

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
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
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 190 PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 06/01/1962
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) JOINT BOARD OF TRUSTEES OF THE UA LOCAL 190 PENSION PLAN 700 TOWER DRIVE STE 300 TROY, MI 48098	2b Employer Identification Number (EIN) 38-6065579 2c Plan Sponsor's telephone number 248-813-9800 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.	03/13/2025	DAVID FORBES, TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/13/2025	JEREMY FINN, TRUSTEE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 2556
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) 1205 6a(2) 1254 6b 646 6c 520 6d 2420 6e 201 6f 2621 6g(1) 0 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 70

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

1B 3B

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
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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 2
- (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
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For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024		
A Name of plan UA LOCAL 190 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF THE UA LOCAL 190 PENSION PLAN	D Employer Identification Number (EIN) 38-6065579	

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

(a) Name of insurance carrier
THE UNION LABOR 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
13-1423090	69744	GA01155	2621	06/01/2023	05/31/2024

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 2825	(b) Total amount of fees paid 26276
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE UNION LABOR LIFE INSURANCE COMP 8403 COLESVILLE ROAD, 13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	26276	ASSET MANAGEMENT FEES	7

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ULLICO INVESTMENT COMPANY, LLC 8403 COLESVILLE ROAD, 13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2825			0

(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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	4906328

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****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

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

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions.....

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

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 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
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For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024		
A Name of plan UA LOCAL 190 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF THE UA LOCAL 190 PENSION PLAN	D Employer Identification Number (EIN) 38-6065579	

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

(a) Name of insurance carrier
THE UNION LABOR 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
13-1423090	69744	GA00524		06/01/2023	08/22/2023

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
	2526

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
THE UNION LABOR LIFE INSURANCE COMP 8403 COLESVILLE ROAD, 13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2526	ASSET MANAGEMENT FEES	7

(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	
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. Specify nature of costs ▶	6d	
e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b Balance at the end of the previous year	7b	875213
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	5826
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	5826
d Total of balance and additions (add lines 7b and 7c(6))	7d	881039
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	881039
▶ FEES 2,526 WITHDRAWAL TO CLOSE ACCOUNT 878,513		
(5) Total deductions	7e(5)	881039
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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
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For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

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 190 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 JOINT BOARD OF TRUSTEES OF THE UA LOCAL 190 PENSION PLAN	D Employer Identification Number (EIN) 38-6065579

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

1a Enter the valuation date: Month 06 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 231368364
(2) Actuarial value of assets for funding standard account	1b(2) 241891221
c (1) Accrued liability for plan using immediate gain methods	1c(1) 252760624
(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) 252760624
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) 417200647
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 8503313
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 0
(3) Expected plan disbursements for the plan year	1d(3) 15901539

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	02/25/2025
Signature of actuary VINCENT REGALBUTO, ASA, EA, MAAA	Date 23-08116
Type or print name of actuary O'SULLIVAN ASSOCIATES	Most recent enrollment number 856-795-7777
Firm name 1236 BRACE ROAD, UNIT E, CHERRY HILL, NJ 08034	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	231368364
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	879	235054126
(2) For terminated vested participants	514	53085611
(3) For active participants:		
(a) Non-vested benefits		14177707
(b) Vested benefits		114883203
(c) Total active	923	129060910
(4) Total	2316	417200647
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	55.46 %

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
12/01/2023	16421207				
Totals ►			3(b)	16421207	3(c)

(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	95.7 %
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	2.40 %
	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	6.25 %
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)	5.75 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	0.2 %
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)	416160
(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	1935445	190632
3	2422714	238626

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)	5
(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	
b Employer's normal cost for plan year as of valuation date	9b	3658960

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)	85594460	12262503
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 995091**e** Total charges. Add lines 9a through 9d**9e** 16916554**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 50703072**g** Employer contributions. Total from column (b) of line 3**9g** 16421207**h** Amortization credits as of valuation date

	Outstanding balance	
9h	24021985	4313019

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 3903756**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	80488935	
9j(2)	137676858	
9j(3)		

k (1) Waived funding deficiency**(2)** Other credits**9k(1)****9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 75341054**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 58424500**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**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**(3)** Total as of valuation date**9o(2)(a)****9o(2)(b)****9o(3)****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 06/01/2023 and ending 05/31/2024		
A Name of plan UA LOCAL 190 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF THE UA LOCAL 190 PENSION PLAN	D Employer Identification Number (EIN) 38-6065579	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
METROPOLITAN WEST ASSET MANAGEMENT,
95-3703295

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NEWTOWER TRUST COMPANY
30-0872552

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BAIRD ADVISORS
39-6037917

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

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

TIC INTERNATIONAL CORPORATION

13-2600875

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 12 13 15 38 50	NONE	128387	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD WATTERSON ASSET MANAGEMENT, LL

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	124498	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL ADVISORS, INC.

