

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>06/01/2021</u> and ending <u>05/31/2022</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>UA LOCAL 190 DEFINED CONTRIBUTION PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JOINT BOARD OF TRUSTEES OF THE UA LOCAL 190 DEFINED CONTRIBUTION PLAN</u> <u>30700 TELEGRAPH ROAD</u> <u>STE 2400</u> <u>BINGHAM FARMS, MI 48025</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td><u>002</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td><u>06/01/1997</u></td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td><u>38-3316535</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td><u>248-645-6550</u></td> </tr> <tr> <td>2d Business code (see instructions)</td> <td><u>238220</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan	<u>06/01/1997</u>	2b Employer Identification Number (EIN)	<u>38-3316535</u>	2c Plan Sponsor's telephone number	<u>248-645-6550</u>	2d Business code (see instructions)	<u>238220</u>
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan	<u>06/01/1997</u>										
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2c Plan Sponsor's telephone number	<u>248-645-6550</u>										
2d Business code (see instructions)	<u>238220</u>										

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/08/2023	DAVID FORBES, TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/08/2023	JEREMY FINN, TRUSTEE
	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.

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1706
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	1171
a(2) Total number of active participants at the end of the plan year		6a(2)	1170
b Retired or separated participants receiving benefits.....		6b	1
c Other retired or separated participants entitled to future benefits		6c	601
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1772
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1772
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1772
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	71
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 2J 2E 2F 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022		
A Name of plan UA LOCAL 190 DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶ 002	
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF THE UA LOCAL 190 DEFINED CONTRIBUTION PLAN	D Employer Identification Number (EIN) 38-3316535	

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

(a) Name of insurance carrier PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY 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
06-1050034	93629	074166	1772	06/01/2021	05/31/2022

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

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

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
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(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.

4	Current value of plan's interest under this contract in the general account at year end	4	2365933
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	29922829

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	1987560
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c	Additions: (1) Contributions deposited during the year	7c(1)	68912	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	28219	
	(4) Transferred from separate account.....	7c(4)	600111	
	(5) Other (specify below)	7c(5)	522703	

▶ TRANSFERS IN 376,735 MISCELLANEOUS IN 145,968

(6)Total additions	7c(6)	1219945
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	3207505
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	72553	
	7e(2)		
	7e(3)	259429	
	7e(4)	509590	

▶ TRANSFERS OUT 369,366 MISCELLANEOUS OUT 140,224

(5) Total deductions	7e(5)	841572
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2365933
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022		
A Name of plan UA LOCAL 190 DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF THE UA LOCAL 190 DEFINED CONTRIBUTION PLAN	D Employer Identification Number (EIN) 38-3316535	

Part I	Service Provider Information (see instructions)
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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

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)

PRUDENTIAL RETIREMENT INS AND ANNUI

3 GATEWAY CENTER, 14TH FLOOR
NEWARK, NJ 07102

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 28 38 50 52 63 64	NONE	8850	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

TIC INTERNATIONAL CORPORATION

30700 TELEGRAPH ROAD, SUITE 2400
BINGHAM FARMS, MI 48025

13-2600875

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 12 13 15 38 50 64	NONE	39271	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENNETT & ASSOCIATES CPAS PLLC

100 HURONVIEW BLVD, SUITE 200
ANN ARBOR, MI 48103

27-3488128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	15170	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEGAL ADVISORS, INC.

1300 E NINTH STREET, SUITE 1900
CLEVELAND, OH 44114

13-2646110

(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?
27 50	NONE	12500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FERGUSON WIDMAYER & CLARK PC

538 N DIVISION
ANN ARBOR, MI 48104

38-2995783

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	8398	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022

A Name of plan <u>UA LOCAL 190 DEFINED CONTRIBUTION PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JOINT BOARD OF TRUSTEES OF THE UA LOCAL 190 DEFINED CONTRIBUTION PLAN</u>	D Employer Identification Number (EIN) <u>38-3316535</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)	

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE/LSV ASSET MGMT FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN <u>06-1050034-318</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1002181</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: CORE PLUS BOND / PGIM FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN <u>06-1050034-299</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>795619</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: QMA INTL DEVELOPED MARKETS INDEX FU

