

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

Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan UA LOCAL 290 PLUMBER, STEAMFITTER & SHIPFITTER PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/27/1961
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) BOARD OF TRUSTEES, UNITED ASSOCIATION UNION LOCAL NO. 290 PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY PENSION PLAN 12205 SW TUALATIN RD STE 200 TUALATIN, OR 97062
2b	Employer Identification Number (EIN) 93-6021114
2c	Plan Sponsor's telephone number 866-796-2305
2d	Business code (see instructions) 238220

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	JAMES GLANVILLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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

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 6287
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 3351 6a(2) 3464 6b 1985 6c 573 6d 6022 6e 373 6f 6395 6g(1) 0 6g(2) 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 116

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

1B

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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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 2023 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan UA LOCAL 290 PLUMBER, STEAMFITTER & SHIPFITTER PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, UNITED ASSOCIATION UNION LOCAL NO.	D Employer Identification Number (EIN) 93-6021114	

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	002122	7	01/01/2023	12/31/2023

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

(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** 1387367**5** Current value of plan's interest under this contract in separate accounts at year end **5****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. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 1380510**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 58421
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 58421**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1438931**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 35069(2) Administration charge made by carrier **7e(2)** 16495(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 51564**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1387367

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	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
---	---	--

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

Round off amounts to nearest dollar.

Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan UA LOCAL 290 PLUMBER, STEAMFITTER & SHIPFITTER PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, UNITED ASSOCIATION UNION LOCAL NO.	D Employer Identification Number (EIN) 93-6021114

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 957904564
(2) Actuarial value of assets for funding standard account	1b(2) 1089209755
c (1) Accrued liability for plan using immediate gain methods	1c(1) 915132607
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 915132607
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 1651737679
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 101035273
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 50810369
(3) Expected plan disbursements for the plan year	1d(3) 50930538

Statement by Enrolled Actuary

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

SIGN HERE	09/30/2024
Signature of actuary LADD E. PREPPERNAU	Date 23-06705
Type or print name of actuary MILLIMAN, INC.	Most recent enrollment number 503-227-0634
Firm name 1455 SW BROADWAY STE 1600, PORTLAND, OR 97201	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	957904564
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2361	691935968
(2) For terminated vested participants	573	111212875
(3) For active participants:		
(a) Non-vested benefits		105433243
(b) Vested benefits		743177602
(c) Total active	3137	848610845
(4) Total	6071	1651759688
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	57.99 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/15/2023	5840842	0	07/15/2023	6855110	0
03/15/2023	6235451	0	08/15/2023	5921669	0
04/15/2023	7544243	0	09/15/2023	7428203	0
05/15/2023	6400538	0	10/15/2023	6695028	0
06/15/2023	6456023	0	11/15/2023	6901294	0
		Totals ▶	3(b)	80119734	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	119.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		
(2) For terminated vested participants		
(3) For active participants:		
(a) Non-vested benefits		
(b) Vested benefits		
(c) Total active		
(4) Total		
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/15/2023	6540400	0			
01/15/2024	7300933	0			
Totals ▶			3(b)		3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
 b ☐ Entry age normal
 c ☐ Accrued benefit (unit credit)
 d ☐ Aggregate
e ☐ Frozen initial liability
 f ☐ Individual level premium
 g ☐ Individual aggregate
 h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☐ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	2.19 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	9P		9P
(2) Females	6c(2)	9FP		9FP
d Valuation liability interest rate	6d	6.00 %		6.00 %
e Salary scale	6e	% ☒ N/A		
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.00 %		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	2.7 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-14.1 %		
i Expense load included in normal cost reported in line 9b	6i	☒ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	1065973		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	40916564	3974426

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	0

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	40557811

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	281660200	40388326
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c**9d** 4856768**e** Total charges. Add lines 9a through 9d**9e** 85802905**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 292316307**g** Employer contributions. Total from column (b) of line 3**9g** 80119734**h** Amortization credits as of valuation date**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 21414067**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

	Outstanding balance	
9h	163421041	31637389
9j(1)	307508291	
9j(2)	464736038	

9j(3) 0**k (1)** Waived funding deficiency**9k(1)** 0**(2)** Other credits**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 425487497**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 339684592**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan UA LOCAL 290 PLUMBER, STEAMFITTER & SHIPFITTER PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, UNITED ASSOCIATION UNION LOCAL NO.	D Employer Identification Number (EIN) 93-6021114	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DODGE & COX
94-1441976

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CAPITAL RESEARCH & MGMT COMPANY
95-1411037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
NEW YORK LIFE	PO BOX 8401 BOSTON, MA 02266

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP, INC.
23-1945930

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

METROPOLITAN WEST ASSET MGMT, LLC

95-3703295

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

TOUCHSTONE ADVISORS, INC.

303 BROADWAY ST
CINCINNATI, OH 45202

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

QUEST INVESTMENT MGMT, LLC

93-0880854

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

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

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

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

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

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

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

WASHINGTON CAPITAL MANAGEMENT, INC.

91-1042342

(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?
51	NONE	1101783	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZENITH AMERICAN SOLUTIONS

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 36 38 50	NONE	521305	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTECH INVESTMENT MANAGEMENT LLC

01-0614895

(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?
51	NONE	376008	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)

DIMENSIONAL FUND ADVISORS

30-0447847

(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?
51	NONE	160622	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTERN ASSET MANAGEMENT CO, LLC

52-1200960

(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?
51	NONE	202488	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	109294	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)

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 49 50	NONE	195132	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

NEWTON INVESTMENT MANAGEMENT LLC

(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?
51 52 61	NONE	357417	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

VERUS ADVISORY, INC

91-1320111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 27 50	NONE	107000	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)

MARSH & MCLENNAN AGENCY, LLC

33-1436000

(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?
23 22	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	11162	Yes ☐ No ☒

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

BARLOW COUGHRAN MORALES & JOSEPHSON

91-0889948

(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	55200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BROWNSTEIN RASK LLP

93-0589000

(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	28955	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)

MESIROW FINANCIAL

27-0534067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	200473	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PANAGORA ASSET MANAGEMENT, INC.

04-3063840

(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?
51 52	NONE	142735	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	45950	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)

VOYA INVESTMENT MANAGEMENT

06-1440627

(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?
51	NONE	461468	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUM SMITH + BROWN

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	26481	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2023 This Form is Open to Public Inspection.
---	---	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan UA LOCAL 290 PLUMBER, STEAMFITTER & SHIPFITTER PENSION PLAN	B Three-digit plan number (PN) ▶ 001
--	---

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, UNITED ASSOCIATION UNION LOCAL NO.	D Employer Identification Number (EIN) 93-6021114
---	---

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: QUEST GROUP TRUST VI FUND

b Name of sponsor of entity listed in (a): QUEST INVESTMENT MANAGEMENT, INC.

c EIN-PN 93-6195889-075	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3372578
---	---------------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON CAPITAL JT MASTER TRUST

b Name of sponsor of entity listed in (a): WASHINGTON CAPITAL MANAGEMENT, INC.

c EIN-PN 91-1163419-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 138787384
---	---------------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET US CORE PLUS LLC

b Name of sponsor of entity listed in (a): WESTERN ASSET MANAGEMENT COMPANY

c EIN-PN 20-1575788-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74801441
---	---------------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALLCAP VALUE SUBTRUST

b Name of sponsor of entity listed in (a): DIMENSIONAL FUND ADVISORS LP

c EIN-PN 23-6819730-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64433989
---	---------------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: PANAGORA RISK PARITY MULTI ASSET

b Name of sponsor of entity listed in (a): PANAGORA ASSET MGMT, INC.

c EIN-PN 04-3183235-004	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41581060
---	---------------------------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
---------------------	--------------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
---------------------	--------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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
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
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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u>		
A Name of plan <u>UA LOCAL 290 PLUMBER, STEAMFITTER & SHIPFITTER PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, UNITED ASSOCIATION UNION LOCAL NO.</u>		
		D Employer Identification Number (EIN) <u>93-6021114</u>

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	<u>6383991</u>	<u>4839802</u>
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>8997171</u>	<u>8187530</u>
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	<u>327790</u>	<u>925286</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>67602295</u>	<u>95095473</u>
(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)	<u>193941950</u>	<u>280950714</u>
(5) Partnership/joint venture interests	1c(5)	<u>14635075</u>	<u>16574662</u>
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	<u>299958113</u>	<u>322976452</u>
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	<u>367456464</u>	<u>384756339</u>
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	<u>1380510</u>	<u>1387367</u>
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	4031387	4253614
f Total assets (add all amounts in lines 1a through 1e)	1f	964714746	1119947239
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	6810182	3941799
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	6810182	3941799
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	957904564	1116005440

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	80119734	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		80119734
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3988702	
(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)	730068	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4718770
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2170453	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	14233333	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		16403786
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	163165391	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	164062529	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-897138
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	60340347	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		16222933
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		36853839
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		213762271

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	51179452	
(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)		51179452
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	521305	
(3) Recordkeeping fees.....	2i(3)	26481	
(4) IQPA audit fees.....	2i(4)	45950	
(5) Investment advisory and investment management fees	2i(5)	3307640	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	109294	
(8) Legal fees	2i(8)	84155	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	387118	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4481943
j Total expenses. Add all expense amounts in column (b) and enter total	2j		55661395

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		158100876
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: **MILLER KAPLAN ARASE LLP**

(2) EIN: **95-2036255**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?	☒		16574662
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year [562567](#).

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 2023 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan UA LOCAL 290 PLUMBER, STEAMFITTER & SHIPFITTER PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, UNITED ASSOCIATION UNION LOCAL NO.	D Employer Identification Number (EIN) 93-6021114

Part I	Distributions
--------	---------------

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): _____ 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	11

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.)
---------	--

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	0	
	b Enter the amount contributed by the employer to the plan for this plan year	6b	0	
	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
----------	------------

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
---	--	--	-----------------------------------	-------------------------------	-----------------------------

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.
---------	--

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) 2023
v. 230707

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **HARDER MECHANICAL CONTRACTORS**

b EIN **93-0525328**

c Dollar amount contributed by employer **14118827**

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 **03** Day **31** Year **2024**

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) **14.71**

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

a Name of contributing employer **APOLLO MECHANICAL CONTRACTORS**

b EIN **91-1178943**

c Dollar amount contributed by employer **11161287**

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 **03** Day **31** Year **2024**

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) **14.71**

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

a Name of contributing employer **CHARTER MECHANICAL**

b EIN **56-2603961**

c Dollar amount contributed by employer **11176349**

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 **03** Day **31** Year **2024**

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) **14.71**

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

a Name of contributing employer **JH KELLY**

b EIN **91-1704136**

c Dollar amount contributed by employer **7315508**

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 **03** Day **31** Year **2024**

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) **14.71**

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

a Name of contributing employer **BMW CONSTRUCTORS, INC.**

b EIN **35-2032531**

c Dollar amount contributed by employer **4985514**

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 **03** Day **31** Year **2024**

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) **14.71**

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

a Name of contributing employer **MEI SPECIALTY MACHINERY M**

b EIN **46-2123983**

c Dollar amount contributed by employer **2575488**

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 **03** Day **31** Year **2024**

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) **14.71**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **MORGAN MILLWRIGHT & MECH**

b EIN **93-1211656**

c Dollar amount contributed by employer **3269648**

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 **03** Day **31** Year **2024**

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) **14.71**

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

a Name of contributing employer **SOUTHLAND INDUSTRIES**

b EIN **95-1596533**

c Dollar amount contributed by employer **2683691**

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 **03** Day **31** Year **2024**

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) **14.71**

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

a Name of contributing employer **ALLIANT SYSTEMS, LLC**

b EIN **46-0506661**

c Dollar amount contributed by employer **2507776**

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 **03** Day **31** Year **2024**

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) **14.71**

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

a Name of contributing employer **MACDONALD-MILLER FACILITY**

b EIN **68-0533726**

c Dollar amount contributed by employer **2944340**

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 **03** Day **31** Year **2024**

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) **14.71**

(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)

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)

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)

14a**14b****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

0

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 56.6 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 23.1 %

High-Yield Debt: 0.0 % Real Assets: 8.9 % Cash or Cash Equivalents: 7.6 % Other: 3.8 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Name of Plan	UA LOCAL 290 PLUMBER, STEAMFITTER & SHIPFITTER PENSION PLAN						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	EIN	93-6021114	PN	001

[illegible]

**UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
United Association Union Local No. 290
Plumber, Steamfitter and Shipfitter Industry
Pension Plan
12205 SW Tualatin Road, Suite 200
Tualatin, Oregon 97062

Members of the Board:

Opinion

We have audited the accompanying financial statements of United Association Union Local No. 290 Plumber, Steamfitter and Shipfitter Industry Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of January 1, 2023, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of January 1, 2023, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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

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

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

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

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.