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	120000	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)

BROOKFIELD ASSET MANAGEMENT

181 BAY STREET, SUITE 300
TORONTO, ON M5J 2T3 CA

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	102369	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

WELLINGTON TRUST

04-2755549

(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	75534	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMERICA

42-1741646

(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?
18 19 49 50 59 62 72	NONE	71088	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)

50 SOUTH CAPITAL ADVISORS, LLC

333 SOUTH WABASH, WB-36
CHICAGO, IL 60604

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	62835	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

NORTHERN TRUST CORPORATION

36-2723087

(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 49 51 52 68	NONE	53264	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(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?
18 19 51	NONE	42570	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)

LAZARD ASSET MANAGEMENT, LLC

05-0530199

(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?
18 19 51	NONE	40802	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'SULLIVAN ASSOCIATES, INC.

20-8199367

(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	37912	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FERGUSON WIDMAYER & CLARK PC

38-2995783

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	36670	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)

BENNETT & ASSOCIATES CPAS PLLC

27-3488128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	34360	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE UNION LABOR LIFE INSURANCE COMP

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	29104	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

SEIZERT CAPITAL PARTNERS

38-3553488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	31862	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)

BARDEN HILL INVESTMENT PARTNERS LP

299 PARK AVENUE, 24TH FLOOR
NEW YORK, NY 10171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	12659	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 ☐

(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 06/01/2023 and ending 05/31/2024		
A Name of plan UA LOCAL 190 PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF THE UA LOCAL 190 PENSION PLAN		D Employer Identification Number (EIN) 38-6065579
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: SEPARATE ACCOUNT J		
b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE COMPANY		
c EIN-PN 13-1423090-203	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4906328
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF INTERNATIONAL OPPORTUNITIES		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 27-3649481-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12010886
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 1000 INDEX FU		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-095	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80940555
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE QUALITY SMALL CAP COR		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-076	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14371079
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-EMPLOYER PROPERTY TRUST		
b Name of sponsor of entity listed in (a): NEWTOWER TRUST COMPANY		
c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13264853
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MSCI ACWI IMI INDEX FU		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-161	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58635189
a Name of MTIA, CCT, PSA, or 103-12 IE: COMERICA SHORT-TERM FUND		
b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, NATIONAL ASSOCIATION		
c EIN-PN 47-7305132-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 619233
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2023 v. 230707		

a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD GLOBAL FIXED INCOME TRUST

b Name of sponsor of entity listed in (a): LAZARD ASSET MANAGEMENT LLC

c EIN-PN 45-2371444-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66524
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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)
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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)
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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)
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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)
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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)
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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)
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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 06/01/2023 and ending 05/31/2024

A Name of plan UA LOCAL 190 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF THE UA LOCAL 190 PENSION PLAN	D Employer Identification Number (EIN) 38-6065579

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	608621	234534
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1558422	1808852
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	212137	164351
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		96356
(2) U.S. Government securities	1c(2)	8029024	7657040
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)	7618131	7527505
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)	4702901	5799182
(5) Partnership/joint venture interests	1c(5)	11196854	14492345
(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)	153415337	179841795
(10) Value of interest in pooled separate accounts.....	1c(10)	4694199	4906328
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)	8898446	66524
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	28375743	38683165
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	875213	
(15) Other.....	1c(15)	2376603	2622254

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		
f Total assets (add all amounts in lines 1a through 1e)	1f	232561631	263900231
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	174141	192247
i Acquisition indebtedness	1i		
j Other liabilities	1j	1019127	482831
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1193268	675078
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	231368363	263225153

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)	16421207	
(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)		16421207
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	31006	
(B) U.S. Government securities	2b(1)(B)	249426	
(C) Corporate debt instruments	2b(1)(C)	275052	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	901077	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1456561
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	125309	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1383068	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		1508377
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	25796717	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	25549009	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		247708
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1502983	
(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)		29585049
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-32164
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-80330
c Other income	2c		14
d Total income. Add all income amounts in column (b) and enter total	2d		50609405