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN <u>06-1050034-791</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>64620</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL DAY ONE 2020 FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN <u>06-1050034-679</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1530634</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL DAY ONE 2025 FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN <u>06-1050034-680</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1791047</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL DAY ONE 2030 FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN <u>06-1050034-681</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5235580</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL DAY ONE 2035 FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN <u>06-1050034-682</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2302236</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL DAY ONE 2040 FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-683	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5167618
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL DAY ONE 2045 FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-684	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1807509
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL DAY ONE 2050 FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-685	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2745963
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL DAY ONE 2055 FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-686	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2282118
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL DAY ONE INCOME FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-698	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 699568
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL DAY ONE 2060 FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-803	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1081148
a Name of MTIA, CCT, PSA, or 103-12 IE: QMA LARGE-CAP QUANTITATIVE CORE EQU		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-536	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1757218
a Name of MTIA, CCT, PSA, or 103-12 IE: DRYDEN S&P 500 INDEX FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-123	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1575922
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL DAY ONE 2065 FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-838	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83848
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022		
A Name of plan UA LOCAL 190 DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF THE UA LOCAL 190 DEFINED CONTRIBUTION PLAN	D Employer Identification Number (EIN) 38-3316535	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash.....	1a	197390	246825
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	93438	145548
	(2) Participant contributions.....	1b(2)	233121	234917
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	29503964	29922829
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	18414874	15657084
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1987560	2365933
	(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	50430347 48573136
Liabilities			
g	Benefit claims payable	1g	4355
h	Operating payables	1h	6599 14371
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	10954 14371
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	50419393 48558765

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1088722
	(B) Participants	2a(1)(B)	2888175
	(C) Others (including rollovers).....	2a(1)(C)	10332
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	3987229
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	28219
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	28219
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1858691
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1858691
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-683468
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-3923809
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1266862
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3028257	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3028257
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	25399	
(2) Contract administrator fees.....	2i(2)	46290	
(3) Investment advisory and management fees.....	2i(3)	12500	
(4) Other.....	2i(4)	15044	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		99233
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3127490
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-1860628
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BENNETT & ASSOCIATES CPAS PLLC

(2) EIN: 27-3488128

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a	X		23542

	Yes	No	Amount
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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 06/01/2021 and ending 05/31/2022

A Name of plan UA LOCAL 190 DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF THE UA LOCAL 190 DEFINED CONTRIBUTION PLAN	D Employer Identification Number (EIN) 38-3316535

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 38-3316535		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	50

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: 0.0 % Investment-Grade Debt: 0.0 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 0.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

- 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 _____

UA LOCAL 190 DEFINED CONTRIBUTION PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

For the years ended May 31, 2022 and 2021

UA LOCAL 190 DEFINED CONTRIBUTION PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

For the years ended May 31, 2022 and 2021

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
UA Local 190 Defined Contribution Plan
Ann Arbor, Michigan

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

We have performed an audit of the accompanying financial statements of UA Local 190 Defined Contribution Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of May 31, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of UA Local 190 Defined Contribution Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended May 31, 2022, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of UA Local 190 Defined Contribution 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about UA Local 190 Defined Contribution Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of UA Local 190 Defined Contribution Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about UA Local 190 Defined Contribution Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules (schedule of assets (held at end of year), schedule of reportable transactions, and schedule of delinquent participant contributions) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Respectfully,

Bennet & Associates CPA PLLC

Ann Arbor, Michigan
March 6, 2023

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
UA Local 190 Defined Contribution Plan
Ann Arbor, Michigan

We were engaged to audit the accompanying financial statements of UA Local 190 Defined Contribution Plan, which comprise the statement of net assets available for benefits as of May 31, 2021, and the related statement of changes in net assets available for benefits for the year ended May 31, 2021, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on the 2021 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Prudential Retirement Insurance and Annuity Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended May 31, 2021, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2021 financial statements. Accordingly, we do not express an opinion on the 2021 financial statements.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2021 Financial Statements

The form and content of the information included in the 2021 financial statements, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Respectfully,

Bennett & Associates CPAs PLLC

Ann Arbor, Michigan
March 6, 2023

UA LOCAL 190 DEFINED CONTRIBUTION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
May 31,

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments at fair value (see notes C and D):		
Participant directed investments:		
Mutual funds	\$ 15,657,084	\$ 18,414,874
Pooled separate accounts	<u>29,922,829</u>	<u>29,503,964</u>
	45,579,913	47,918,838
Unallocated investment contract with insurance company at contract value (see notes D and E)	<u>2,365,933</u>	<u>1,987,560</u>
Total investments	<u>47,945,846</u>	<u>49,906,398</u>
Cash	246,825	197,390
Receivables:		
Participant contributions	234,917	233,121
Employer contributions	<u>145,548</u>	<u>93,438</u>
TOTAL ASSETS	<u>48,573,136</u>	<u>50,430,347</u>
LIABILITIES		
Operating payables	8,215	2,611
Contributions reciprocal to other locals	<u>6,156</u>	<u>3,988</u>
TOTAL LIABILITIES	<u>14,371</u>	<u>6,599</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 48,558,765</u></u>	<u><u>\$ 50,423,748</u></u>

UA LOCAL 190 DEFINED CONTRIBUTION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the years ended May 31,