Miller Kaplan Arase LLP
MILLER KAPLAN ARASE LLP

North Hollywood, California

October 9, 2024

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2023	December 31, 2022
ASSETS		
INVESTMENTS		
Common Stock - Fair Value	\$ 280,950,714	\$ 193,941,950
Mutual and Exchange Traded Funds - Fair Value	384,756,339	367,456,464
103-12 Entities - Fair Value	322,976,452	299,958,113
Limited Partnerships - Fair Value	16,574,662	14,635,075
Money Market Fund - Fair Value	95,095,473	67,602,295
Investment Service Contract - Contract Value	1,387,367	1,380,510
CASH	<u>4,839,802</u>	<u>6,383,991</u>
TOTAL CASH AND INVESTMENTS	1,106,580,809	951,358,398
RECEIVABLES		
Employer Contributions	\$ 8,187,530	\$ 8,997,171
Dividends and Interest	572,550	327,790
Receivable for Investments Purchased	<u>352,736</u>	<u>-</u>
TOTAL RECEIVABLES	9,112,816	9,324,961
PREPAID BENEFITS AND EXPENSES	<u>4,253,614</u>	<u>4,031,387</u>
TOTAL ASSETS	1,119,947,239	964,714,746
LIABILITIES		
Accrued Expenses	742,114	1,078,329
Due to Health Plan	803,249	1,066,348
Reciprocity Payable	2,396,436	4,589,608
Payable for Investments Purchased, Net	<u>-</u>	<u>75,897</u>
TOTAL LIABILITIES	<u>3,941,799</u>	<u>6,810,182</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 1,116,005,440</u></u>	<u><u>\$ 957,904,564</u></u>

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2023 to December 31, 2023	January 1, 2022 to December 31, 2022
ADDITIONS		
INVESTMENT INCOME (LOSS)		
Dividends and Interest	\$ 21,064,135	\$ 17,809,982
Earnings on Insurance Contract	58,421	63,640
Net Appreciation (Depreciation) of Investments	112,519,981	(169,459,751)
Less: Investment Fees	<u>(3,307,640)</u>	<u>(3,438,464)</u>
NET INVESTMENT INCOME (LOSS)	\$ 130,334,897	\$ (155,024,593)
EMPLOYER CONTRIBUTIONS	<u>80,119,734</u>	<u>77,082,580</u>
TOTAL ADDITIONS	<u>210,454,631</u>	<u>(77,942,013)</u>
DEDUCTIONS		
BENEFITS	51,179,452	49,129,550
ADMINISTRATIVE EXPENSES		
Administration Fees	521,305	529,692
Legal Fees:		
Trust	55,200	55,200
Collection	28,955	11,101
Actuary Fees	109,294	116,948
Audit Fees	45,950	45,950
Cyber Security Audit Fees	2,910	-
Employer Compliance Fees	26,481	10,534
Printing and Office Expenses	49,744	61,041
Postage	22,999	23,057
Insurance	81,257	70,191
Pension Benefit Guaranty Corp.	209,090	185,148
Bank Charges	14,050	33,977
Conferences and Meeting Expenses	<u>7,068</u>	<u>9,357</u>
TOTAL ADMINISTRATIVE EXPENSES	<u>1,174,303</u>	<u>1,152,196</u>
TOTAL DEDUCTIONS	<u>52,353,755</u>	<u>50,281,746</u>
NET INCREASE (DECREASE) FOR THE YEAR	158,100,876	(128,223,759)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of the Year	<u>957,904,564</u>	<u>1,086,128,323</u>
End of the Year	<u><u>\$ 1,116,005,440</u></u>	<u><u>\$ 957,904,564</u></u>

(Attached notes are an integral part of this statement)

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2023

ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS

VESTED BENEFITS

Participants Currently Receiving Payment	\$ 467,128,576
Vested Inactive Participants	58,404,984
Active Participants	<u>341,524,243</u>

TOTAL VESTED BENEFITS	867,057,803
-----------------------	-------------

NON-VESTED BENEFITS	<u>48,074,804</u>
---------------------	-------------------

TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u><u>\$ 915,132,607</u></u>
---	------------------------------

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
JANUARY 1, 2022 TO JANUARY 1, 2023

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT JANUARY 1, 2022		\$ 864,993,120
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Interest	\$ 50,499,590	
Benefits Paid	(49,129,550)	
Benefits Accumulated	39,998,741	
Actuarial Loss	6,307,706	
13th Check	<u>2,463,000</u>	
NET INCREASE		<u>50,139,487</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT JANUARY 1, 2023		<u><u>\$ 915,132,607</u></u>

**UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 1 - DESCRIPTION OF THE PLAN

The United Association Union Local No. 290 Plumber, Steamfitter and Shipfitter Industry Pension Plan (the "Plan") was established as a multiemployer defined benefit pension plan in 1961 as a result of collective bargaining agreements between United Association Union Local 290 and individual employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

THE PLAN DOCUMENTS INCLUDE DETAILED RULES FOR EACH SITUATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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

B. 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 certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

C. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by Milliman and is the amount that results from applying actuarial assumptions to adjust accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions and methods used in the latest valuation as of January 1, 2023 were: (a) investment return at 6.00% per annum, net of investment expenses, (b) assumed rates of mortality are the Pri-2012 Mortality Tables with Blue Collar adjustment, with generational projection using the MP-2021 projection scale (assumed rates of mortality are the Pri-2012 Mortality Tables with Blue Collar adjustment, with generational projection using the MP-2021 projection scale), (c) retirement ages: 55 to 65, (d) Actuarial Cost Method – Unit Credit Actuarial Cost Method, (e) operating expenses assumed to be \$1,100,000 per year, (f) husbands are assumed to be 4 years older than wives, and (g) other assumptions for turnover, disability incidence and surviving spouse benefits.

The foregoing actuarial assumptions and methods are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions, methods and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

D. Employer Contributions

Employer contributions are contributions made for hours worked during the year at hourly contribution rates agreed to in the collective bargaining agreements. Employer contributions receivable is estimated based on contributions received subsequent to the end of the year. No allowance is provided for uncollectible accounts.

**UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Employer Payroll Compliance Program

Remittance reports were accepted as submitted, without examination or verification of employers' payroll records. The system of internal control provides for examination of employers' records under a separate payroll compliance program.

F. Investment Valuation and Income Recognition

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

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

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

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

The following table represents the Plan's fair value hierarchy for its financial assets measured at fair value on a recurring basis as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Common Stock	\$ 280,950,714	\$ -	\$ -	\$ 280,950,714
Mutual and Exchange Traded Funds	384,756,339	-	-	384,756,339
Money Market Fund	-	95,095,473	-	95,095,473
Total Assets in the Fair Value Hierarchy	<u>\$ 665,707,053</u>	<u>\$ 95,095,473</u>	<u>\$ -</u>	760,802,526
Investments Measured at Net Asset Value ^A				<u>339,551,114</u>
				<u>\$ 1,100,353,640</u>

The following table represents the Plan's fair value hierarchy for its financial assets measured at fair value on a recurring basis as of December 31, 2022:

	Level 1	Level 2	Level 3	Total
Common Stock	\$ 193,941,950	\$ -	\$ -	\$ 193,941,950
Mutual and Exchange Traded Funds	367,456,464	-	-	367,456,464
Money Market Fund	-	67,602,295	-	67,602,295
Total Assets in the Fair Value Hierarchy	<u>\$ 561,398,414</u>	<u>\$ 67,602,295</u>	<u>\$ -</u>	629,000,709
Investments Measured at Net Asset Value ^A				<u>314,593,188</u>
				<u>\$ 943,593,897</u>

^A In accordance with ASC 820, investments measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

**UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Investment Valuation and Income Recognition (Continued)

Level 1 investments are common stock and mutual and exchange traded funds valued at their quoted prices in an active market. Level 2 investments consist of a money market fund valued at \$1 per share based on the daily closing prices reported by the fund.

The investment strategies, unfunded commitments, and significant terms of redemption for the investments valued at net asset value as of December 31, are as follows:

	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2023	2022			
DFA US Small Cap Value Trust	\$ 64,433,989	\$ 52,889,743	None	Monthly	5 days
Mesirow Financial Real Estate II LP ¹	972,564	1,232,334	None	Not permitted	N/A
Mesirow Financial Real Estate III LP ¹	9,734,288	10,221,137	\$ 906,991	Not permitted	N/A
Mesirow Financial Real Estate IV LP ¹	5,867,810	3,181,604	2,095,000	Not permitted	N/A
Panagora Risk Parity Multi Asset	41,581,060	39,727,304	None	1st and 15th of month	3 days
Quest Group Trust VI Fd	3,372,578	3,568,814	None	Quarterly	None
WA Cap Jt Mstr Tr Re Equity Fd ²	77,671,270	82,041,301	None	Monthly	15 days
WA Cap Jt Mstr Tr Mtg Income Fd ³	61,116,114	58,204,660	None	Monthly	15 days
Western Asset US Core Plus LLC	74,801,441	63,526,291	None	Daily	None

¹ These funds invest in value-added real estate opportunities in the multi-family sector located solely in the United States, diversified geographically and economically.

² The fund investment strategy is to earn investment income and/or to realize real estate price appreciation through investments in a diversified portfolio of real estate with a focus on development opportunities.

³ The fund investment strategy is to originate mortgage and construction loans which are expected to produce a consistent level of income.

Unrealized appreciation or depreciation in the fair value of investments are computed using investments' carry values for financial statement purposes and are reported as net appreciation (depreciation) of investments. Investment income (loss), realized gains and losses on sale of investments, and other investment income and expenses are reported on the accrual basis. Form 5500 requires realized gains and losses to be reported as the difference between proceeds from the sale or redemption of investments and the current (market) value of the investment at the beginning of the year, for those investments on hand at the beginning of the year, or the purchase price of investments acquired during the year. The different methods of computing realized gain or loss and the residual unrealized appreciation in fair value of investments results in differences in reporting on the financial statements and Form 5500. The Plan's investments have been invested in accordance with its investment policies and guidelines.

G. Tax-Exempt Status

No provision for federal income tax is made. The Plan received its latest notice of tax-exempt status on June 18, 2015. The Plan administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

G. Tax-Exempt Status (Continued)

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

H. Risks and Uncertainties

The actuarial present value of accumulated plan benefits is calculated based on certain assumptions pertaining to interest rate, participant demographics and other assumptions, all of which are subject to change. Due to the inherent uncertainty of the assumption process, it is at least reasonably possible changes in these assumptions in the near term would be material to the disclosure in the to financial statements of actuarial present value of accumulated plan benefits.

Plan investments consist of financial instruments that are exposed to various risks such as interest rate, market fluctuations and credit risk. Due to the level of risk associated with investments and the level of uncertainty with respect to the changes in the value of investments, it is at least reasonably possible that changes in risk in the near term would be material to amounts reported in the financial statements.

NOTE 3 - FUNDING POLICY

The Board of Trustees has established a funding policy and method in order to promote the purpose of the Plan and to ensure compliance with ERISA. Each employer contributes to the Plan such amounts and at such times as are required by the applicable provisions of the collective bargaining agreement or such other agreements as are approved by the Board of Trustees. The annual contributions for the year satisfied the minimum funding requirements of ERISA.

NOTE 4 - PRIORITIES UPON TERMINATION

It is the intent of the Board of Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Board of Trustees. In the event of termination, the Board of Trustees shall first satisfy, or make provisions to satisfy, the obligations of the Plan. Any remaining plan assets will be distributed in such manner as will, in the opinion of the Board of Trustees, bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for, or diverted to, purposes other than the exclusive benefit of the participants.

If the Plan is terminated by the withdrawal of all employers and if the value of nonforfeitable (vested) benefits exceeds the value of Plan assets, the Board of Trustees must amend the Plan to reduce benefits but only to the extent necessary to pay all of the nonforfeitable benefits when due, and to reduce accrued benefits only to the extent that those benefits are not eligible for the guarantee of the PBGC. If, after implementation of the reduction in benefits, the Plan's available resources are not sufficient to pay benefits when due for the plan year, the Plan will be considered insolvent.

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 4 - PRIORITIES UPON TERMINATION (Continued)

Plan benefits are guaranteed by the PBGC only if the Plan is insolvent. The PBGC, however, will not guarantee benefits or benefit increases in effect for fewer than 60 months before the first day of the Plan year in which a Plan amendment to reduce benefits is taken into account in determining the minimum contribution requirement for the plan year in accordance with the provisions set forth in ERISA.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets available to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

NOTE 5 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 9, 2024, the date on which the financial statements were available to be issued. There were no material subsequent events that require recognition or additional disclosures in these financial statements.

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN
FORM 5500
SCHEDULE H - LINE 4
E.I.N. 93-6021114; PLAN NO. 001

SUPPLEMENTAL SCHEDULES REQUIRED BY
THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental
Schedules Required by the Department of Labor

Board of Trustees
United Association Union Local No. 290
Plumber, Steamfitter and Shipfitter Industry
Pension Plan
12205 SW Tualatin Road, Suite 200
Tualatin, Oregon 97062

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2023 and reportable transactions for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Miller Kaplan Arase LLP
MILLER KAPLAN ARASE LLP

North Hollywood, California

October 9, 2024

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 93-6021114; PLAN NO. 001

DECEMBER 31, 2023

No. of Shares	Common Stock	Fair Value	Carry Value
3,598	Aflac Inc	\$ 296,835	\$ 257,995
349	At T Inc	5,856	6,598
85	Abbott Labs Com	9,356	9,134
9,279	Abbvie Inc	1,437,967	943,571
7,092	Acadia Pharmaceuticals Inc	222,051	106,380
22	Adobe Inc	13,125	9,112
8,660	Advanced Micro Devices Inc	1,276,571	813,957
6,357	Agilysys Inc	539,201	458,401
2,632	Air Products Chemicals Inc	720,642	714,695
2,511	Albemarle Corp	362,789	538,195
5,090	Align Technology Inc	1,394,660	1,541,775
128	Allstate Corp	17,917	15,826
3,914	Alnylam Pharmaceuticals Inc	749,179	757,429
60,869	Alphabet Inc Cl C	8,578,268	4,512,031
34,262	Alphabet Inc Cl A	4,786,059	3,231,947
86	Altria Group Inc	3,469	3,867
85,518	Amazon Com Inc	12,993,605	8,145,069
333	American Elec Pwr Co Inc Com	27,046	30,457
310	American Express Co	58,075	46,376
5,761	American International Group	390,308	348,034
857	Cencora Inc	176,011	142,743
1,703	Ameriprise Finl Inc.	646,850	541,711
13,888	Ametek Inc	2,289,992	1,570,968
26	Amgen Inc	7,489	6,294
13,780	Amicus Therapeutics Inc	195,538	156,874
221	Amphenol Corp Cl A	21,908	17,675
761	Analog Devices Inc	151,104	129,807
5,418	Ansys Inc	1,966,084	1,793,742
970	Elevance Health Inc	457,413	474,147
3,945	Apa Corporation Com	141,547	138,099
101,577	Apple Inc Com	19,556,620	9,500,024
15,905	Applied Materials Inc	2,577,723	2,086,074
71	Archer Daniels Midland Co	5,128	4,861
9,287	Ares Management Corp A	1,104,410	786,398
34,202	Array Technologies Inc	574,594	619,900
5,270	Arrowhead Pharmaceuticals Inc	161,262	150,640
1,163	Assurant Inc	195,954	173,432
2,056	Autodesk Inc	500,595	402,673
97	Automatic Data Processing	22,598	22,202
208	Autozone Inc	537,807	539,181
921	Avery Dennison Corp	186,189	163,699
4,682	Axcelis Technologies Inc	607,209	491,813
874	Axon Enterprise Inc	225,780	204,803
12,698	Axonics Inc Com	790,197	764,813
6,896	Baker Hughes Company	235,705	235,876
338	Bank of America Corp	11,380	14,490
14	Becton Dickinson And Co	3,414	3,511
2,318	WR Berkley Corp	163,929	161,574
1,830	Berkshire Hathaway Inc Cl B	652,688	602,573
3,702	Best Buy Co Inc	289,793	306,423
	<u>Forward</u>	\$ 68,339,890	\$ 44,697,869