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17458375	
(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)		17458375
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)	119837	
(3) Recordkeeping fees.....	2i(3)	9590	
(4) IQPA audit fees.....	2i(4)	34360	
(5) Investment advisory and investment management fees	2i(5)	838466	
(6) Bank or trust company trustee/custodial fees	2i(6)	63827	
(7) Actuarial fees	2i(7)	37912	
(8) Legal fees	2i(8)	36670	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1459	
(11) Other expenses	2i(11)	152119	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1294240
j Total expenses. Add all expense amounts in column (b) and enter total	2j		18752615

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		31856790
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BENNETT & ASSOCIATES CPAS PLLC**

(2) EIN: **27-3488128**

d The opinion of an independent qualified public accountant is **not attached** 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?	☒		100000
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 533606.

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 06/01/2023 and ending 05/31/2024		
A Name of plan UA LOCAL 190 PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF THE UA LOCAL 190 PENSION PLAN		D Employer Identification Number (EIN) 38-6065579
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): 38-6065579		
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 0
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
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
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 **JOHN E GREEN COMPANY**

b EIN **38-0607500**

c Dollar amount contributed by employer **2525152**

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 **05** Day **31** Year **2028**

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 **MILLER PIPELINE CORP**

b EIN **35-1959522**

c Dollar amount contributed by employer **1886834**

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 **POWER PROCESS PIPING CO**

b EIN **38-2041808**

c Dollar amount contributed by employer **1731750**

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 **05** Day **31** Year **2028**

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 **JOHN DARR MECHANICAL, INC.**

b EIN **38-3375244**

c Dollar amount contributed by employer **777973**

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 **05** Day **31** Year **2028**

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 **M.U.E., INC.**

b EIN **38-3268342**

c Dollar amount contributed by employer **767628**

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 **04** Day **30** Year **2026**

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 **KENT POWER SERVICES**

b EIN **45-4035665**

c Dollar amount contributed by employer **723529**

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 **04** Day **30** Year **2026**

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): _____

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 **INFRA SOURCE CONSTRUCTION, LLC**

b EIN **04-3633384**

c Dollar amount contributed by employer **691849**

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 **05** Day **31** Year **2028**

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 **BOONE & DARR, INC.**

b EIN **38-1544262**

c Dollar amount contributed by employer **600894**

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 **05** Day **31** Year **2028**

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 **GOYETTE MECHANICAL COMPANY, INC.**

b EIN **38-1332690**

c Dollar amount contributed by employer **567266**

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 **05** Day **31** Year **2028**

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 **CORBY ENERGY SERVICES, INC.**

b EIN **38-2402763**

c Dollar amount contributed by employer **418278**

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 **04** Day **30** Year **2026**

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

0

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

14b

0

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

14c

0

- 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

100.00

b The corresponding number for the second preceding plan year

15b

100.00

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 74.2 % Private Equity: 1.9 % Investment-Grade Debt and Interest Rate Hedging Assets: 23.5 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.4 % Other: 0.0 %

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 _____.

UA LOCAL 190 PENSION PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION
For the years ended May 31, 2024 and 2023

UA LOCAL 190 PENSION PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

For the years ended May 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the accompanying financial statements of UA Local 190 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of May 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended May 31, 2024 and 2023, stating that the certified investment information, as described in Note H to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our 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 UA Local 190 Pension 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of UA Local 190 Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about UA Local 190 Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

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

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

In our opinion—

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

Respectfully,

Benner & Associates CPAs PLLC

Ann Arbor, Michigan
February 28, 2025

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

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value:		
Interest-bearing cash	\$ 96,356	\$ -
U.S. government securities	7,657,040	8,029,024
Corporate bonds and notes	7,527,505	7,618,131
Collateralized pass through securities	2,622,254	2,376,603
Common stock	5,799,182	4,702,901
Partnership interests	14,492,345	11,196,854
Common trust funds	179,841,795	153,415,337
Pooled separate accounts	4,906,328	4,694,199
103-12 investment entities	66,524	8,898,446
Mutual funds	38,683,165	28,375,743
Total investments at fair value	<u>261,692,494</u>	<u>229,307,238</u>
Investments, at contract value		
Group annuity IPG contract with an insurance company	<u>-</u>	<u>875,213</u>
Total investments	<u>261,692,494</u>	<u>230,182,451</u>
Non-interest bearing cash	234,534	608,621
Receivables:		
Employer contributions	1,808,852	1,558,422
Investment income	128,019	174,046
Prepaid expenses	<u>36,332</u>	<u>38,091</u>
TOTAL ASSETS	<u>263,900,231</u>	<u>232,561,631</u>
LIABILITIES		
Operating payables	192,247	174,141
Contributions payable to other locals under reciprocity agreements	164,988	148,935
Unsettled trades payable	<u>317,843</u>	<u>870,192</u>
TOTAL LIABILITIES	<u>675,078</u>	<u>1,193,268</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 263,225,153</u></u>	<u><u>\$ 231,368,363</u></u>