	<u>2022</u>	<u>2021</u>
ADDITIONS		
Investment Income:		
Net appreciation (depreciation) in fair value of investments	\$ (4,607,277)	\$ 11,271,253
Dividends and interest	1,886,910	871,357
	<u>(2,720,367)</u>	<u>12,142,610</u>
Contributions:		
Participants	2,898,507	2,538,443
Employers	1,165,055	1,025,415
Contributions reciprocated to other locals	(76,333)	(57,764)
	<u>3,987,229</u>	<u>3,506,094</u>
TOTAL ADDITIONS	<u>1,266,862</u>	<u>15,648,704</u>
DEDUCTIONS		
Benefits paid to participants	3,032,612	3,197,662
Administrative expenses:		
Audit & tax preparation fees	17,001	16,556
Legal fees	8,398	11,109
Administrative fees	37,440	37,440
Custodial account fees (net of refunds)	8,850	12,584
Investment advisor	12,500	12,500
Participant mailing expenses	4,114	2,540
Insurance & bond expense	5,940	5,823
Other disbursements	4,990	4,923
TOTAL DEDUCTIONS	<u>3,131,845</u>	<u>3,301,137</u>
NET INCREASE (DECREASE) DURING YEAR	(1,864,983)	12,347,567
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>50,423,748</u>	<u>38,076,181</u>
END OF YEAR	<u>\$ 48,558,765</u>	<u>\$ 50,423,748</u>

NOTE A - DESCRIPTION OF PLAN

The following brief description of the UA Local 190 Defined Contribution Plan (the Plan) is provided for general information only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan formed under an agreement between the Greater Michigan Plumbing and Mechanical Contractors Association, Inc. and UA Local 190 Plumbers/Pipefitters/Service Technicians/Gas Distribution of the United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada (the Union), and covers eligible members of the Union. Prior to May 1, 2012, there was an additional contract between the Union and the Michigan Infrastructure and Transportation Association, Inc. (Distribution Association). Effective May 1, 2012, certain members are entitled to contributions under the National Distribution Agreement in the State of Michigan or under the National Distribution Agreement in the State of Ohio. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants can elect to contribute to the Plan through elective wage deferrals. Contributions can be made at various rates from \$0.50 to \$8.75 per hour worked and if 50 or older at the end of the calendar year, \$9.00, \$10.00 or \$11.00 per hour worked. Total elective wage deferrals for any participant for a calendar year are subject to certain statutory limitations. Participants may also contribute amounts representing distributions from other qualified retirement plans.

Participating employers contribute an amount determined by the Collective Bargaining Agreement to the participants' accounts. Such collectively bargained amount for the years ended May 31, 2022 and 2021 was \$0.25 to \$1.89 per participant's hour worked, depending on participant classification. Contributions are subject to certain limitations.

Participant Accounts

Participants direct the investment of their contributions into various investment options offered by the Plan. Each participant's account is credited with: (a) the participant's contribution, (b) the employer's mandatory contribution, and (c) the participant's investment return for the period. Each account is charged with monthly and quarterly administrative fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions, their employers' mandatory contributions, as well as the actual earnings thereon.

Payments of Benefits

On termination of service due to death, disability, retirement, or attainment of age 59½, a participant may elect to receive the balance of his or her account in a cash lump sum, lump sum rollover, which may be all or partial to an eligible retirement plan, or in monthly, quarterly, or annual installments over the participant's life expectancy or over the joint life expectancies of the participant and beneficiary.

Plan Termination

Although it has not expressed any intent to do so, the Joint Board of Trustees, as Plan sponsor, has the right to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, after all adjustments then required have been made, each participant's account will be fully vested and non-forfeitable. The plan administrator may direct either a complete distribution of the assets to Plan participants or continuation of the Plan trust with distribution of benefits at such time and in such manner as described in the plan document.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosures. Accordingly, actual results could differ from those estimates.

Employer and Participant Contributions and Contributions Receivable

Contributions and contributions receivable are based on amounts collected. Due to doubts about collectability, delinquent contributions and related liquidated damages are not recognized until collected.

Investment Valuation and Income Recognition

The Plan's investments, other than fully benefit responsive investment contracts, are stated 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. See note C for discussion of fair value measurements.

Fully benefit responsive investment contracts are valued at contract value.

Interest and dividend income is recognized when it is posted to participant accounts, and the net appreciation or depreciation in fair value is recognized based on the net unit values of the funds held at the valuation date.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

The Plan has evaluated subsequent events through March 6, 2023, the date the financial statements were available to be issued.

NOTE C - FAIR VALUE MEASUREMENTS

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

- | | |
|----------------|--|
| <i>Level 1</i> | 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. |
| <i>Level 2</i> | <p>Inputs to the valuation methodology include</p> <ul style="list-style-type: none">• 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. <p>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.</p> |
| <i>Level 3</i> | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

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

NOTE C - FAIR VALUE MEASUREMENTS, *continued*

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at May 31, 2022 and 2021.