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 93-6021114; PLAN NO. 001

DECEMBER 31, 2023

No. of Shares	<u>Common Stock</u> (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 68,339,890	\$ 44,697,869
8,109	Biomarin Pharmaceutical Inc	781,870	786,957
15,707	Bio Techne Corp	1,211,952	1,351,200
227	Blackrock Inc	184,279	160,999
2,645	Blueprint Medicines Corp	243,975	210,187
2,505	Boeing Co, The	652,953	558,360
204	Booking Holdings Inc	723,633	611,668
5,968	Boot Barn Holdings Inc	458,104	443,177
5,634	Borgwarner Inc Com	201,979	215,305
21,916	Boston Scientific Corp	1,266,964	1,143,721
4,223	Bridgebio Pharma Inc	170,483	106,353
3,276	Bristol Myers Squibb Co	168,092	215,781
1,336	Broadcom Inc	1,491,310	829,752
3,650	Brown Brown Inc	259,551	265,808
2,638	Cdw Corp	599,670	517,741
9,075	CF Inds Hldgs Inc	721,462	741,529
1,280	C H Robinson Worldwide Inc	110,579	104,403
2,774	The Cigna Group	830,674	727,789
3,762	Cvs Health Corp	297,048	257,369
2,726	Caci International Inc	882,842	686,132
1,002	Cadence Design Sys Inc	272,915	230,237
4,125	Caesars Entertainment Inc	193,380	189,868
5,838	Cardinal Health Inc	588,470	472,736
2,458	Carmax Inc	188,627	170,441
2,475	Carrier Global Corporation Com	142,189	132,150
7,021	Casella Waste Systems Inc A	600,015	555,304
12,547	Cava Group Inc Com	539,270	493,883
464	Caterpillar Inc	137,191	115,987
2,046	Centerpoint Energy Inc	58,454	56,914
5,747	Chart Industries Inc	783,489	718,099
385	Chevron Corporation	57,427	61,622
19,723	Chewy Inc Class A	466,054	761,661
56	Chipotle Mexican Grill Inc	128,070	124,658
12,548	Churchill Downs Inc	1,693,102	1,387,435
2,190	Cincinnati Finl Corp	226,577	253,637
18,064	Cisco Systems Inc	912,593	983,144
3,521	Cintas Corp	2,121,966	1,516,445
94	Citigroup Inc	4,835	4,920
4,371	Clean Hbrs Inc	762,783	476,089
23,441	Clearwater Analytics Hldgs Inc Cl A	469,523	460,946
1,163	Clorox Co	165,832	150,449
2,150	Coca Cola Company	126,699	123,684
2,613	Cognizant Tech Solutions Cl A	197,360	205,218
9,556	Comcast Corp Class A	419,031	402,183
8,883	Conmed Corp	972,777	984,680
724	Conocophillips	84,035	75,225
3,452	Constellation Energy Corp	403,504	319,129
17,481	Construction Partners Inc A	760,773	520,984
11,380	Copart Inc	557,620	538,632
	<u>Forward</u>	\$ 93,631,871	\$ 67,118,460

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 93-6021114; PLAN NO. 001

DECEMBER 31, 2023

No. of Shares	<u>Common Stock</u> (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 93,631,871	\$ 67,118,460
2,306	Corning Inc	70,218	77,942
5,816	Quidelortho Corp	428,639	487,742
1,618	Costco Whsl Corp	1,068,009	877,414
32,249	Costar Group Inc	2,818,240	2,360,876
20,771	Couchbase Inc Com	467,763	465,898
21	Crown Castle Inc	2,419	3,630
4,368	Cytokinetics Inc	364,684	191,720
5,337	Danaher Corp	1,234,662	1,197,194
1,919	Darden Restaurants Inc	315,292	302,662
1,269	Davita Inc	132,940	125,977
665	Deere Co	265,914	265,587
865	Delta Air Lines Inc	34,799	31,162
6,221	Denali Therapeutics Inc	133,503	143,199
18,716	Dexcom Inc	2,322,468	1,677,759
154	Diamondback Energy Inc	23,882	22,680
11,987	The Walt Disney Co	1,082,306	1,272,585
1,076	Dollar Tree Inc	152,846	143,213
1,021	Dupont De Nemours Inc Wi	78,546	72,776
18,023	Dynatrace Inc	985,678	791,943
452	E O G Res Inc	54,669	52,497
67,024	Eqt Corp	2,591,148	1,613,250
1,906	Eastman Chem Co	171,197	173,091
5,821	Ebay Inc Com	253,912	268,060
579	Emerson Electric Co.	56,354	51,989
8,153	The Ensign Group Inc	914,848	733,570
105	Essex Property Trust Inc	26,034	22,148
19,723	Evolent Health Inc A	651,451	605,786
49	Exelon Corporation	1,759	2,212
36,133	Exlservice Holdings Inc	1,114,703	1,030,263
1,941	Exxon Mobil Corp	194,061	206,992
2,053	F M C Corporation	129,442	242,521
8,096	Meta Platforms Inc	2,865,660	1,951,651
300	Fair Isaac Corporation	349,203	264,072
7,291	Fastenal Co	472,238	418,548
4,352	Fed Ex Corp	1,100,925	917,910
288	First Solar Inc	49,617	50,886
6,173	Firstcash Hldgs Inc	669,091	613,553
598	Fiserv Inc	79,438	71,573
3,181	Five Below	678,062	479,544
9,548	Five9 Inc	751,332	655,567
16,594	Flowserve Corp	684,005	531,031
48,140	Ford Motor Co	586,827	560,295
2,856	Franklin Res Inc	85,080	75,053
10,555	Fuller H B Co	859,283	740,272
9,093	Ge Healthcare Technologies Inc	703,071	717,548
3,413	Arthur J Gallagher Co	767,515	689,922
5,099	General Elec Co	650,785	560,173
29	General Mills Inc	1,889	2,011
	<u>Forward</u>	\$ 123,128,278	\$ 91,932,407

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 93-6021114; PLAN NO. 001

DECEMBER 31, 2023

No. of Shares	<u>Common Stock</u> (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 123,128,278	\$ 91,932,407
16,052	General Mtrs Co Com	576,588	559,391
3,366	Genuine Parts Company	466,191	522,234
737	Gilead Sciences Inc	59,704	47,639
1,141	Globe Life Inc	138,883	126,063
4,968	Goldman Sachs Group Inc	1,916,505	1,603,375
764	Grainger W W Inc	633,119	458,571
8,066	Guidewire Software Inc	879,517	631,668
1,495	Hca Healthcare Inc	404,667	389,071
13,479	HCI Group Inc	1,178,065	731,500
13,859	Hp Inc	417,017	397,054
6,046	Halozyne Therapeutics Inc	223,460	267,828
3,888	Hartford Financial Services Grp Inc	312,517	286,343
61,534	Helix Energy Solutions Group Inc	632,570	297,417
27,448	Hewlett Packard Enterpris Co	466,067	448,570
276	Hologic Inc	19,720	19,876
53	Home Depot Inc	18,367	16,633
2,318	Honeywell International Inc	486,108	479,056
11,866	Host Hotels Resorts Inc	231,031	212,896
19,104	Howmet Aerospace Inc Com	1,033,908	674,251
800	Hubbell Inc Com	263,144	241,707
3,717	Hubspot Inc	2,157,867	981,697
613	Humana Inc	280,638	292,473
798	Illinois Tool Works Inc	209,028	179,836
15,299	Illumina Inc	2,130,233	2,395,957
7,350	Immunogen Inc	217,928	102,574
9,892	Inari Med Inc	642,189	565,922
27,174	Ingersoll Rand Inc	2,101,637	1,106,512
5,760	Insmmed Inc	178,502	123,494
5,904	Innospec Inc	727,609	569,125
201	Intel Corp	10,100	10,091
5,621	Intl Business Machines Corp	919,315	737,897
5,674	Interpublic Group Cos Inc	185,199	203,567
4,346	Intra Cellular Therapies Inc	311,261	232,903
6,237	Intuitive Surgical Inc	2,104,114	1,387,566
3,195	Iron Mountain Inc	223,586	209,717
742	I3 Verticals Inc Class A	15,708	18,333
7,126	J P Morgan Chase Co Com	1,212,133	1,007,586
117	Johnson Johnson	18,339	20,425
1,085	Juniper Networks Inc	31,986	29,251
973	Kla Corporation	565,605	415,394
2,539	Kellanova	141,955	135,694
334	Keysight Technologies Inc	53,136	44,445
8,016	Kirby Corp Com	629,096	506,515
1,901	Kraft Heinz Co Com	70,299	63,999
8,822	Kroger Co	403,254	418,409
1,151	Krystal Biotech Inc	142,793	133,144
8,556	Kulicke & Soffa Inds Inc	468,184	361,981
6,718	Kura Sushi USA Inc Cl A	510,568	471,937
	<u>Forward</u>	\$ 150,147,688	\$ 113,069,994

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 93-6021114; PLAN NO. 001

DECEMBER 31, 2023

No. of Shares	<u>Common Stock</u> (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 150,147,688	\$ 113,069,994
5,733	Lkq Corporation	273,980	303,614
898	Lam Research Corp	703,367	452,657
1,945	Lamb Weston Holdings Inc	210,235	199,424
6,037	Lantheus Holdings Inc	374,294	394,514
6,825	Las Vegas Sands Corp	335,858	319,846
5,868	Eli Lilly Co	3,420,575	1,848,484
3,605	Littelfuse Inc	964,554	882,109
79	Lockheed Martin Corp Com	35,806	35,105
498	Lowes Co Inc	110,830	113,494
1,730	Lululemon Athletica Inc	884,532	612,272
5,090	Mgm Resorts International	227,421	228,345
5,733	MYR Group Inc Delaware	829,164	739,497
6,294	Marathon Petroleum Corp	933,778	570,066
3,843	Marsh McLennan Cos Inc	728,133	687,005
30,548	Marten Transportation Ltd	640,897	639,863
297	Martin Marietta Matls Inc	148,176	137,975
120	Mastercard Inc	51,181	47,320
7,232	Matador Resources Co	411,212	344,958
13,127	Maximus Inc	1,100,830	941,352
731	McCormick Co Non Vtg Shrs	50,015	48,485
35	McDonalds Corp Com	10,378	10,313
1,048	McKesson Corporation	485,203	375,670
1,776	Medpace Hldgs Inc	544,397	459,527
4,625	Merck Co Inc	504,218	465,926
7,697	Merit Med Sys Inc	584,664	535,705
31	Metlife Inc	2,050	1,863
45,956	Microsoft Corp Com	17,281,294	6,617,380
748	Microchip Technology Inc	67,455	62,368
800	Moderna Inc	79,560	61,097
19,623	Modine Manufacturing Co	1,171,493	811,472
491	Molson Coors Beverage Company	30,054	29,143
2,378	Mongoddb Inc Cl A	972,245	862,119
8	Moodys Corp	3,124	2,266
5,458	Morgan Stanley	508,959	496,173
745	Mosaic Co New Com	26,619	26,901
395	Motorola Solutions Inc	123,671	125,599
5,940	Nv5 Global Inc	660,053	688,527
28,874	Natera Inc	1,808,667	1,531,502
371	Netapp Inc	32,707	28,771
2,477	Netflix Com Inc	1,206,002	716,110
382	Nextera Energy Inc	23,203	21,875
60	Nike Inc	6,514	7,198
1,044	Nisource Inc	27,718	27,226
354	Nordson Corp	93,513	82,576
11	Norfolk Southn Corp Com	2,600	2,637
19,670	Northern Oil and Gas Inc Mn	729,167	568,800
930	Nucor Corp	161,857	137,304
26,695	Nvidia Corp	13,219,898	7,040,182
	<u>Forward</u>	\$ 202,949,809	\$ 144,412,609