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

	2024	2023
ADDITIONS TO NET ASSETS		
Investment Income:		
Net appreciation (depreciation) in fair value of investments	\$ 31,223,246	\$ (1,270,208)
Interest and dividends	2,964,938	2,283,394
	34,188,184	1,013,186
Less investment expenses	(782,293)	(595,661)
	33,405,891	417,525
Other income	14	1,188
Contributions:		
Employer	16,421,207	14,295,563
Employee	-	-
	16,421,207	14,295,563
TOTAL ADDITIONS TO NET ASSETS	49,827,112	14,714,276
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	17,458,375	15,901,539
Administrative expenses:		
Actuarial expense	37,912	37,600
Administrative fees	119,837	117,200
Insurance - PBGC	81,060	72,608
Insurance - other	42,189	39,792
Legal fees	36,670	45,455
Accounting and audit	42,910	43,213
Office expenses	15,666	16,475
Consulting	120,000	105,000
Other expenses	15,703	24,098
TOTAL DEDUCTIONS FROM NET ASSETS	17,970,322	16,402,980
NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	31,856,790	(1,688,704)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	231,368,363	233,057,067
END OF YEAR	<u>\$ 263,225,153</u>	<u>\$ 231,368,363</u>

UA LOCAL 190 PENSION PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

STATEMENTS OF ACCUMULATED PLAN BENEFITS

	May 31,	
	<u>2024</u>	<u>2023</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits:		
Participants and beneficiaries currently receiving payments	\$ 166,954,699	\$ 163,681,572
Other vested benefits	<u>86,521,301</u>	<u>83,791,543</u>
	253,476,000	247,473,115
Non-vested benefits	<u>5,495,828</u>	<u>5,287,509</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u><u>\$ 258,971,828</u></u>	<u><u>\$ 252,760,624</u></u>

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

	For the years ended May 31,	
	<u>2024</u>	<u>2023</u>
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Benefits accumulated and actuarial gains and losses	\$ 1,727,168	\$ 2,451,003
Changes in actuarial assumptions	-	-
Increase for interest due to the decrease in discount period	15,251,965	15,049,275
Benefits paid	(17,458,375)	(15,901,539)
Plan amendments	<u>6,690,446</u>	<u>2,422,714</u>
NET INCREASE (DECREASE)	6,211,204	4,021,453
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Beginning of year	<u>252,760,624</u>	<u>248,739,171</u>
END OF YEAR	<u><u>\$ 258,971,828</u></u>	<u><u>\$ 252,760,624</u></u>

NOTE A - DESCRIPTION OF PLAN

The following brief description of the UA Local 190 Pension Plan (the Plan) is provided for general information only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined benefit pension plan covering eligible employees of UA Local 190 Plumbers/Pipefitters/Service Technicians/Gas Distribution of the United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits

Employees with five or more vesting credits are entitled to a monthly pension benefit beginning at normal retirement age (60) equal to the number of years of service at retirement multiplied by the current benefit per year of service (\$102 and \$99 at May 31, 2024 and May 31, 2023, respectively). The Plan permits early retirement after age 55 with five years of vesting service effective July 1, 1993, with a reduced benefit.

Benefits will be paid as: a single life annuity with 120 months guaranteed or a qualified 100%, 75%, or 50% joint and survivor annuity.

Death and Disability Benefits

Employees who become totally disabled receive disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled.

If an employee dies before receiving retirement benefits, a survivor's benefit is available to their surviving spouse or designated beneficiary depending on the employee's years of vesting service and age at the time of death.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and the changes therein. Actual results could differ from those estimates.

Contributions Receivable

Employer contributions receivable are recorded based on amounts actually received; therefore, no allowance for doubtful collections has been recorded.