Mutual funds: Valued daily at the net asset value (NAV) of shares held by the plan custodian at year end.

Pooled separate accounts: Units held in pooled separate accounts are valued at the unit value as reported by the investment managers on the last business day of each period presented. The fair values of the pooled separate accounts are determined by reference to the funds' underlying assets.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of May 31, 2022 and 2021:

Assets at Fair Value at May 31, 2022			
	Level 1	Level 2	Level 3
Mutual funds	\$ 15,657,084	\$ -	\$ -
	<u>\$ 15,657,084</u>	<u>\$ -</u>	<u>\$ -</u>
Pooled separate accounts, measured at net asset value			29,922,829
Total Plan assets measured at fair value			<u>\$ 45,579,913</u>

Assets at Fair Value at May 31, 2021			
	Level 1	Level 2	Level 3
Mutual funds	\$ 18,414,874	\$ -	\$ -
	<u>\$ 18,414,874</u>	<u>\$ -</u>	<u>\$ -</u>
Pooled separate accounts, measured at net asset value			29,503,964
Total Plan assets measured at fair value			<u>\$ 47,918,838</u>

NOTE C - FAIR VALUE MEASUREMENTS, *continued*

Fair Value of Investments in Entities that Use NAV

The following tables summarize investments measured at fair value based on NAV per share as of May 31, 2022 and 2021.

Fair Value Estimated Using Net Asset Value per Share May 31, 2022					
Investment	Fair Value*	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Bond Funds	\$ 795,619	None	Immediate	Up to 30 days if negative cash flow	None
Equity Index Funds	1,640,542	None	Immediate	Up to 30 days if negative cash flow	None
Market Cap/Style Equity Funds	2,759,399	None	Immediate	Up to 30 days if negative cash flow	None
Target Date Funds	<u>24,727,269</u>	None	Immediate	Up to 30 days if negative cash flow	None
Total	<u>\$ 29,922,829</u>				

Fair Value Estimated Using Net Asset Value per Share May 31, 2021					
Investment	Fair Value*	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Bond Funds	\$ 1,051,207	None	Immediate	Up to 30 days if negative cash flow	None
Equity Index Funds	1,891,995	None	Immediate	Up to 30 days if negative cash flow	None
Market Cap/Style Equity Funds	2,891,605	None	Immediate	Up to 30 days if negative cash flow	None
Target Date Funds	<u>23,669,157</u>	None	Immediate	Up to 30 days if negative cash flow	None
Total	<u>\$ 29,503,964</u>				

*The fair values of the investments have been estimated using the net asset value of the investment.

NOTE D - CERTIFIED TRUST INFORMATION

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at May 31, 2022 and 2021, and net appreciation/(depreciation) in fair value of investments, dividends, and interest for the years ended May 31, 2022 and 2021, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Prudential Retirement Insurance and Annuity Company (the custodian of the Plan). The contract value of the guaranteed investment contract was also certified by the custodian.

	May 31,	
	2022	2021
Investments at Fair Value	\$ 29,922,829	\$ 29,503,964
Investments at Contract Value	<u>2,365,933</u>	<u>1,987,560</u>
	<u>\$ 32,288,762</u>	<u>\$ 31,491,524</u>

NOTE E - GUARANTEED INCOME FUND – INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan contains an investment in a Guaranteed Income Fund (“Fund”), which is supported by a group annuity insurance contract with Prudential. Prudential maintains the contributions to this Fund in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and fees.

Contract value represents contributions and reinvested income, less any withdrawals plus accrued interest. Under this contract, participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value within reasonable time frames. The contract is affected directly between the Plan sponsor and the issuer. The repayment of principal and interest credited to participants is a financial obligation of the issuer. Given these provisions, the contract is considered to be benefit responsive.

The Fund is an insurance company issued, general account backed, group annuity with no maturity date. Upon a discontinuance of the contract, contract value would be paid no later than 90 days from the date the Plan sponsor provides notice to discontinue. This contract’s operation is different than many other evergreen group annuity products in the market by virtue of the fact that a fair value adjustment does not apply upon discontinuance. There are not any specific securities in the insurer’s general account that back the liabilities of this annuity contract. The Plan owns a promise to pay interest at crediting rates which are announced in advance and guaranteed for a specific period of time as outlined in the group annuity contract.

Limitations on the Ability to Transact at Contract Value

Generally, there are not any events that could limit the ability of the Plan to transact at contract value within 90 days of request or in rare circumstances, contract value paid over a longer time period. There are not any events that allow the issuer to terminate the contract and which require the Plan sponsor to settle at an amount different than contract value paid either within 90 days or over time.

NOTE F - RELATED PARTY / PARTY-IN-INTEREST TRANSACTIONS

Plan investments include units of pooled separate accounts managed by, and an unallocated contract of, Prudential Retirement Insurance and Annuity Company. Prudential Retirement Insurance and Annuity Company is a service provider and custodian of plan assets and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services were included as a reduction of the return earned on each fund.