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 93-6021114; PLAN NO. 001

DECEMBER 31, 2023

No. of Shares	<u>Common Stock</u> (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 202,949,809	\$ 144,412,609
947	O Reilly Automotive Inc	899,726	881,982
2,918	Occidental Petroleum Corporation	174,234	178,578
3,697	Omnicom Group Inc	319,827	277,846
8,793	On Semiconductor Corporation	734,479	663,378
5,355	Oneok Inc	376,028	347,528
5,776	Onto Innovation Inc	883,150	407,986
5,546	Oracle Corporation	584,715	543,744
21,099	Option Care Health Inc	710,825	662,559
663	Otis Worldwide Corp	59,319	56,057
10,521	P G E Corp Com	189,694	177,771
19	P N C Financial Services Group Inc	2,942	3,676
1,182	P P G Inds Inc	176,768	152,029
4,233	Paccar Inc	413,352	357,384
771	Packaging Corp America	125,604	122,045
7,287	Palomar Holdings Inc	404,429	422,650
1,522	Parker Hannifin Corp	701,185	587,148
10,044	Patrick Industries Inc	1,007,915	835,847
662	Paychex Inc	78,851	77,771
2,492	Paylocity Holding Corp	410,806	482,025
64,847	Peloton Interactive Inc	394,918	2,105,551
67	Pepsico Inc	11,379	11,508
1,804	Pfizer Inc	51,937	59,862
3,110	Philip Morris Intl	292,589	309,929
6,620	Phillips 66	881,387	628,402
12	Pioneer Natural Resources Co	2,699	2,866
5,019	Piper Sandler Co	877,673	742,654
12,242	Planet Fitness Inc Cl A	893,666	885,864
8,831	Power Integrations Inc	725,113	759,919
692	Principal Financial Group Inc	54,440	52,494
5,943	Proctor Gamble Co	870,887	889,810
166	Progressive Corp	26,440	19,362
12,860	Progyny Inc	478,135	464,603
1,829	Pulte Group Inc	188,789	166,175
115	Qualcomm Inc	16,632	13,565
596	Quest Diagnostics Inc	82,176	80,412
2,325	Rh	677,691	731,758
14,680	Rambus Inc	1,001,910	863,057
937	Ralph Lauren Corp	135,115	109,694
10	Regeneron Pharmaceuticals Inc	8,783	6,405
10,615	Repligen Corp	1,908,577	1,737,262
5,275	Revolution Medicines Inc	151,287	140,344
667	Rockwell Automation Inc	207,090	186,589
701	Rollins Inc	30,613	27,628
3,611	Roper Technologies Inc Com	1,968,609	1,508,586
4,537	Ross Stores Inc	627,875	479,823
1,751	Saia Inc	767,323	391,264
47	Salesforce Inc	12,368	10,389
12,739	Sarepta Therapeutics Inc	1,228,422	1,624,499
	<u>Forward</u>	\$ 225,778,181	\$ 166,660,887

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 93-6021114; PLAN NO. 001

DECEMBER 31, 2023

No. of Shares	<u>Common Stock</u> (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 225,778,181	\$ 166,660,887
32	Sempra Com	2,391	2,539
29,139	Sentinelone Inc Cl A	799,574	534,472
12	Sherwin Williams Co	3,743	2,984
6,461	Sitime Corp	788,759	632,291
15,022	Skyline Champion Corp	1,115,534	1,059,371
13,754	Skyward Specialty Ins Group In Com	465,986	449,270
24,148	Smartsheet Inc Class A	1,154,757	1,024,807
1,140	Snap On Inc	329,278	267,671
6,465	Snowflake Inc Cl A	1,286,535	1,093,271
12,334	Sprout Social Inc Class A	757,801	683,045
34,100	Block Inc Cl A	2,637,635	2,759,394
6,267	Starbucks Corp Com	601,695	624,089
4,250	State Str Corp	329,205	317,254
2,140	Steel Dynamics Inc	252,734	224,241
6,721	Strategic Education Inc	620,819	557,293
27,798	Summit Materials Inc Cl A	1,069,111	844,391
2,187	Super Micro Computer Inc	621,677	469,736
1,039	Synopsys Inc	534,991	449,930
7,516	Synchrony Financial	287,036	250,704
1,781	Tjx Companies Inc	167,076	158,042
31	T Mobile US Inc	4,970	3,973
2,530	Target Corp	360,323	514,039
60	Teledyne Technologies Inc	26,777	24,134
14,061	Tenable Holdings Inc	647,650	547,646
12,341	Tenet Healthcare Corp	932,609	825,560
3,157	Tesla Inc	784,451	712,508
44	Texas Instruments Inc	7,500	7,896
763	Textron Inc	61,360	52,690
19	Thermo Fisher Scientific Inc	10,085	9,858
27	3M Co	2,952	2,765
533	Travelers Cos Inc	101,531	92,340
9,725	Trex Co Inc Com	805,133	616,762
25,172	Twilio Inc A	1,909,800	2,682,813
30,116	Uber Technologies Inc	1,854,242	1,506,130
1,110	Ulta Beauty Inc Com	543,889	521,640
189	Union Pacific Corp Com	46,422	39,677
35	United Parcel Service Inc Cl B	5,503	6,456
1,475	United Rentals Inc Com	845,795	524,966
8,683	Unitedhealth Group Inc Com	4,571,339	4,227,604
5,697	Universal Display Corp Com	1,089,608	818,887
1,199	Universal Hlth Svcs Inc Cl B	182,776	152,524
5,718	V F Corp Com	107,498	88,649
4,627	Valero Energy Corp Com	601,510	496,339
10,612	Varonis Systems Inc	480,511	266,711
4,295	Vaxcyte Inc Com	269,726	232,338
8,217	Veralto Corp Com Shs	675,930	640,968
204	Verisign Inc	42,016	42,852
202	Verizon Communications Inc Com	7,615	9,315
	<u>Forward</u>	\$ 256,584,039	\$ 194,733,722

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 93-6021114; PLAN NO. 001

DECEMBER 31, 2023

No. of Shares	<u>Common Stock</u> (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 256,584,039	\$ 194,733,722
2,571	Vericel Corp	91,553	90,176
198	Visa Inc Com Cl A	51,549	42,908
877	Vulcan Mats Co Com	199,088	188,940
291	Wec Energy Group Inc Com	24,493	23,789
1,045	Wabtec Com	132,611	114,787
6,787	Walmart Inc	1,069,971	966,080
180	Wells Fargo Co New Com	8,860	7,532
15,054	Werner Enterprises Inc	637,838	572,130
7,345	Western Alliance Bancorporation	483,228	468,237
2,123	Wynn Resorts Ltd Com	193,427	180,984
3,065	Xcel Energy Inc Com	189,754	206,467
1,439	Xylem Inc Com	164,564	149,764
4,485	Zoetis Inc Cl A	885,204	839,495
7,736	Alkermes Plc	214,597	184,442
637	Aon Plc Shs Cl A	185,380	207,191
3,357	Arch Cap Group Ltd	249,324	281,194
1,101	Accenture Plc Ireland Shs Class A	386,352	398,058
3,615	Eaton Corp Plc Shs	870,564	630,906
915	Everest Group Ltd	323,526	273,297
21,033	Ftai Aviation Ltd Shs	975,931	481,176
6,822	Weatherford Intl Ltd	667,396	431,846
1,122	Johnson Ctls Intl Plc Shs	64,672	58,566
1,499	Linde Plc Shs	615,654	557,787
989	Medtronic Plc Shs	81,474	75,327
1,479	Aptiv Plc Shs	132,696	150,373
5,653	Norwegian Cruise Line Hldg Ltd Shs	113,286	98,944
4,027	Seagate Technology Hldngs Plc Ord	343,785	420,801
11,088	Trane Technologies Plc	2,704,363	1,638,419
2,442	Willis Towers Watson Plc Ltd Shs	589,010	553,216
788	Chubb Limited Com	178,088	155,620
1,364	Te Connectivity Ltd Shs	191,642	168,685
3,429	Globant Sa	816,033	682,862
3,374	Cyberark Software Ltd Shs	739,075	518,020
20,583	Tower Semiconductor Ltd	628,193	626,425
1,352	Lyondellbasell Industries N V Shs A	128,548	123,752
1,946	Nxp Semiconductors N V Com	446,957	382,099
4,329	Royal Caribbean Group Com	560,562	402,058
11,947	Carnival Corp	221,497	165,026
11,637	Restaurant Brands Intl Inc	909,199	794,452
46,031	Schlumberger Ltd Com Stk	2,395,453	1,958,927
39,708	Shopify Inc A	3,093,253	1,399,069
8,273	Wns Holdings Ltd A D R	522,854	567,758
5,930	Waste Connections Inc	885,171	849,167
	<u>TOTALS - COMMON STOCK</u>	<u>\$ 280,950,714</u>	<u>\$ 213,820,474</u>

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 93-6021114; PLAN NO. 001

DECEMBER 31, 2023

No. of Shares		Fair Value	Carry Value
<u>Mutual and Exchange Traded Funds</u>			
855,094	DODGE & COX INTERNATIONAL STOCK FUND	\$ 42,036,414	\$ 32,561,096
707,588	DODGE & COX STOCK FUND	172,333,178	105,556,768
996,942	AMERICAN EURO PAC GROWTH FDCL R6	54,532,736	47,631,947
2,780,739	VANGUARD INFLATION PROTECTED SEC FD	26,083,332	29,590,256
10,647	SPDR S&P BIOTECH ETF	950,671	834,536
10,303,945	METROPOLITAN WEST TOTAL RETURN	88,820,008	103,994,302
	<u>TOTALS - MUTUAL AND EXCHANGE TRADED FUNDS</u>	<u>\$ 384,756,339</u>	<u>\$ 320,168,905</u>
<u>103-12 Entities</u>			
12,831	DFA US SMALL CAP VALUE TRUST	\$ 64,433,989	\$ 14,092,726
2,128,798	PANAGORA RISK PARITY MULTI ASSET	41,581,060	40,000,000
71	QUEST GROUP TRUST VI FD	3,372,578	1,191,819
837,957	WA CAP JT MASTER TR RE EQUITY FD	77,671,270	26,107,160
649,733	WA CAP JT MASTER TR MTG INCOME FD	61,116,114	28,500,856
3,370,953	WESTERN ASSET US CORE PLUS LLC	74,801,441	48,468,547
	<u>TOTALS - 103-12 ENTITIES</u>	<u>\$ 322,976,452</u>	<u>\$ 158,361,108</u>
<u>Limited Partnerships</u>			
	MESIROW FINANCIAL REAL ESTATE II LP	\$ 972,564	\$ 459,955
	MESIROW FINANCIAL REAL ESTATE III LP	9,734,288	5,096,444
	MESIROW FIN REAL ESTATE VAL FD IV LP	5,867,810	5,292,217
	<u>TOTALS - LIMITED PARTNERSHIPS</u>	<u>\$ 16,574,662</u>	<u>\$ 10,848,616</u>
<u>Money Market Fund</u>			
95,095,473	FIRST AMERICAN TREASURY OBLIGATION FUND	\$ 95,095,473	\$ 95,095,473
		Contract Value	Carry Value
<u>Investment Service Contract</u>			
	AETNA INVESTMENT SERVICE CONTRACT	\$ 1,387,367	\$ 1,387,367

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 93-6021114; PLAN NO. 001

JANUARY 1, 2023 TO DECEMBER 31, 2023

<u>Investment</u>	<u>Transaction</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
First American Treasury Obligation Fund	Purchases	\$ 204,921,082	\$ -	\$ 204,921,082	\$ -
	Sales	-	176,427,922	176,427,922	-

D. Schedule of Active Participant Data (January 1, 2023)

YEARS OF CREDITED SERVICE								
AGE	Under 1		1 to 4		5 to 9		10 to 14	
	Count	Average Mon. Ben	Count	Average Mon. Ben	Count	Average Mon. Ben	Count	Average Mon. Ben
UNDER 25	58	85	58	481	0	0	0	0
25 to 29	66	119	200	604	59	1,384	0	0
30 to 34	91	106	254	627	139	1,511	31	2,123
35 to 39	44	124	164	622	137	1,510	101	2,104
40 to 44	40	144	111	604	111	1,460	97	2,188
45 to 49	28	121	66	653	85	1,470	70	2,038
50 to 54	14	*	43	649	54	1,506	58	2,068
55 to 59	6	*	16	*	36	1,370	42	2,053
60 to 64	3	*	14	*	16	*	28	2,130
65 to 69	1	*	2	*	5	*	4	*
70 & UP	0	0	2	*	0	0	0	0
TOTALS	351	114	930	614	642	1,472	431	2,105
AGE	15 to 19		20 to 24		25 to 29		30 to 34	
	Count	Average Mon. Ben	Count	Average Mon. Ben	Count	Average Mon. Ben	Count	Average Mon. Ben
UNDER 25	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0
35 to 39	11	*	0	0	0	0	0	0
40 to 44	61	2,761	28	3,245	0	0	0	0
45 to 49	61	2,711	81	3,450	29	4,271	0	0
50 to 54	53	2,682	90	3,477	58	4,175	9	*
55 to 59	39	2,707	65	3,458	44	4,089	21	4,427
60 to 64	28	2,692	37	3,324	21	4,004	8	*
65 to 69	5	*	8	*	3	*	1	*
70 & UP	1	*	0	0	0	0	0	0
TOTALS	259	2,714	309	3,423	155	4,138	39	4,471
AGE	35 to 39		40 & Up		Total			
	Count	Average Mon. Ben	Count	Average Mon. Ben	Count		Average Mon. Ben	
UNDER 25	0	0	0	0	116		283	
25 to 29	0	0	0	0	325		647	
30 to 34	0	0	0	0	515		863	
35 to 39	0	0	0	0	457		1,220	
40 to 44	0	0	0	0	448		1,577	
45 to 49	0	0	0	0	420		2,102	
50 to 54	0	0	0	0	379		2,559	
55 to 59	3	*	0	0	272		2,811	
60 to 64	4	*	2	*	161		2,738	
65 to 69	1	*	8	*	38		3,240	
70 & UP	1	*	2	*	6		*	
TOTALS	9	*	12	*	3,137		1,642	

* Average monthly benefit not provided if less than 20 participants per Schedule MB instructions

B. Actuarial Cost Method

Cost Method

The actuarial cost method we used to calculate the funding requirements of the Plan is called the **Unit Credit Actuarial Cost Method**. Under this cost method, the **normal cost** for each active participant is computed as the actuarial present value of benefits expected to be earned in the current plan year. The normal cost equals zero for all inactive participants. The Plan's **actuarial accrued liability** is the actuarial present value of all benefits earned by the plan participants to date. The **unfunded actuarial accrued liability** is determined by subtracting the actuarial value of assets from the actuarial accrued liability.

The term "actuarial present value" refers to the value, on a given date, of a series of future benefit payments, where each amount in the series is:

- a. Adjusted for the probability of increase (or decrease) due to such events as changes in marital status, etc.;
- b. Multiplied by the probability of the event occurring on which the payment is conditioned, such as the probability of survival, retirement, death, disability, termination of employment, etc.; and
- c. Discounted at an assumed rate of investment return.

These probabilities and assumed investment return are described fully in Appendix J.

Amortization Method

The amortization method for determining the current annual cost is the method used to determine the amount, timing, and pattern of recognizing changes in the unfunded actuarial accrued liability. We apply the amortization schedule defined in Section 431 of the Internal Revenue Code.