Investment Valuation and Income Recognition

Investments are stated at fair value, except for the Group Annuity Contract, which is stated at contract value. Investments that have no quoted market price are stated at estimated fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note F for a discussion of fair value measurements.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Actuarial present value of accumulated plan benefits is determined by an actuary from O’Sullivan Associates, Inc. and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations were:

	2024	2023
Mortality rates:	Pre-Decrement: PRI-2012 Blue Collar Employee; Post-Decrement: PRI-2012 Blue Collar Annuitant; Post-Disablement: PRI-2012 Disabled Annuitant, with all tables set forward one year and using scale MP-2021 improvement from year 2020	Pre-Decrement: PRI-2012 Blue Collar Employee; Post-Decrement: PRI-2012 Blue Collar Annuitant; Post-Disablement: PRI-2012 Disabled Annuitant, with all tables set forward one year and using scale MP-2021 improvement from year 2020
Investment return:	6.25% net of investment expenses	6.25% net of investment expenses
Administrative expenses:	\$424,483 per year, payable at the beginning of the year	\$416,160 per year, payable at the beginning of the year
Employment:	1,550,000 total hours annually	1,550,000 total hours annually
Marital Status:	100% married	100% married
Incidence of Separation:	From 6.58 per 100 at age 20 to 0 at age 60	From 6.58 per 100 at age 20 to 0 at age 60

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

The Plan has evaluated subsequent events through February 28, 2025, the date the financial statements were available to be issued.

NOTE C - FUNDING POLICY

Contractors are required to make contributions to the Plan based on the number of hours worked by their employees who are Union members. For the years ended May 31, 2024 and 2023 contributions exceeded the minimum funding requirements of ERISA. Management feels all employer contributions receivable at May 31, 2024 are fully collectible; therefore, no allowance has been provided.

NOTE D - PLAN TERMINATION

In the event the Plan terminates, participants will become fully vested in their benefit credits accrued up to the date the Plan is terminated. The net assets of the Plan will be allocated in accordance with the priorities established in Title IV, Section 4044, ERISA (or any successor statutory provisions) and any applicable regulations of the Pension Benefit Guaranty Corporation (PBGC).

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 to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

NOTE E - INVESTMENTS AND FAIR VALUE MEASUREMENTS

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

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1* Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2* Inputs to the valuation methodology include:
- quoted prices for similar assets or liabilities in active markets;
 - quoted prices for identical or similar assets or liabilities in inactive markets;
 - inputs other than quoted prices that are observable for the asset or liability;
 - inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3* Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets measured at fair value:

- Stocks, corporate bonds and debentures, and U.S. government securities are valued at quoted market prices.
- Collateralized mortgage obligations are valued monthly by the investment manager using directly or indirectly observable inputs.
- Mortgage-backed securities are valued daily or monthly by the investment manager at closing price using directly or indirectly observable inputs.
- Common trust funds, partnership interests, and 103-12 investment entities are valued at the unit value supplied by the investment manager or insurance company; managers generally value their fund's underlying assets at market prices when available.
- Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of May 31, 2024 and 2023. The inputs or methodologies used for valuing securities are not necessarily an indication of the risk associated with investing in those securities. The investments are subject to various levels of investment risk and are not covered by FDIC insurance.

**UA LOCAL 190 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS**

Assets at Fair Value at May 31, 2024				
	Level 1	Level 2	Level 3	Total
U.S. government securities	\$ 7,657,040	\$ -	\$ -	\$ 7,657,040
Corporate bonds and notes	7,527,505	-	-	7,527,505
Collateralized pass through securities	-	2,622,254	-	2,622,254
Common stock	5,699,182	-	100,000	5,799,182
Common trust funds	-	619,233	-	619,233
Mutual funds	35,908,263	-	-	35,908,263
Assets in the fair value hierarchy	<u>\$ 56,791,990</u>	<u>\$ 3,241,487</u>	<u>\$ 100,000</u>	60,133,477
Assets measured at net asset value				201,462,661
Interest-bearing cash				96,356
Total investments at fair value				<u>\$ 261,692,494</u>

Assets at Fair Value at May 31, 2023				
	Level 1	Level 2	Level 3	Total
U.S. government securities	\$ 7,039,124	\$ -	\$ -	\$ 7,039,124
Corporate bonds and notes	7,618,131	-	-	7,618,131
Collateralized pass through securities	-	3,366,503	-	3,366,503
Common stock	4,602,901	-	100,000	4,702,901
Common trust funds	-	240,240	-	240,240
Mutual funds	25,654,853	-	-	25,654,853
Assets in the fair value hierarchy	<u>\$ 44,915,009</u>	<u>\$ 3,606,743</u>	<u>\$ 100,000</u>	48,621,752
Assets measured at net asset value				180,685,486
Total investments at fair value				<u>\$ 229,307,238</u>