NOTE G - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan’s Joint Board of Trustees by a letter dated December 16, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

NOTE H - RISKS AND UNCERTAINTIES

Through direction of participants, 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 may occur in the near term and that such changes could materially affect participants’ account balances and the amounts reported in the statement of net assets available for benefits. None of the Plan’s investments are covered by FDIC or SIPC insurance.

NOTE I - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 AMOUNTS

Below is a reconciliation of certain amounts reported in Form 5500 to the corresponding financial statement line item.

	<u>2022</u>	<u>2021</u>
Reconciliation of Net Assets Available for Benefits		
Net Assets Available for Benefits per Financial Statements	\$ 48,558,765	\$ 50,423,748
Less amounts allocable to participants withdrawing from Plan, approved but not yet disbursed	<u>-</u>	<u>(4,355)</u>
Net Assets Available for Benefits per Form 5500	<u>\$ 48,558,765</u>	<u>\$ 50,419,393</u>
Reconciliation of Benefits Paid		
Benefits paid per Financial Statements	\$ 3,032,612	\$ 3,197,662
Adjustment (net), amounts allocable to participants withdrawing from Plan, approved but not yet disbursed	<u>(4,355)</u>	<u>4,355</u>
Benefits paid per Form 5500	<u>\$ 3,028,257</u>	<u>\$ 3,202,017</u>

NOTE J - CONTRACTOR DELINQUENCIES

Participant elected contributions in the amount of \$23,542 were paid late (after the time specified in the Collective Bargaining Agreement). See Supplemental Schedule of Delinquent Participant Contributions.

UA LOCAL 190 DEFINED CONTRIBUTION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
May 31, 2022

ID # 38-3316535
Plan # 002

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

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	<i>Unallocated contracts</i>			
*	Prudential Retirement Insurance and Annuity Company	Guaranteed Income Fund	~	\$ 2,365,933
	<i>Pooled separate accounts</i>			
*	Prudential Retirement Insurance and Annuity Company	Large Cap Value / LSV Asset Management	~	1,002,181
*	Prudential Retirement Insurance and Annuity Company	Core Plus Bond / PGIM Fund	~	795,619
*	Prudential Retirement Insurance and Annuity Company	QMA International Developed Markets Index Fund	~	64,620
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One 2020 Fund	~	1,530,634
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One 2025 Fund	~	1,791,047
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One 2030 Fund	~	5,235,580
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One 2035 Fund	~	2,302,236
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One 2040 Fund	~	5,167,618
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One 2045 Fund	~	1,807,509
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One 2050 Fund	~	2,745,963
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One 2055 Fund	~	2,282,118
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One 2060 Fund	~	1,081,148
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One 2065 Fund	~	83,848
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One Income Fund	~	699,568
*	Prudential Retirement Insurance and Annuity Company	QMA Large Cap Quantitative Core Equity Fund	~	1,757,218
*	Prudential Retirement Insurance and Annuity Company	Dryden S&P 500 Index Fund	~	1,575,922
	<i>Mutual funds</i>			
	Prudential Mutual Funds	ClearBridge Large Capital Growth Fund Class I	~	6,220,295
	Prudential Mutual Funds	American Funds EuroPacific Growth R4	~	279,129
	Prudential Mutual Funds	American Funds Capital World Growth & Income Fund R4	~	2,026,216
	Prudential Mutual Funds	Vanguard Lifestrategy Moderate Growth Fund	~	2,437,629
	Prudential Mutual Funds	Vanguard Lifestrategy Growth Fund	~	134,134
	Prudential Mutual Funds	Vanguard Lifestrategy Conservative Growth Fund	~	123,886
	Prudential Mutual Funds	Columbia Mid Cap Index A	~	3,138,225
	Prudential Mutual Funds	Columbia Small Cap Index A	~	1,297,570
				<u>\$ 47,945,846</u>

* Party-in-interest

~ Cost information not presented for participant directed investments

UA LOCAL 190 DEFINED CONTRIBUTION PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended May 31, 2022

ID # 38-3316535

Plan # 002

Form 5500 Schedule H, Part VI, Line 4j - Schedule of Reportable Transactions

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(f) EXPENSE INCURRED W/TRANS	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANS DATE	(i) NET GAIN OR (LOSS)
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No reportable transactions

UA LOCAL 190 DEFINED CONTRIBUTION PLAN
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For the year ended May 31, 2022

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

ID # 38-3316535
Plan # 002

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
No Late Participant Loan Repayments are included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$ -	\$ 23,542	\$ -	\$ -

Prudential Schedule C, Line 2(h) Formula Description

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
UA LOCAL 190 DEFINED CONTRIBUTION PLAN	010062	06/01/2021	05/31/2022