After the enactment of the Pension Protection Act of 2006 (PPA), changes in the unfunded actuarial accrued liability related to changes in plan amendments, actuarial assumptions, and experience gains and losses are amortized over 15 years. Prior to PPA, these changes were amortized over 30 years. Changes related to the actuarial cost method or asset valuation method are amortized over 10 years. In addition, the Trustees elected to amortize net investment loss for the plan year ending December 31, 2008 over the 29-year period beginning with the loss year as provided by the Pension Relief Act of 2010.

Asset Valuation Method

The **asset valuation method** is used to determine the actuarial "value" of plan assets on the valuation date. This value is used for purposes of determining the plan's actuarial costs and liabilities. Market value can be used as the actuarial value of plan assets, but most trusts have adopted an asset valuation method that "*smooths out*" short term fluctuations in the market value of plan assets.

The actuarial value of assets on the valuation date is determined using the following values:

- (1) Market value of assets on the valuation date
- (2) 75% of the difference between actual investment return and expected investment return for the plan year prior to the valuation date
- (3) 50% of the difference between actual investment return and expected investment return for the plan year prior to the plan year in (2) above
- (4) 25% of the difference between actual investment return and expected investment return for the plan year prior to the plan year in (3) above

The Actuarial Value of Assets is then determined as (1)-(2)-(3)-(4), with the resulting value not less than 80% nor greater than 120% of the Market Value of Assets on the valuation date.

Actual and expected investment return is calculated net of investment management fees using simple interest and assuming contributions, benefit payments, and expenses all occur at mid-year.

Reset of Phase-in Period (Adopted January 1, 2021)

The Board of Trustees elected to reset the plan's Actuarial Value of Assets to the Market Value of Assets with phase-in of 4-year smoothing, as allowed under IRS Revenue Procedure 2000-40, effective January 1, 2021.

[January 1, 2023 Market Value of Assets](#)

We have relied without audit on the draft market value of assets provided by the Trust's auditor.

C. Actuarial Assumptions

This section of the report describes the actuarial assumptions used in this valuation for the Plan's funding calculations under ERISA. These assumptions have been chosen on the basis of recent experience of the Trust, published actuarial tables and on current and future expectations.

The assumptions are intended to estimate the future experience of the participants of the Trust and of the Trust itself in areas which affect the projected benefit flow and anticipated investment earnings. Any variations in future experience from that expected from these assumptions will result in corresponding changes in the estimated costs of the Trust's benefits.

Investment Return

6.00% per annum, net of investment expenses.

The investment return assumption was selected based on the Plan's target asset allocation as of the valuation date, capital market assumptions from several sources, including published studies summarizing the expectations of various investment experts. This information was used to develop forward-looking long-term expected returns, producing a range of reasonable expectations according to industry experts. Based on the resulting range of potential assumptions, in our professional judgment the selected investment return assumption is reasonable and is not expected to have any significant bias.

Mortality

The Pri-2012 Mortality Tables with Blue Collar adjustment, with generational projection using the MP-2020 projection scale. Amount-weighted tables for employees, healthy annuitants, and contingent survivors were used. This assumption is intended to reflect the Plan's mortality experience through the valuation date and include a margin for potential future mortality improvement.

Disability Mortality

Disabled lives are assumed to follow the Pri-2012 Disabled Mortality Tables (amount-weighted), with generational projection using the MP-2020 projection scale.

Disability

Sample disability rates are shown below:

AGE	NUMBER BECOMING DISABLED PER 1,000 COVERED
30	0.6
40	1.1
50	5.0
60	21.7

Withdrawal

Withdrawal rates are based on a study of withdrawal experience during 2011 through 2020 and are reviewed each year to ensure they remain representative of the Plan's emerging experience. Withdrawal rates are shown below:

COMPLETED YEARS OF SERVICE	NUMBER WITHDRAWING PER 1,000*
Less than 1	250
1	165
2	80
3-12	50
13-19	35
20-29	15
30 & Up	0

**Withdrawal rates are set to zero at early retirement eligibility.*

Retirement

Retirement rates are based on a study of retirement experience during 2011 through 2020 and are reviewed annually to ensure that they remain representative of the Plan's emerging experience.

a. Retirement rates for Active Participants are shown below:

AGE	NUMBER RETIREING PER 1,000 WITHOUT "RULE OF 80"	NUMBER RETIRING PER 1,000 WITH "RULE OF 80"
55	60	110
56	60	110
57	60	110
58	60	110
59	60	110
60	100	110
61	200	250
62	200	350
63	250	250
64	250	250
65	1,000	1,000

The weighted average assumed retirement age for Active Participants is 60.4. This is based on a participant hired at age 30 and projected to meet the Rule of 80 at age 55 and assumed mid-year decrements prior to age 65.

b. Vested Inactive Participants are assumed to retire at age 62.

Future Credits

It is assumed that each active participant will earn credits in future years based on a 1,600 hour work year.

Expenses

Operating expenses are assumed to be \$1,100,000 per year.

Probability of Marriage

85% of non-retired participants are assumed to be married.

Spouse Age Difference

Husbands are assumed to be 4 years older than wives.

Election of Form of Payment

Non-retired participants are assumed to elect the life annuity with 72 months guaranteed upon retirement.

Unknown Birthdates

Non-retired participants without birthdates were assumed to have entered the plan at the average entry age of current active participants (age 30).

Joint annuitants with missing birthdates had ages calculated from their spouse's birthdate and the Spousal Age Difference assumption referred to above.

Unknown Sex

Active and inactive participants missing sex code were assumed to be male; beneficiaries missing sex codes were assumed to be female.

Current Liability Assumptions

INTEREST RATE	MORTALITY
2.19%	The current liability mortality is based on the tables specified by the IRS.

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 93-6021114; PLAN NO. 001

JANUARY 1, 2023 TO DECEMBER 31, 2023

<u>Investment</u>	<u>Transaction</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
First American Treasury Obligation Fund	Purchases	\$ 204,921,082	\$ -	\$ 204,921,082	\$ -
	Sales	-	176,427,922	176,427,922	-

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **Round off amounts to nearest dollar.**

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

A Name of plan UA LOCAL 290 PLUMBER, STEAMFITTER & SHIPFITTER PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, UNITED ASSOCIATION UNION LOCAL NO. 290	D Employer Identification Number (EIN) 93-6021114

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2023

b Assets

(1) Current value of assets	1b(1)	957,904,564
(2) Actuarial value of assets for funding standard account.....	1b(2)	1,089,209,755
c (1) Accrued liability for plan using immediate gain methods	1c(1)	915,132,607
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	915,132,607
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	1,651,737,679
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	101,035,273
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	50,810,369
(3) Expected plan disbursements for the plan year	1d(3)	50,930,538

Statement by Enrolled Actuary

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

SIGN HERE	Ladd E. Preppernau <i>LEP</i>	9/30/24
	Signature of actuary	Date
LADD E. PREPPERNAU		2306705
	Type or print name of actuary	Most recent enrollment number
MILLIMAN, INC.		503-227-0634
	Firm name	Telephone number (including area code)
1455 SW BROADWAY STE 1600		
PORTLAND OR 97201		
	Address of the firm	

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

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

Schedule MB (Form 5500) 2023
v. 230728

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	957,904,564
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2,361	691,935,968
(2) For terminated vested participants	573	111,212,875
(3) For active participants:		
(a) Non-vested benefits		105,411,234
(b) Vested benefits		743,177,602
(c) Total active	3,137	848,588,836
(4) Total	6,071	1,651,737,679
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	57.99 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/15/2023	5,840,842				
03/15/2023	6,235,451				
04/15/2023	7,544,243				
05/15/2023	6,400,538				
06/15/2023	6,456,023				
07/15/2023	6,855,110				
08/15/2023	5,921,669				
09/15/2023	7,428,203				
10/15/2023	6,695,028				
11/15/2023	6,901,294				
12/15/2023	6,540,400				
01/15/2024	7,300,933				
Totals ▶			3(b)	80,119,734	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	119.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal	b ☐ Entry age normal	c ☒ Accrued benefit (unit credit)	d ☐ Aggregate
e ☐ Frozen initial liability	f ☐ Individual level premium	g ☐ Individual aggregate	h ☐ Shortfall
i ☐ Other (specify):			
j If box h is checked, enter period of use of shortfall method			5j

- k** Has a change been made in funding method for this plan year? ☐ Yes ☒ No
- l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No
- m** If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method 5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.19 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	6.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	2.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-14.1 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1,065,973
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	40,916,654	3,974,426

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval.....	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)

8e**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any

9a

0

b Employer's normal cost for plan year as of valuation date

9b

40,557,811

c Amortization charges as of valuation date:

Outstanding balance

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

9c(1)

281,660,200

40,388,326

(2) Funding waivers

9c(2)

(3) Certain bases for which the amortization period has been extended

9c(3)

d Interest as applicable on lines 9a, 9b, and 9c

9d

4,856,768

e Total charges. Add lines 9a through 9d

9e

85,802,905

Credits to funding standard account:

f Prior year credit balance, if any

9f

292,316,307

g Employer contributions. Total from column (b) of line 3

9g

80,119,734

h Amortization credits as of valuation date

9h

Outstanding balance

163,421,041

31,637,389

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i

21,414,067

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

307,508,291

(2) "RPA '94" override (90% current liability FFL)

9j(2)

464,736,038

(3) FFL credit

9j(3)

k (1) Waived funding deficiency

9k(1)

(2) Other credits

9k(2)

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l

425,487,497

m Credit balance: If line 9l is greater than line 9e, enter the difference

9m

339,684,592

n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n**o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year

9o(1)

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b)

0

(3) Total as of valuation date

9o(3)

0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)

10

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

☒ Yes ☐ No

Schedule of Projection of Expected Benefit Payments

PLAN YEAR	ACTIVE*	VESTED INACTIVE	IN PAY	Total
2023	\$ 3,407,207	\$ 1,514,929	\$ 46,351,671	\$ 51,273,806
2024	6,051,801	1,967,876	45,108,002	53,127,679
2025	8,916,204	2,360,145	44,033,665	55,310,014
2026	11,681,198	2,746,160	42,939,428	57,366,785
2027	14,173,434	3,085,070	41,774,330	59,032,834
2028	16,528,202	3,290,275	40,553,616	60,372,092
2029	18,582,551	3,357,785	39,280,850	61,221,185
2030	20,666,980	3,591,983	37,901,008	62,159,972
2031	22,555,736	3,825,115	36,544,966	62,925,817
2032	24,450,596	3,992,907	35,147,035	63,590,538
2033	26,221,081	4,205,233	33,663,172	64,089,487
2034	27,867,895	4,429,837	32,183,319	64,481,050
2035	29,473,870	4,588,143	30,685,510	64,747,522
2036	30,918,151	4,694,232	29,130,319	64,742,702
2037	32,212,998	4,865,572	27,556,730	64,635,301
2038	33,414,941	4,984,373	25,988,450	64,387,764
2039	34,499,615	5,097,321	24,423,471	64,020,407
2040	35,477,795	5,199,255	22,850,879	63,527,929
2041	36,219,358	5,264,728	21,291,541	62,775,627
2042	36,967,979	5,258,832	19,745,970	61,972,781
2043	37,589,248	5,270,390	18,216,233	61,075,870
2044	38,057,518	5,181,112	16,715,353	59,953,983
2045	38,420,060	5,078,098	15,248,971	58,747,129
2046	38,584,281	4,962,853	13,826,709	57,373,842
2047	38,654,403	4,813,050	12,453,875	55,921,328
2048	38,660,418	4,698,894	11,141,973	54,501,285
2049	38,480,965	4,559,363	9,896,442	52,936,770
2050	38,248,052	4,422,921	8,723,554	51,394,526
2051	37,914,620	4,265,196	7,628,734	49,808,550
2052	37,351,190	4,087,970	6,616,217	48,055,377
2053	36,873,087	3,907,220	5,688,956	46,469,262
2054	36,096,001	3,712,468	4,848,498	44,656,968
2055	35,205,749	3,520,810	4,093,917	42,820,476
2056	34,227,527	3,314,177	3,425,404	40,967,109
2057	33,089,635	3,109,610	2,839,296	39,038,541
2058	31,871,816	2,904,267	2,331,362	37,107,445
2059	30,535,656	2,702,421	1,896,341	35,134,418
2060	29,124,988	2,506,107	1,528,174	33,159,270
2061	27,653,758	2,314,913	1,220,280	31,188,951
2062	26,164,108	2,130,696	965,862	29,260,666
2063	24,664,559	1,953,156	758,127	27,375,842
2064	23,176,157	1,783,014	590,492	25,549,664
2065	21,707,713	1,620,523	456,747	23,784,983
2066	20,277,530	1,466,061	351,176	22,094,767
2067	18,888,790	1,319,959	268,682	20,477,430
2068	17,544,749	1,182,484	204,800	18,932,033
2069	16,249,824	1,053,884	155,717	17,459,424
2070	15,004,978	934,316	118,240	16,057,534
2071	13,811,901	823,858	89,753	14,725,512
2072	12,671,036	722,517	68,165	13,461,718

* Projected benefit payments based on benefits earned as of the valuation date.

