
	US TREASURY N/B	3.88%	8/15/2034	915,939	911,335
	US TREASURY N/B	3.88%	10/15/2027	1,691,102	1,699,133
	US TREASURY N/B	4.13%	8/31/2030	689,811	694,423
	US TREASURY N/B	4.25%	6/30/2031	352,297	353,871
	US TREASURY N/B	4.38%	8/15/2026	192,487	195,005
	<b>Total government and agency obligations</b>			\$ 16,422,641	\$ 16,250,219
	<b><u>Municipal bonds</u></b>	<b><u>Interest Rate</u></b>	<b><u>Maturity Date</u></b>	<b><u>Maturity Value</u></b>	<b><u>Current value</u></b>
	MET GOVT NASHVILLE & DAVIDSON	6.57%	7/1/2037	57,749	46,858
	MIAMI-DADE CNTY FL AVIATION RE	3.73%	10/1/2037	100,000	87,913
	SAN FRANCISCO CITY & CNTY CA P	3.70%	11/1/2032	146,000	135,729
	VIRGINIA ST PORT AUTH PORT	4.48%	7/1/2045	110,000	97,733
	UNIV OF TEXAS TX PERMANENT UNI	3.38%	7/1/2047	45,000	34,845
	<b>Total municipal bonds</b>			\$ 458,749	\$ 403,078
	<b><u>Mutual funds</u></b>				
	American Fds Grth Fnd America	N/A	N/A	N/A	7,001,492
	Baron Growth Fund	N/A	N/A	N/A	1,296,530
	Columbia Seligman Tech Info Fund	N/A	N/A	N/A	11,424,700
	Dodge & Cox International Stock Fund	N/A	N/A	N/A	712,184
	Eaton Vance Large-Cap Value Fd	N/A	N/A	N/A	1,165,357
	Fidelity Mid Cap incex	N/A	N/A	N/A	1,294,795
	Invesco Real Estate Fund	N/A	N/A	N/A	594,830
	MassMutual Diversified Bond Fd	N/A	N/A	N/A	1,020,067
	MM Slet T.Rowe Pr Rtmt 2010 Fd	N/A	N/A	N/A	9,190
	MM Slet T.Rowe Pr Rtmt 2020 Fd	N/A	N/A	N/A	17,565
	MM Slet T.Rowe Pr Rtmt 2030 Fd	N/A	N/A	N/A	942,943

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

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**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**March 31, 2025**

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Cost	Current value
	MM Slet T.Rowe Pr Rtmt 2040 Fd	N/A	N/A	N/A	2,378,000
	MM Slet T.Rowe Pr Rtmt 2050 Fd	N/A	N/A	N/A	2,352,277
	MM Slet T.Rowe Pr Rtmt 2060 Fd	N/A	N/A	N/A	319,897
	MM Slet T.Rowe Pr Rtmt Blnd Fd	N/A	N/A	N/A	139,940
	MM S&P 500 Index Fd(Nrthrn Tr)	N/A	N/A	N/A	5,547,294
	Oakmark Equity & Income Fund	N/A	N/A	N/A	567,795
	PIMCO Total return Fund	N/A	N/A	N/A	51,734
	Royce Total Return Fund	N/A	N/A	N/A	396,102
	Thornburg Intl Equity Fd	N/A	N/A	N/A	1,134,989
	Vanguard Interm-Term Treas Fd	N/A	N/A	N/A	956,909
	Vanguard Sm Cap Grwth Indx Fnd	N/A	N/A	N/A	785,857
	Vanguard Small Cap Index Fund	N/A	N/A	N/A	557,413
	Vanguard Small-Cap Val Indx Fd	N/A	N/A	N/A	681,327
	<b>Total mutual funds</b>				<u>\$ 41,349,187</u>
	<b>Pooled separate account</b>				
	Principal U.S. Property Account	N/A	N/A	N/A	<u>\$ 9,129,600</u>
	<b>Stable value fund</b>				
	Mass Mutual SAGIC Core Bond Fund	N/A	N/A	N/A	<u>\$ 12,089,406</u>
	<b>Total assets (held at end of year)</b>				<u>\$ 200,988,730</u>

\* Denotes party in interest

**U.A. LOCAL UNION NO. 614 PENSION PLAN**

**EIN: 62-6085904, Plan Number 001  
Form 5500, Schedule H, line 4j  
Schedule of Reportable Transactions  
Year Ended March 31, 2025**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Regions Bank	Regions Trust Cash Sweep	\$ 30,624,109	\$ -	\$ -	\$ -	\$ 30,624,109	\$ 30,624,109	\$ -
Regions Bank	Regions Trust Cash Sweep	\$ -	\$ 32,148,037	\$ -	\$ -	\$ 32,148,037	\$ 32,148,037	\$ -