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Prudential Investment Management Services LLC	American Funds Capital World Gr&Inc R4	25.000 BPS from 1/1/2021 to 12/31/2021	Distribution (12b-1) Fees	American Funds Capital World Growth and Income Fund Class R-4
Prudential Investment Management Services LLC	American Funds Europacific Growth R4	25.000 BPS from 1/1/2021 to 12/31/2021	Distribution (12b-1) Fees	American Funds EuroPacific Growth Fund Class R-4
Prudential Investment Management Services LLC	Columbia Mid Cap Index A	25.000 BPS from 1/1/2021 to 12/31/2021	Distribution (12b-1) Fees	Columbia Mid Cap Index Fund Class A
Prudential Investment Management Services LLC	Columbia Small Cap Index A	25.000 BPS from 1/1/2021 to 12/31/2021	Distribution (12b-1) Fees	Columbia Small Cap Index Fund Class A
Capital Research and Management Company	American Funds Capital World Gr&Inc R4	37.000 BPS from 1/1/2021 to 12/31/2021	Investment Management Fees	American Funds Capital World Growth and Income Fund Class R-4
Capital Research and Management Company	American Funds Europacific Growth R4	41.000 BPS from 1/1/2021 to 12/31/2021	Investment Management Fees	American Funds EuroPacific Growth Fund Class R-4
Legg Mason Partners Fund Advisor, LLC	ClearBridge Large Cap Growth I	61.000 BPS from 1/1/2021 to 2/28/2021	Investment Management Fees	ClearBridge Large Cap Growth Fund Class I
Legg Mason Partners Fund Advisor, LLC	ClearBridge Large Cap Growth I	60.000 BPS from 3/1/2021 to 12/31/2021	Investment Management Fees	ClearBridge Large Cap Growth Fund Class I
Columbia Mgmt Investment Advisers, LLC	Columbia Mid Cap Index A	20.000 BPS from 1/1/2021 to 12/31/2021	Investment Management Fees	Columbia Mid Cap Index Fund Class A
Columbia Mgmt Investment Advisers, LLC	Columbia Small Cap Index A	20.000 BPS from 1/1/2021 to 12/31/2021	Investment Management Fees	Columbia Small Cap Index Fund Class A

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
UA LOCAL 190 DEFINED CONTRIBUTION PLAN	010062	06/01/2021	05/31/2022

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	60.000 BPS from 1/1/2021 to 12/31/2021	Investment Management Fees	Core Plus Bond / PGIM Fund
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	28.000 BPS from 1/1/2021 to 12/31/2021	Investment Management Fees	Dryden S&P 500 Index Fund
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	75.000 BPS from 1/1/2021 to 12/31/2021	Investment Management Fees	Large Cap Value / LSV Asset Management
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	62.000 BPS from 1/1/2021 to 12/31/2021	Investment Management Fees	Prudential Day One 2020 Fund
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	62.000 BPS from 1/1/2021 to 12/31/2021	Investment Management Fees	Prudential Day One 2025 Fund
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	62.000 BPS from 1/1/2021 to 12/31/2021	Investment Management Fees	Prudential Day One 2030 Fund
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	62.000 BPS from 1/1/2021 to 12/31/2021	Investment Management Fees	Prudential Day One 2035 Fund
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	62.000 BPS from 1/1/2021 to 12/31/2021	Investment Management Fees	Prudential Day One 2040 Fund
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	62.000 BPS from 1/1/2021 to 12/31/2021	Investment Management Fees	Prudential Day One 2045 Fund
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	62.000 BPS from 1/1/2021 to 12/31/2021	Investment Management Fees	Prudential Day One 2050 Fund

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
UA LOCAL 190 DEFINED CONTRIBUTION PLAN	010062	06/01/2021	05/31/2022

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	62.000 BPS from 1/1/2021 to 12/31/2021	Investment Management Fees	Prudential Day One 2055 Fund
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	62.000 BPS from 1/1/2021 to 12/31/2021	Investment Management Fees	Prudential Day One 2060 Fund
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	62.000 BPS from 1/1/2021 to 12/31/2021	Investment Management Fees	Prudential Day One Income Fund
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	43.000 BPS from 1/1/2021 to 12/31/2021	Investment Management Fees	QMA International Developed Markets Index Fund
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	70.000 BPS from 1/1/2021 to 12/31/2021	Investment Management Fees	QMA Large Cap Quantitative Core Equity Fund
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	40.000 BPS from 1/1/2021 to 12/31/2021	Recordkeeping Fee	Guaranteed Income Fund

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
UA LOCAL 190 DEFINED CONTRIBUTION PLAN	010062	06/01/2021	05/31/2022