Schedule MB, line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments
United Association Local No. 290
Plumber, Steamfitter and Shipfitter Industry Pension Plan
EIN/PN: 93-6021114/ 001

Schedule MB, line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments			
Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	49,770,000	0	49,770,000
2024	49,770,000	0	49,770,000
2025	49,770,000	0	49,770,000
2026	49,770,000	0	49,770,000
2027	49,770,000	0	49,770,000
2028	49,770,000	0	49,770,000
2029	49,770,000	0	49,770,000
2030	49,770,000	0	49,770,000
2031	49,770,000	0	49,770,000
2032	49,770,000	0	49,770,000



1455 SW Broadway
Suite 1600
Portland, OR 97201
USA

Tel +1 503 227 0634

milliman.com

Via Email

September 30, 2024

Jeff Goss
Miller, Kaplan, Arase & Co., LLP
4123 Lankershim Blvd.
North Hollywood, CA 91602-2828

Re: U.A. Local No. 290 Plumber, Steamfitter, & Shipfitter Industry Pension Fund
2023 IRS Form 5500 Filing

Dear Jeff:

As requested, below are the participant counts for Items 5 and 6 of the 2023 IRS Form 5500:

5	Total number of participants at the beginning of the plan year	5,974
6a(1)	Active participants, beginning of plan year	3,137
6a(2)	Active participants, end of plan year	3,353
6b	Retired or separated participants receiving benefits	1,851
6c	Other retired or separated participants entitled to future benefits	<u>566</u>
6d	Subtotal	5,770
6e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<u>418</u>
6f	Total participants at the end of the plan year	6,188

The 418 beneficiaries receiving benefits or entitled to future benefits does not include 97 individuals who were receiving benefits from the plan as of December 31, 2023, but were coded by the plan administrator as "alternate payees" under qualified domestic relations orders. The IRS instructions specifically state that alternate payees are not to be counted as participants.

Schedule MB

Enclosed is a copy of the 2023 Schedule MB attachment to the IRS Form 5500 for the above Plan. Please let us know if you need anything else from us in order to complete the filing.

Schedule R

For the Schedule R we suggest the following answers, labeled by line number:

Line 4: Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?

This item should be answered "No."

Line 8: If a change in actuarial cost method was made for the 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?

This item should be answered "N/A."

Line 9: If this is a defined benefit plan, were any amendments adopted during this plan year that increased or decreased the value of benefits?

This item should be answered "Increase."

Line 16a: Enter the number of employers who withdrew during the preceding (2022) plan year: 0

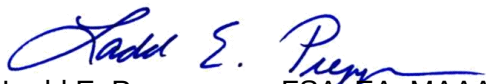
This should be confirmed by the plan administrator.

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

This item should be answered \$0.

If you have any questions, please call.

Sincerely,



Ladd E. Preppernau, FSA, EA, MAAA
Principal and Consulting Actuary

LEP:eel

cc: Pati Piro
Dave Barlow
Carrie Vaughn

A. Summary of Present Plan (January 1, 2023)

Plan Changes since the Last Valuation

Since the last valuation, the following plan changes were adopted:

- Supplemental check paid to retirees, surviving spouses, alternate payees and beneficiaries in pay status as of November 1, 2022. The supplemental check amount paid \$1,000 to eligible participants if the usual monthly benefit was less than \$1,500; otherwise it paid \$1,100.
- The temporary waiver of the Plan's suspension of benefits rules (in response to a manpower shortage) was extended through December 31, 2023.

Plan Identification

Employee Identification Number (EIN): 91-6123988
Plan Number (PN): 001

Effective Date

July 27, 1961. The Plan was last restated effective January 1, 2021. Amendments effective on or before January 1, 2023 have been reflected in this report.

Eligibility and Participation

The Plan covers employees of employers who have collective bargaining agreements with the Local 290 of the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry, AFL-CIO.

An employee becomes a Participant upon completion of one hour in covered employment. A nonvested Participant who incurs five consecutive One-Year Breaks in Service (failure to work 250 hours in a plan year) incurs a Permanent Break in Service and ceases to be a Participant as of the last day of the fifth such plan year.

Benefit Service

- Past Benefit Service** Past benefit service is available for those participants with at least 800 hours of work under a collective bargaining agreement between August 31, 1957 and September 1, 1961. Past benefit service is provided for each year or portion of a year of continuous membership in the union prior to September 1, 1961, measured from the last date of union membership. Past benefit service is limited to 10 years.
- Future Benefit Service** Future benefit service is earned based on the number of hours in covered employment, as follows:

BENEFIT HOURS OF SERVICE DURING PLAN YEAR	YEARS OF FUTURE BENEFIT SERVICE
1,440 or more	1.00
1,089 to 1,440	.75
720 to 1,089	.50
360 to 720	.25
Under 360	.00

Vesting Service

Vesting service is earned for hours of service in covered employment and for some periods of employment in noncovered employment, such as service under another pension plan with a reciprocal agreement and contiguous service. Since January 1, 1985, vesting service has been determined as follows:

HOURS OF SERVICE DURING PLAN YEAR	YEARS OF VESTING SERVICE
1,000 or more	1.00
750 to 1,000	.75
500 to 750	.50
250 to 500	.25
Under 250	.00

From January 1, 1976 through December 31, 1984, no credit was earned for less than 500 hours. A different schedule existed for years prior to 1976.

Break in Service

A forfeiture of service occurs when an employee has consecutive one-year breaks which equal or exceed the greater of 5 or his years of service. After December 31, 1984, a one year break is a calendar year in which a participant earns less than 250 hours of service. Somewhat different break rules apply prior to 1985.

Vesting of Benefits

- has attained age 50 and has completed 15 years of Benefit Service including five years of Future Benefit Service; or
- has completed five years of Vesting Service; or
- has attained age 62 before ceasing to be a participant and has completed five years of Future Benefit Service; or
- has attained age 62 and reached the tenth anniversary of participation in the plan without incurring a permanent break in service or
- has attained age 65 and reached the fifth anniversary of participation in the plan without incurring a permanent break in service.

Eligibility for Retirement Benefits

- Normal Retirement** – later of age 62 and vested.
- Early Retirement** – later of age 55 and the earlier of i) or ii):
 - Completion of 10 years of Vesting Service; or
 - Completion of 10 years of Benefit Service including 5 years of Future Benefit Service.

Amount of Benefits

- a. **Normal Retirement** – A monthly pension equal to the sum of i) \$1.50 per year of Past Benefit Service, ii) \$23.00 per year of Future Benefit Service earned prior to January 1, 1969, and iii) the following benefit per 1,000 hours of contributions after January 1, 1969:

PERIOD OF TIME	FUTURE BENEFIT
1969 – 1981	\$ 23.00
1982 – 1987	26.00
1988 – 1989	27.00
1990 – 1993	29.00
1994 – 1995	44.00
1996	52.00
1997	59.00
1998	67.00
1999 – 2003	78.00
2004 – 2007	60.00
2008 – 2009	66.00
2010 – 2011	52.00
2012	56.00
2013	61.00
2014	62.00
2015	72.00
2016	81.00
2017	91.00
2018	100.00
2019	110.00
2020	120.00
2021	135.00
2022 and later	150.00

Bonus accrual per 1,000 hours worked during 1995: \$25.00

Bonus accrual per 1,000 hours worked during 1996: \$10.00

Bonus accrual per 1,000 hours worked during 1997: \$11.00

Bonus accrual per 1,000 hours worked during 1998: \$25.00

Bonus accrual per 1,000 hours worked during 1999: \$30.00

In addition, participants covered under the Plan prior to December 31, 1987 receive a benefit supplement of \$110.00 per month.

Participants whose contributions are made at a rate other than the current contribution rate are credited with future benefit service hours equal to the contribution received divided by the current contribution rate per hour under the Plan.

- b. **Early Retirement** – The Plan's early retirement reduction factors are displayed below:

PERCENT OF NORMAL RETIREMENT BENEFIT		
AGE WHEN PAYMENTS BEGIN	RETIREMENT FROM INACTIVE STATUS	RETIREMENT FROM COVERED EMPLOYMENT WITHOUT "RULE OF 80"
55	59.2%	70.0%
56	66.4%	76.0%
57	73.6%	82.0%
58	80.8%	88.0%
59	88.0%	94.0%
60	95.2%	100.0%
61	97.6%	100.0%
62 or later	100.0%	100.0%

"Rule of 80" – If a participant retires from covered employment at an age of at least 55 with age plus Vesting Service greater than or equal to 80, the participant will receive an unreduced early retirement benefit. Vesting Service earned while in non-covered employment does not count towards eligibility for the Rule of 80.

Death Benefit before Retirement

The beneficiary of a nonvested participant who has not incurred a complete break in service or a vested unmarried participant who dies before becoming eligible for early retirement is eligible for a death benefit equal to the larger of 100% of contributions to the pension plan made on the employee's behalf and the minimum benefit set forth in the table below:

YEARS OF FUTURE BENEFIT SERVICE	DEATH BENEFIT
Less than 1	\$ 0
1 to 3	1,400
3 to 5	2,800
5 or more	4,200

If a vested married participant dies prior to retirement, the participant's surviving spouse is entitled to a life annuity equal to 75% of the reduced benefit payable to him as a joint and survivor retirement benefit. The benefit is payable when the Participant would have been first eligible to retire. In lieu of the monthly survivor annuity, the spouse of a deceased participant may opt to receive the greater of the lump sum benefit described above or a lump sum equal to the actuarial present value of the monthly survivor annuity.

If a vested unmarried participant dies prior to retirement but after becoming eligible for early retirement, the participant's beneficiary is entitled to a lump sum death benefit equal to the actuarial present value of 72 months of payments of the participant's accrued benefit.

Disability Benefits

- a. **Eligibility** – Must have at least 5 years of Benefit Service including one year of Future Benefit Service, must be unable to work within the jurisdiction of the plumbing and pipefitting industry or be entitled to a disability pension under the Federal Old Age Survivors and Disability Insurance Act, and must have been employed by a participating employer for at least one compensable hour during the 24 months prior to disability.

- b. **Amount of Benefits** – The monthly disability benefit is equal to 100% of the normal retirement benefit.
- c. **Form of Payment** – Participants who commence disability benefits prior to September 1, 2006 receive a disability retirement benefit, which is payable in any available form of payment under the Plan upon election by the participant. The disability benefit payable to participants who commence on or after September 1, 2006 is an auxiliary benefit; the benefit is payable as a temporary life annuity until the participant's normal retirement date (or early retirement date, if elected). Upon early or normal retirement, the participant may elect one of the available forms of payment under the Plan.

Forms of Benefit

A 72-month certain and life annuity is the normal form of benefit. Married participants receive actuarially reduced joint and survivor annuities with 75% continuance to the surviving spouse, unless they elect otherwise. The joint and survivor annuity paid to married participants includes a pop-up feature in which the benefit amount increases upon the death of the participant's spouse to the benefit payable under the 72-month certain and life annuity form of payment. A 50% joint and survivor annuity, 120-month or 180-month certain and life annuity options are also available on an actuarially equivalent basis.

Merger

On January 1, 1988, the plan merged with the Plumbers & Steamfitters Local 481 Pension Trust and the Benefit Plan of the Oregon Plumbing and Pipefitting Industry Pension Trust. Under the merger agreement, all benefits earned prior to the merger are retained and benefits earned after the merger are based on the provisions of this plan. Years of service in all the merged plans are combined to determine vesting credits.

Reciprocity

The plan has reciprocal agreements with other pension plans for plumbers and pipefitters. The agreements generally provide for the transfer of pension contributions made on an individual's behalf from one pension plan to another. Contributions transferred to this plan on behalf of participants working in other jurisdictions receive future benefit service hours equal to the contribution divided by the current contribution rate per hour under this plan.

Cost-of-Living Increases

Participants who retired prior to July 1, 1983 receive an annual 3.5% cost-of-living adjustment.

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 93-6021114; PLAN NO. 001

DECEMBER 31, 2023

No. of Shares	Common Stock	Fair Value	Carry Value
3,598	Aflac Inc	\$ 296,835	\$ 257,995
349	At T Inc	5,856	6,598
85	Abbott Labs Com	9,356	9,134
9,279	Abbvie Inc	1,437,967	943,571
7,092	Acadia Pharmaceuticals Inc	222,051	106,380
22	Adobe Inc	13,125	9,112
8,660	Advanced Micro Devices Inc	1,276,571	813,957
6,357	Agilysys Inc	539,201	458,401
2,632	Air Products Chemicals Inc	720,642	714,695
2,511	Albemarle Corp	362,789	538,195
5,090	Align Technology Inc	1,394,660	1,541,775
128	Allstate Corp	17,917	15,826
3,914	Alnylam Pharmaceuticals Inc	749,179	757,429
60,869	Alphabet Inc Cl C	8,578,268	4,512,031
34,262	Alphabet Inc Cl A	4,786,059	3,231,947
86	Altria Group Inc	3,469	3,867
85,518	Amazon Com Inc	12,993,605	8,145,069
333	American Elec Pwr Co Inc Com	27,046	30,457
310	American Express Co	58,075	46,376
5,761	American International Group	390,308	348,034
857	Cencora Inc	176,011	142,743
1,703	Ameriprise Finl Inc.	646,850	541,711
13,888	Ametek Inc	2,289,992	1,570,968
26	Amgen Inc	7,489	6,294
13,780	Amicus Therapeutics Inc	195,538	156,874
221	Amphenol Corp Cl A	21,908	17,675
761	Analog Devices Inc	151,104	129,807
5,418	Ansys Inc	1,966,084	1,793,742
970	Elevance Health Inc	457,413	474,147
3,945	Apa Corporation Com	141,547	138,099
101,577	Apple Inc Com	19,556,620	9,500,024
15,905	Applied Materials Inc	2,577,723	2,086,074
71	Archer Daniels Midland Co	5,128	4,861
9,287	Ares Management Corp A	1,104,410	786,398
34,202	Array Technologies Inc	574,594	619,900
5,270	Arrowhead Pharmaceuticals Inc	161,262	150,640
1,163	Assurant Inc	195,954	173,432
2,056	Autodesk Inc	500,595	402,673
97	Automatic Data Processing	22,598	22,202
208	Autozone Inc	537,807	539,181
921	Avery Dennison Corp	186,189	163,699
4,682	Axcelis Technologies Inc	607,209	491,813
874	Axon Enterprise Inc	225,780	204,803
12,698	Axonics Inc Com	790,197	764,813
6,896	Baker Hughes Company	235,705	235,876
338	Bank of America Corp	11,380	14,490
14	Becton Dickinson And Co	3,414	3,511
2,318	WR Berkley Corp	163,929	161,574
1,830	Berkshire Hathaway Inc Cl B	652,688	602,573
3,702	Best Buy Co Inc	289,793	306,423
	<u>Forward</u>	\$ 68,339,890	\$ 44,697,869

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 93-6021114; PLAN NO. 001

DECEMBER 31, 2023

No. of Shares	<u>Common Stock</u> (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 68,339,890	\$ 44,697,869
8,109	Biomarin Pharmaceutical Inc	781,870	786,957
15,707	Bio Techne Corp	1,211,952	1,351,200
227	Blackrock Inc	184,279	160,999
2,645	Blueprint Medicines Corp	243,975	210,187
2,505	Boeing Co, The	652,953	558,360
204	Booking Holdings Inc	723,633	611,668
5,968	Boot Barn Holdings Inc	458,104	443,177
5,634	Borgwarner Inc Com	201,979	215,305
21,916	Boston Scientific Corp	1,266,964	1,143,721
4,223	Bridgebio Pharma Inc	170,483	106,353
3,276	Bristol Myers Squibb Co	168,092	215,781
1,336	Broadcom Inc	1,491,310	829,752
3,650	Brown Brown Inc	259,551	265,808
2,638	Cdw Corp	599,670	517,741
9,075	CF Inds Hldgs Inc	721,462	741,529
1,280	C H Robinson Worldwide Inc	110,579	104,403
2,774	The Cigna Group	830,674	727,789
3,762	Cvs Health Corp	297,048	257,369
2,726	Caci International Inc	882,842	686,132
1,002	Cadence Design Sys Inc	272,915	230,237
4,125	Caesars Entertainment Inc	193,380	189,868
5,838	Cardinal Health Inc	588,470	472,736
2,458	Carmax Inc	188,627	170,441
2,475	Carrier Global Corporation Com	142,189	132,150
7,021	Casella Waste Systems Inc A	600,015	555,304
12,547	Cava Group Inc Com	539,270	493,883
464	Caterpillar Inc	137,191	115,987
2,046	Centerpoint Energy Inc	58,454	56,914
5,747	Chart Industries Inc	783,489	718,099
385	Chevron Corporation	57,427	61,622
19,723	Chewy Inc Class A	466,054	761,661
56	Chipotle Mexican Grill Inc	128,070	124,658
12,548	Churchill Downs Inc	1,693,102	1,387,435
2,190	Cincinnati Finl Corp	226,577	253,637
18,064	Cisco Systems Inc	912,593	983,144
3,521	Cintas Corp	2,121,966	1,516,445
94	Citigroup Inc	4,835	4,920
4,371	Clean Hbrs Inc	762,783	476,089
23,441	Clearwater Analytics Hldgs Inc Cl A	469,523	460,946
1,163	Clorox Co	165,832	150,449
2,150	Coca Cola Company	126,699	123,684
2,613	Cognizant Tech Solutions Cl A	197,360	205,218
9,556	Comcast Corp Class A	419,031	402,183
8,883	Conmed Corp	972,777	984,680
724	Conocophillips	84,035	75,225
3,452	Constellation Energy Corp	403,504	319,129
17,481	Construction Partners Inc A	760,773	520,984
11,380	Copart Inc	557,620	538,632
	<u>Forward</u>	\$ 93,631,871	\$ 67,118,460

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 93-6021114; PLAN NO. 001

DECEMBER 31, 2023

No. of Shares	<u>Common Stock</u> (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 93,631,871	\$ 67,118,460
2,306	Corning Inc	70,218	77,942
5,816	Quidelortho Corp	428,639	487,742
1,618	Costco Whsl Corp	1,068,009	877,414
32,249	Costar Group Inc	2,818,240	2,360,876
20,771	Couchbase Inc Com	467,763	465,898
21	Crown Castle Inc	2,419	3,630
4,368	Cytokinetics Inc	364,684	191,720
5,337	Danaher Corp	1,234,662	1,197,194
1,919	Darden Restaurants Inc	315,292	302,662
1,269	Davita Inc	132,940	125,977
665	Deere Co	265,914	265,587
865	Delta Air Lines Inc	34,799	31,162
6,221	Denali Therapeutics Inc	133,503	143,199
18,716	Dexcom Inc	2,322,468	1,677,759
154	Diamondback Energy Inc	23,882	22,680
11,987	The Walt Disney Co	1,082,306	1,272,585
1,076	Dollar Tree Inc	152,846	143,213
1,021	Dupont De Nemours Inc Wi	78,546	72,776
18,023	Dynatrace Inc	985,678	791,943
452	E O G Res Inc	54,669	52,497
67,024	Eqt Corp	2,591,148	1,613,250
1,906	Eastman Chem Co	171,197	173,091
5,821	Ebay Inc Com	253,912	268,060
579	Emerson Electric Co.	56,354	51,989
8,153	The Ensign Group Inc	914,848	733,570
105	Essex Property Trust Inc	26,034	22,148
19,723	Evolent Health Inc A	651,451	605,786
49	Exelon Corporation	1,759	2,212
36,133	Exlservice Holdings Inc	1,114,703	1,030,263
1,941	Exxon Mobil Corp	194,061	206,992
2,053	F M C Corporation	129,442	242,521
8,096	Meta Platforms Inc	2,865,660	1,951,651
300	Fair Isaac Corporation	349,203	264,072
7,291	Fastenal Co	472,238	418,548
4,352	Fed Ex Corp	1,100,925	917,910
288	First Solar Inc	49,617	50,886
6,173	Firstcash Hldgs Inc	669,091	613,553
598	Fiserv Inc	79,438	71,573
3,181	Five Below	678,062	479,544
9,548	Five9 Inc	751,332	655,567
16,594	Flowserve Corp	684,005	531,031
48,140	Ford Motor Co	586,827	560,295
2,856	Franklin Res Inc	85,080	75,053
10,555	Fuller H B Co	859,283	740,272
9,093	Ge Healthcare Technologies Inc	703,071	717,548
3,413	Arthur J Gallagher Co	767,515	689,922
5,099	General Elec Co	650,785	560,173
29	General Mills Inc	1,889	2,011
	<u>Forward</u>	\$ 123,128,278	\$ 91,932,407

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 93-6021114; PLAN NO. 001

DECEMBER 31, 2023

No. of Shares	<u>Common Stock</u> (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 123,128,278	\$ 91,932,407
16,052	General Mtrs Co Com	576,588	559,391
3,366	Genuine Parts Company	466,191	522,234
737	Gilead Sciences Inc	59,704	47,639
1,141	Globe Life Inc	138,883	126,063
4,968	Goldman Sachs Group Inc	1,916,505	1,603,375
764	Grainger W W Inc	633,119	458,571
8,066	Guidewire Software Inc	879,517	631,668
1,495	Hca Healthcare Inc	404,667	389,071
13,479	HCI Group Inc	1,178,065	731,500
13,859	Hp Inc	417,017	397,054
6,046	Halozyne Therapeutics Inc	223,460	267,828
3,888	Hartford Financial Services Grp Inc	312,517	286,343
61,534	Helix Energy Solutions Group Inc	632,570	297,417
27,448	Hewlett Packard Enterpris Co	466,067	448,570
276	Hologic Inc	19,720	19,876
53	Home Depot Inc	18,367	16,633
2,318	Honeywell International Inc	486,108	479,056
11,866	Host Hotels Resorts Inc	231,031	212,896
19,104	Howmet Aerospace Inc Com	1,033,908	674,251
800	Hubbell Inc Com	263,144	241,707
3,717	Hubspot Inc	2,157,867	981,697
613	Humana Inc	280,638	292,473
798	Illinois Tool Works Inc	209,028	179,836
15,299	Illumina Inc	2,130,233	2,395,957
7,350	Immunogen Inc	217,928	102,574
9,892	Inari Med Inc	642,189	565,922
27,174	Ingersoll Rand Inc	2,101,637	1,106,512
5,760	Insmmed Inc	178,502	123,494
5,904	Innospec Inc	727,609	569,125
201	Intel Corp	10,100	10,091
5,621	Intl Business Machines Corp	919,315	737,897
5,674	Interpublic Group Cos Inc	185,199	203,567
4,346	Intra Cellular Therapies Inc	311,261	232,903
6,237	Intuitive Surgical Inc	2,104,114	1,387,566
3,195	Iron Mountain Inc	223,586	209,717
742	I3 Verticals Inc Class A	15,708	18,333
7,126	J P Morgan Chase Co Com	1,212,133	1,007,586
117	Johnson Johnson	18,339	20,425
1,085	Juniper Networks Inc	31,986	29,251
973	Kla Corporation	565,605	415,394
2,539	Kellanova	141,955	135,694
334	Keysight Technologies Inc	53,136	44,445
8,016	Kirby Corp Com	629,096	506,515
1,901	Kraft Heinz Co Com	70,299	63,999
8,822	Kroger Co	403,254	418,409
1,151	Krystal Biotech Inc	142,793	133,144
8,556	Kulicke & Soffa Inds Inc	468,184	361,981
6,718	Kura Sushi USA Inc Cl A	510,568	471,937
	<u>Forward</u>	\$ 150,147,688	\$ 113,069,994

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 93-6021114; PLAN NO. 001

DECEMBER 31, 2023

No. of Shares	<u>Common Stock</u> (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 150,147,688	\$ 113,069,994
5,733	Lkq Corporation	273,980	303,614
898	Lam Research Corp	703,367	452,657
1,945	Lamb Weston Holdings Inc	210,235	199,424
6,037	Lantheus Holdings Inc	374,294	394,514
6,825	Las Vegas Sands Corp	335,858	319,846
5,868	Eli Lilly Co	3,420,575	1,848,484
3,605	Littelfuse Inc	964,554	882,109
79	Lockheed Martin Corp Com	35,806	35,105
498	Lowes Co Inc	110,830	113,494
1,730	Lululemon Athletica Inc	884,532	612,272
5,090	Mgm Resorts International	227,421	228,345
5,733	MYR Group Inc Delaware	829,164	739,497
6,294	Marathon Petroleum Corp	933,778	570,066
3,843	Marsh McLennan Cos Inc	728,133	687,005
30,548	Marten Transportation Ltd	640,897	639,863
297	Martin Marietta Matls Inc	148,176	137,975
120	Mastercard Inc	51,181	47,320
7,232	Matador Resources Co	411,212	344,958
13,127	Maximus Inc	1,100,830	941,352
731	McCormick Co Non Vtg Shrs	50,015	48,485
35	McDonalds Corp Com	10,378	10,313
1,048	McKesson Corporation	485,203	375,670
1,776	Medpace Hldgs Inc	544,397	459,527
4,625	Merck Co Inc	504,218	465,926
7,697	Merit Med Sys Inc	584,664	535,705
31	Metlife Inc	2,050	1,863
45,956	Microsoft Corp Com	17,281,294	6,617,380
748	Microchip Technology Inc	67,455	62,368
800	Moderna Inc	79,560	61,097
19,623	Modine Manufacturing Co	1,171,493	811,472
491	Molson Coors Beverage Company	30,054	29,143
2,378	Mongoddb Inc Cl A	972,245	862,119
8	Moodys Corp	3,124	2,266
5,458	Morgan Stanley	508,959	496,173
745	Mosaic Co New Com	26,619	26,901
395	Motorola Solutions Inc	123,671	125,599
5,940	Nv5 Global Inc	660,053	688,527
28,874	Natera Inc	1,808,667	1,531,502
371	Netapp Inc	32,707	28,771
2,477	Netflix Com Inc	1,206,002	716,110
382	Nextera Energy Inc	23,203	21,875
60	Nike Inc	6,514	7,198
1,044	Nisource Inc	27,718	27,226
354	Nordson Corp	93,513	82,576
11	Norfolk Southn Corp Com	2,600	2,637
19,670	Northern Oil and Gas Inc Mn	729,167	568,800
930	Nucor Corp	161,857	137,304
26,695	Nvidia Corp	13,219,898	7,040,182
	<u>Forward</u>	\$ 202,949,809	\$ 144,412,609

**UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 93-6021114; PLAN NO. 001

DECEMBER 31, 2023

No. of Shares	<u>Common Stock</u> (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 202,949,809	\$ 144,412,609
947	O Reilly Automotive Inc	899,726	881,982
2,918	Occidental Petroleum Corporation	174,234	178,578
3,697	Omnicom Group Inc	319,827	277,846
8,793	On Semiconductor Corporation	734,479	663,378
5,355	Oneok Inc	376,028	347,528
5,776	Onto Innovation Inc	883,150	407,986
5,546	Oracle Corporation	584,715	543,744
21,099	Option Care Health Inc	710,825	662,559
663	Otis Worldwide Corp	59,319	56,057
10,521	P G E Corp Com	189,694	177,771
19	P N C Financial Services Group Inc	2,942	3,676
1,182	P P G Inds Inc	176,768	152,029
4,233	Paccar Inc	413,352	357,384
771	Packaging Corp America	125,604	122,045
7,287	Palomar Holdings Inc	404,429	422,650
1,522	Parker Hannifin Corp	701,185	587,148
10,044	Patrick Industries Inc	1,007,915	835,847
662	Paychex Inc	78,851	77,771
2,492	Paylocity Holding Corp	410,806	482,025
64,847	Peloton Interactive Inc	394,918	2,105,551
67	Pepsico Inc	11,379	11,508
1,804	Pfizer Inc	51,937	59,862
3,110	Philip Morris Intl	292,589	309,929
6,620	Phillips 66	881,387	628,402
12	Pioneer Natural Resources Co	2,699	2,866
5,019	Piper Sandler Co	877,673	742,654
12,242	Planet Fitness Inc Cl A	893,666	885,864
8,831	Power Integrations Inc	725,113	759,919
692	Principal Financial Group Inc	54,440	52,494
5,943	Proctor Gamble Co	870,887	889,810
166	Progressive Corp	26,440	19,362
12,860	Progyny Inc	478,135	464,603
1,829	Pulte Group Inc	188,789	166,175
115	Qualcomm Inc	16,632	13,565
596	Quest Diagnostics Inc	82,176	80,412
2,325	Rh	677,691	731,758
14,680	Rambus Inc	1,001,910	863,057
937	Ralph Lauren Corp	135,115	109,694
10	Regeneron Pharmaceuticals Inc	8,783	6,405
10,615	Repligen Corp	1,908,577	1,737,262
5,275	Revolution Medicines Inc	151,287	140,344
667	Rockwell Automation Inc	207,090	186,589
701	Rollins Inc	30,613	27,628
3,611	Roper Technologies Inc Com	1,968,609	1,508,586
4,537	Ross Stores Inc	627,875	479,823
1,751	Saia Inc	767,323	391,264
47	Salesforce Inc	12,368	10,389
12,739	Sarepta Therapeutics Inc	1,228,422	1,624,499
	<u>Forward</u>	\$ 225,778,181	\$ 166,660,887