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Jennison Associates LLC	Credit Suisse Securities Evercore Group Sanford C Bernstein & Co Morgan Stanley & Co. Inc J.P. Morgan Securities Cowen & Company Jefferies & Co UBS Securities LLC Allen & Co Goldman Sachs & Co	Jennison cannot precisely quantify the amount of the soft dollar research received on the plan level and has chosen to use the alternate reporting method. Listed above are the top 10 brokers from whom Jennison received soft dollar research. Please contact your Jennison Client Service Representative if you would like to obtain a complete list of brokers from whom Jennison received soft dollar research during the 2021 calendar year. The investment manager becomes eligible for soft dollar credits by sending trading and paying trade commissions to broker-dealers who both execute the trades and provide the investment manager with research services in the following forms: (1) research reports generated by the broker-dealer, (2) conferences with representatives of issuers, and/or (3) soft dollar credits that can be used to obtain research reports or services from others. The portion of any trade commission attributable to the soft dollar research services cannot be precisely identified. For Fixed Income accounts, soft dollar research is not applicable. Jennison only provides the full list of Soft Dollar brokers by request. Because Jennison has the client service relationship with the Pru Trust Participants in scope, Jennison anticipates that the clients will reach out to our client service team and not Prudential Plan Accounting.	Soft Dollars	Jennison Small Cap Core Equity Fund

Generally, indirect compensation is reported on a calendar year basis. Fees are disclosed in basis points ("bps") and are expressed as annual fee rates on the amount invested. Unless otherwise noted, for plans with non-calendar fiscal years, fee schedules are for the calendar year ending within your plan year. Note for Short Plan Years - The information in this report is based on the prior calendar year. For more current information, please refer to your account documentation or contact your Prudential Client Service Representative.

With the exception of slippage/breakage, any negative dollar amounts in this report represent fee waivers, rebates, or reimbursements.

Securities lending fees, if any, summarize the fees received for the entire investment fund and not your individual plan.

Please note that this report may not include securities lending fee information with respect to investment managers for all funds offered under your plan due to delays by such managers in providing information to Prudential. For investment managers of collective trusts offered on the Prudential Retirement platform (including, but not limited to, collective trusts offered through Prudential Retirement Insurance and Annuity Company and Prudential Insurance Company of America separate accounts) who receive securities lending fees, Prudential posts any information that Prudential has received from investment managers regarding their receipt of securities lending fees on the Plan Sponsor website furnished by Prudential for your plan. Prudential will post any such information in the format received from investment managers and without alteration on the Plan Sponsor website as soon as possible. Please contact your Prudential Client Service Representative if you need assistance locating this information on the Plan Sponsor website.

If your report includes slippage/breakage, it is because in certain circumstances (such as trading errors or delays), market trades may occur at times when the security's share price or account's unit value related to the trade is not the price assured to the plan and participants. At the investment fund level, Prudential will net any pricing differences that occur along with other small differences and will either make-up any net loss (reported in this

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
UA LOCAL 190 DEFINED CONTRIBUTION PLAN	010062	06/01/2021	05/31/2022

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

section as a negative number) or retain any net gain that results over the course of the year. The amount reported in this report as slippage/breakage, if any, represents the slippage/breakage incurred for the entire investment fund and not for your individual plan.

For Prudential Retirement Insurance and Annuity Company sub-advised funds, Prudential Insurance Company of America separate accounts, and Prudential Trust Company collective trusts, this report includes soft dollar research compensation and/or disclosures for investment managers who are active as of December 31st.

For investment managers who receive soft dollar research that they can only partially quantify, the soft dollar disclosure language that is populated in the "Amount of Fee or Formula" column may include a subset of the soft dollar research providers, the quantifiable portion of the soft dollar research, and/or a description of the eligibility conditions for the receipt of soft dollars research. Additionally, the top 10 brokers are provided for the portion of research that the investment manager cannot quantify in the "Name of Payor" column.

If all research services are quantifiable, the soft dollar disclosure language that is populated in the "Amount of fee or formula" column will include the amount of soft dollar compensation and may include a subset of the soft dollar research providers and/or soft dollar language. The top 10 brokers that provide soft dollar research are listed in the "Name of Payor" column.

Please contact your Prudential Client Service Representative to obtain a complete list of brokers from whom the manager received soft dollar research.

For investment managers of mutual funds offered on the Prudential Retirement platform (including, but not limited to, mutual funds offered through Prudential Retirement Insurance and Annuity Company and Prudential Insurance Company of America separate accounts) who receive soft dollar research, Prudential posts any information that Prudential has received from investment managers regarding their receipt of soft dollar research on the Plan Sponsor website furnished by Prudential for your plan. Prudential will post any such information in the format received from investment managers and without alteration on the Plan Sponsor website on and after April 30th. Please contact your Prudential Client Service Representative if you need assistance locating this information on the Plan Sponsor website.

For Prudential Retirement Insurance and Annuity Company Alliance funds that may have converted to sub-advised funds during the year, this report includes the fees in effect both before and after the conversion. Please refer to the communications you received for more information regarding which Alliance funds converted and the dates they converted. For plans with IncomeFlex funds, please note that the fees described above include both investment management fees and guarantee fees.

Prudential Retirement Insurance and Annuity Company sub-advised separate accounts use the State Street Bank and Trust Company ("SSB&T"), Short Term Investment Fund ("STIF") for cash management purposes. The income earned by the cash invested in the SSB&T STIF, is net of SSB&T's management fee for the STIF, which is 0.10% on the first \$100M, 0.08% on the next \$400M, and 0.05% thereafter. To determine the daily effective fee rate, this fee schedule is applied to the aggregate STIF cash balance of all participating Prudential Retirement Insurance and Annuity Company separate accounts. The determined daily fee rate is then netted against the daily investment factor, which is then applied to each fund's respective STIF holding position.

For clients invested in the Prudential Trust Company Collective Trust, please refer to the audited financial statements for information on fees collected with respect to underlying mutual fund holdings.

In "fund-of-funds" arrangements, one "fund-of-funds" separate account invests in other "investment" separate accounts. In some cases, an "investment" separate account invests in mutual fund shares. We report mutual fund management fees, sub-transfer agency fees, 12b-1 fees, securities lending fees, slippage/breakage, and any soft dollar compensation as attributable to the "investment" separate account and not to the "fund-of-funds" separate account.

For plans with an Individually Directed Account ("IDA"), the Variable Rate Savings Account ("VRSA") balance equals the amount of the IDA deposited in the VRSA, calculated on the basis of the average daily balances for the period. Assumed VRSA Spread is the periodic equivalent of the Federal Funds Rate calculated on the basis of the average daily rate in effect for the period, minus the interest rate credited under the VRSA product, calculated on the basis of the average daily rate in effect for the period.

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
UA LOCAL 190 DEFINED CONTRIBUTION PLAN	010062	06/01/2021	05/31/2022
Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation		EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation	
Prudential Retirement Insurance and Annuity Company		06-1050034	

Eligible Indirect Compensation

This report may not summarize all of the eligible indirect compensation associated with your plan. When applicable, we provided (or will provide) you with additional disclosures on other eligible indirect compensation.

The information contained in this report is generally limited to information contained in our ordinary business records. This report, however, may include some limited information that third parties (e.g., sub-advisors and bank collective trusts) provided to us, which we included for your convenience.

If you have questions about the contents of this report, please contact your Prudential Client Service Representative.

UA LOCAL 190 DEFINED CONTRIBUTION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
May 31, 2022

ID # 38-3316535
Plan # 002

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

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value

Unallocated contracts

*	Prudential Retirement Insurance and Annuity Company	Guaranteed Income Fund	~	\$ 2,365,933
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Pooled separate accounts

*	Prudential Retirement Insurance and Annuity Company	Large Cap Value / LSV Asset Management	~	1,002,181
*	Prudential Retirement Insurance and Annuity Company	Core Plus Bond / PGIM Fund	~	795,619
*	Prudential Retirement Insurance and Annuity Company	QMA International Developed Markets Index Fund	~	64,620
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One 2020 Fund	~	1,530,634
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One 2025 Fund	~	1,791,047
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One 2030 Fund	~	5,235,580
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One 2035 Fund	~	2,302,236
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One 2040 Fund	~	5,167,618
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One 2045 Fund	~	1,807,509
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One 2050 Fund	~	2,745,963
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One 2055 Fund	~	2,282,118
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One 2060 Fund	~	1,081,148
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One 2065 Fund	~	83,848
*	Prudential Retirement Insurance and Annuity Company	Prudential Day One Income Fund	~	699,568
*	Prudential Retirement Insurance and Annuity Company	QMA Large Cap Quantitative Core Equity Fund	~	1,757,218
*	Prudential Retirement Insurance and Annuity Company	Dryden S&P 500 Index Fund	~	1,575,922

Mutual funds

	Prudential Mutual Funds	ClearBridge Large Capital Growth Fund Class I	~	6,220,295
	Prudential Mutual Funds	American Funds EuroPacific Growth R4	~	279,129
	Prudential Mutual Funds	American Funds Capital World Growth & Income Fund R4	~	2,026,216
	Prudential Mutual Funds	Vanguard Lifestrategy Moderate Growth Fund	~	2,437,629
	Prudential Mutual Funds	Vanguard Lifestrategy Growth Fund	~	134,134
	Prudential Mutual Funds	Vanguard Lifestrategy Conservative Growth Fund	~	123,886
	Prudential Mutual Funds	Columbia Mid Cap Index A	~	3,138,225
	Prudential Mutual Funds	Columbia Small Cap Index A	~	1,297,570

\$ 47,945,846

* Party-in-interest

~ Cost information not presented for participant directed investments