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 93-6021114; PLAN NO. 001

DECEMBER 31, 2023

No. of Shares	<u>Common Stock</u> (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 225,778,181	\$ 166,660,887
32	Sempra Com	2,391	2,539
29,139	Sentinelone Inc Cl A	799,574	534,472
12	Sherwin Williams Co	3,743	2,984
6,461	Sitime Corp	788,759	632,291
15,022	Skyline Champion Corp	1,115,534	1,059,371
13,754	Skyward Specialty Ins Group In Com	465,986	449,270
24,148	Smartsheet Inc Class A	1,154,757	1,024,807
1,140	Snap On Inc	329,278	267,671
6,465	Snowflake Inc Cl A	1,286,535	1,093,271
12,334	Sprout Social Inc Class A	757,801	683,045
34,100	Block Inc Cl A	2,637,635	2,759,394
6,267	Starbucks Corp Com	601,695	624,089
4,250	State Str Corp	329,205	317,254
2,140	Steel Dynamics Inc	252,734	224,241
6,721	Strategic Education Inc	620,819	557,293
27,798	Summit Materials Inc Cl A	1,069,111	844,391
2,187	Super Micro Computer Inc	621,677	469,736
1,039	Synopsys Inc	534,991	449,930
7,516	Synchrony Financial	287,036	250,704
1,781	Tjx Companies Inc	167,076	158,042
31	T Mobile US Inc	4,970	3,973
2,530	Target Corp	360,323	514,039
60	Teledyne Technologies Inc	26,777	24,134
14,061	Tenable Holdings Inc	647,650	547,646
12,341	Tenet Healthcare Corp	932,609	825,560
3,157	Tesla Inc	784,451	712,508
44	Texas Instruments Inc	7,500	7,896
763	Textron Inc	61,360	52,690
19	Thermo Fisher Scientific Inc	10,085	9,858
27	3M Co	2,952	2,765
533	Travelers Cos Inc	101,531	92,340
9,725	Trex Co Inc Com	805,133	616,762
25,172	Twilio Inc A	1,909,800	2,682,813
30,116	Uber Technologies Inc	1,854,242	1,506,130
1,110	Ulta Beauty Inc Com	543,889	521,640
189	Union Pacific Corp Com	46,422	39,677
35	United Parcel Service Inc Cl B	5,503	6,456
1,475	United Rentals Inc Com	845,795	524,966
8,683	Unitedhealth Group Inc Com	4,571,339	4,227,604
5,697	Universal Display Corp Com	1,089,608	818,887
1,199	Universal Hlth Svcs Inc Cl B	182,776	152,524
5,718	V F Corp Com	107,498	88,649
4,627	Valero Energy Corp Com	601,510	496,339
10,612	Varonis Systems Inc	480,511	266,711
4,295	Vaxcyte Inc Com	269,726	232,338
8,217	Veralto Corp Com Shs	675,930	640,968
204	Verisign Inc	42,016	42,852
202	Verizon Communications Inc Com	7,615	9,315
	<u>Forward</u>	\$ 256,584,039	\$ 194,733,722

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 93-6021114; PLAN NO. 001

DECEMBER 31, 2023

No. of Shares	<u>Common Stock</u> (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 256,584,039	\$ 194,733,722
2,571	Vericel Corp	91,553	90,176
198	Visa Inc Com Cl A	51,549	42,908
877	Vulcan Mats Co Com	199,088	188,940
291	Wec Energy Group Inc Com	24,493	23,789
1,045	Wabtec Com	132,611	114,787
6,787	Walmart Inc	1,069,971	966,080
180	Wells Fargo Co New Com	8,860	7,532
15,054	Werner Enterprises Inc	637,838	572,130
7,345	Western Alliance Bancorporation	483,228	468,237
2,123	Wynn Resorts Ltd Com	193,427	180,984
3,065	Xcel Energy Inc Com	189,754	206,467
1,439	Xylem Inc Com	164,564	149,764
4,485	Zoetis Inc Cl A	885,204	839,495
7,736	Alkermes Plc	214,597	184,442
637	Aon Plc Shs Cl A	185,380	207,191
3,357	Arch Cap Group Ltd	249,324	281,194
1,101	Accenture Plc Ireland Shs Class A	386,352	398,058
3,615	Eaton Corp Plc Shs	870,564	630,906
915	Everest Group Ltd	323,526	273,297
21,033	Ftai Aviation Ltd Shs	975,931	481,176
6,822	Weatherford Intl Ltd	667,396	431,846
1,122	Johnson Ctls Intl Plc Shs	64,672	58,566
1,499	Linde Plc Shs	615,654	557,787
989	Medtronic Plc Shs	81,474	75,327
1,479	Aptiv Plc Shs	132,696	150,373
5,653	Norwegian Cruise Line Hldg Ltd Shs	113,286	98,944
4,027	Seagate Technology Hldngs Plc Ord	343,785	420,801
11,088	Trane Technologies Plc	2,704,363	1,638,419
2,442	Willis Towers Watson Plc Ltd Shs	589,010	553,216
788	Chubb Limited Com	178,088	155,620
1,364	Te Connectivity Ltd Shs	191,642	168,685
3,429	Globant Sa	816,033	682,862
3,374	Cyberark Software Ltd Shs	739,075	518,020
20,583	Tower Semiconductor Ltd	628,193	626,425
1,352	Lyondellbasell Industries N V Shs A	128,548	123,752
1,946	Nxp Semiconductors N V Com	446,957	382,099
4,329	Royal Caribbean Group Com	560,562	402,058
11,947	Carnival Corp	221,497	165,026
11,637	Restaurant Brands Intl Inc	909,199	794,452
46,031	Schlumberger Ltd Com Stk	2,395,453	1,958,927
39,708	Shopify Inc A	3,093,253	1,399,069
8,273	Wns Holdings Ltd A D R	522,854	567,758
5,930	Waste Connections Inc	885,171	849,167
	<u>TOTALS - COMMON STOCK</u>	<u>\$ 280,950,714</u>	<u>\$ 213,820,474</u>

UNITED ASSOCIATION UNION LOCAL NO. 290
PLUMBER, STEAMFITTER AND SHIPFITTER INDUSTRY
PENSION PLAN

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 93-6021114; PLAN NO. 001

DECEMBER 31, 2023

No. of Shares		Fair Value	Carry Value
<u>Mutual and Exchange Traded Funds</u>			
855,094	DODGE & COX INTERNATIONAL STOCK FUND	\$ 42,036,414	\$ 32,561,096
707,588	DODGE & COX STOCK FUND	172,333,178	105,556,768
996,942	AMERICAN EURO PAC GROWTH FDCL R6	54,532,736	47,631,947
2,780,739	VANGUARD INFLATION PROTECTED SEC FD	26,083,332	29,590,256
10,647	SPDR S&P BIOTECH ETF	950,671	834,536
10,303,945	METROPOLITAN WEST TOTAL RETURN	88,820,008	103,994,302
	<u>TOTALS - MUTUAL AND EXCHANGE TRADED FUNDS</u>	<u>\$ 384,756,339</u>	<u>\$ 320,168,905</u>
<u>103-12 Entities</u>			
12,831	DFA US SMALL CAP VALUE TRUST	\$ 64,433,989	\$ 14,092,726
2,128,798	PANAGORA RISK PARITY MULTI ASSET	41,581,060	40,000,000
71	QUEST GROUP TRUST VI FD	3,372,578	1,191,819
837,957	WA CAP JT MASTER TR RE EQUITY FD	77,671,270	26,107,160
649,733	WA CAP JT MASTER TR MTG INCOME FD	61,116,114	28,500,856
3,370,953	WESTERN ASSET US CORE PLUS LLC	74,801,441	48,468,547
	<u>TOTALS - 103-12 ENTITIES</u>	<u>\$ 322,976,452</u>	<u>\$ 158,361,108</u>
<u>Limited Partnerships</u>			
	MESIROW FINANCIAL REAL ESTATE II LP	\$ 972,564	\$ 459,955
	MESIROW FINANCIAL REAL ESTATE III LP	9,734,288	5,096,444
	MESIROW FIN REAL ESTATE VAL FD IV LP	5,867,810	5,292,217
	<u>TOTALS - LIMITED PARTNERSHIPS</u>	<u>\$ 16,574,662</u>	<u>\$ 10,848,616</u>
<u>Money Market Fund</u>			
95,095,473	FIRST AMERICAN TREASURY OBLIGATION FUND	\$ 95,095,473	\$ 95,095,473
		Contract Value	Carry Value
<u>Investment Service Contract</u>			
	AETNA INVESTMENT SERVICE CONTRACT	\$ 1,387,367	\$ 1,387,367

E. Charges and Credits for Funding Standard Account

The amortization charges and credits for the Funding Standard Account for the plan year beginning January 1, 2023 are determined below.

1. Charges as of January 1, 2023

DATE ESTABLISHED	TYPE OF BASE	ORIGINAL AMORTIZATION PERIOD	AMORTIZATION PERIOD AS OF JANUARY 1, 2023	OUTSTANDING BALANCE AS OF JANUARY 1, 2023	6.0% ANNUAL BOY PAYMENT
1/1/1994	Plan Amendment	30	1	\$ 138,703	\$ 138,703
1/1/1995	Plan Amendment	30	2	550,126	283,075
1/1/1996	Plan Amendment	30	3	959,677	338,703
1/1/1997	Plan Amendment	30	4	3,665,782	998,032
1/1/1997	Assumption Change	30	4	1,089,082	296,509
1/1/1998	Plan Amendment	30	5	9,178,572	2,055,623
1/1/1998	Assumption Change	30	5	181,566	40,663
1/1/1999	Plan Amendment	30	6	981,585	188,318
1/1/2000	Assumption Change	30	7	182,977	30,922
1/1/2000	Plan Amendment	30	7	11,492,288	1,942,143
1/1/2001	Plan Amendment	30	8	2,175,895	330,563
1/1/2006	Assumption Change	30	13	749,044	79,823
1/1/2009	Investment Loss	29	15	53,829,928	5,228,753
1/1/2009	Plan Amendment	15	1	64,700	64,700
1/1/2010	Investment Loss	28	15	7,237,359	702,999
1/1/2011	Investment Loss	27	15	5,335,444	518,257
1/1/2012	Investment Loss	26	15	5,869,952	570,176
1/1/2012	Experience Loss	15	4	3,318,961	903,608
1/1/2012	Assumption Change	15	4	3,521,005	958,616
1/1/2012	Plan Amendment	15	4	992,069	270,096
1/1/2013	Experience Loss	15	5	1,590,541	356,216
1/1/2013	Assumption Change	15	5	643,519	144,122
1/1/2013	Plan Amendment	15	5	1,539,580	344,803
1/1/2014	Experience Loss	15	6	280,383	53,792
1/1/2014	Plan Amendment	15	6	352,009	67,533
1/1/2015	Experience Loss	15	7	1,097,788	185,521
1/1/2015	Assumption Change	15	7	13,026,336	2,201,390
1/1/2015	Plan Amendment	15	7	4,439,866	750,317

1. Charges as of January 1, 2023 (continued)

DATE ESTABLISHED	TYPE OF BASE	ORIGINAL AMORTIZATION PERIOD	AMORTIZATION PERIOD AS OF JANUARY 1, 2023	OUTSTANDING BALANCE AS OF JANUARY 1, 2023	6.0% ANNUAL BOY PAYMENT
1/1/2016	Experience Loss	15	8	\$ 2,890,287	\$ 439,095
1/1/2016	Assumption Change	15	8	17,103,827	2,598,426
1/1/2017	Experience Loss	15	9	8,702,292	1,207,010
1/1/2018	Experience Loss	15	10	9,129,870	1,170,242
1/1/2018	Assumption Change	15	10	28,647,680	3,671,983
1/1/2019	Experience Loss	15	11	10,259,983	1,227,258
1/1/2019	Plan Amendment	15	11	5,757,239	688,658
1/1/2019	Assumption Change	15	11	1,324,762	158,463
1/1/2020	Plan Amendment	15	12	2,338,496	263,140
1/1/2021	Assumption Change	15	13	20,104,373	2,142,445
1/1/2023	Experience Loss	15	15	40,916,654	3,974,426
				<u>\$ 281,660,200</u>	<u>\$ 37,585,122</u>

2. Credits as of January 1, 2023

DATE ESTABLISHED	TYPE OF BASE	ORIGINAL AMORTIZATION PERIOD	AMORTIZATION PERIOD AS OF JANUARY 1, 2023	OUTSTANDING BALANCE AS OF JANUARY 1, 2023	6.0% ANNUAL BOY PAYMENT
1/1/2009	Assumption Change	15	1	\$ 3,935	\$ 3,935
1/1/2010	Experience Gain	15	2	9,113,428	4,689,433
1/1/2010	Plan Amendment	15	2	1,843,142	948,412
1/1/2011	Plan Amendment	15	3	6,771,515	2,389,896
1/1/2016	Method Change	10	3	19,723,990	6,961,262
1/1/2020	Experience Gain	15	12	8,132,358	915,098
1/1/2021	Experience Gain	15	13	34,482,936	3,674,713
1/1/2021	Method Change	10	8	71,294,115	10,831,052
1/1/2022	Experience Gain	15	14	12,055,622	1,223,588
				<u>\$ 163,421,041</u>	<u>\$ 31,637,389</u>

F. Assumption and Method Changes for the January 1, 2023 Valuation

- The interest rate for calculating Current Liability was increased from 1.91% to 2.19% to remain within the IRS prescribed corridor, and the mortality assumption for calculating Current Liability was updated as required by law.