Level 3 Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended May 31, 2024 and 2023:

Level 3 Assets		
	Common Stock	Total
Balance, beginning of year	\$ 100,000	\$ 100,000
Total Gains (Losses)	-	-
Purchases	-	-
Sales	-	-
Transfers In (Out)	-	-
Balance, end of year	<u>\$ 100,000</u>	<u>\$ 100,000</u>
The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or (losses) relating to assets still held at year end		<u>\$ -</u>

Gains and losses (realized and unrealized) included in changes in net assets for the periods above are reported in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

NOTE F - INVESTMENTS MEASURED AT NET ASSET VALUE

The following table sets forth the redemption terms for those investments that are measured at net asset value per share as of May 31, 2024, and investment strategies for those that are not direct filing entities:

Investment Name	Fair Value at 5/31/2024	Redemption Terms
AFL-CIO Housing Investment Trust Fund (HIT)	\$ 2,774,902	Monthly, with 15 days written notice
Bardin Hill Opportunistic Credit Fund	1,642,575	Only available to the extent of liquidation
Boyd Watterson GSA Fund, LP	9,527,729	Upon written notice
Brookfield Infrastructure Fund V	1,352,734	Only available to the extent of liquidation
CTF International Opportunities *	12,010,886	Daily
Lazard Global Fixed Income Trust *	66,524	Daily, with five days notice
NewTower Trust Company Multi-Employer Property Trust *	13,264,853	At next quarter-end after receiving written notice
Northern Trust Collective Quality Small Cap Core U.S. Fund - Lending *	14,371,079	Daily
Northern Trust Collective Russell 1000 Index Fund - Non Lending *	80,940,555	Daily
Private Equity Core Fund X (Offshore), LP	1,969,307	Only available to the extent of liquidation
State Street MSCI ACWI IMI Index Non-Lending Fund *	58,635,189	Semi-monthly, with approx two days written notice
The Union Labor Life Insurance Company Separate Account J *	4,906,328	At first business day following third Valuation Date from date of receipt of Redemption Request
	<u>\$ 201,462,661</u>	

* = investment is a direct filing entity

AFL-CIO Housing Investment Trust (HIT): The HIT's portfolio is composed primarily of multifamily and single family mortgage-backed securities and mortgage-backed obligations with higher yield, higher credit quality and similar interest rate risk versus the securities in the Bloomberg Barclays U.S. Aggregate Bond Index. As such, the HIT pursues a fundamental policy to concentrate in fixed-income securities in the mortgage and mortgage finance sector of the real estate industry. The HIT holds government and agency issued, guaranteed or insured multifamily mortgage-backed securities that have call (or prepayment) protection. The HIT does not invest in mortgage securities that contain subprime loans.

Bardin Hill Opportunistic Credit Fund: Bardin Hill is an institutional investment firm that specializes in middle-market, special situations, and broadly syndicated credit. It invests primarily in distressed, stressed, and performing credit as well as litigation-driven investing, merger arbitrage and event-driven equities.

Boyd Watterson GSA Fund, LP: Boyd Watterson GSA Fund, LP and its subsidiary was formed to acquire, develop, own, and operate a diversified portfolio of real estate investments in commercial property. It invests primarily in real estate primarily leased to the U.S. federal government either through the General Services Administration or other federal government agencies.

Brookfield Infrastructure Fund V: The Brookfield Infrastructure Fund V investment strategy is to invest in high quality assets that are critical to the global economy in the areas of digitalization, decarbonization, and deglobalization.

Private Equity Core Fund X (Offshore), LP: The Private Equity Core Fund X (Offshore), L.P. investment strategies are to seek and identify opportunities for leveraged buyouts of U.S.-based and non-U.S. based companies and venture capital opportunities in the information technology and healthcare technology industries.

Unfunded Commitments

Bardin Hill Opportunistic Credit Fund: As of May 31, 2024, the Plan had an unfunded commitment of \$2,438,725 payable in installments as requested.

Brookfield Infrastructure Fund V: As of May 31, 2024, the Plan had an unfunded commitment of \$2,617,767 payable in installments as requested.

Private Equity Core Fund X (Offshore), L.P: As of May 31, 2024, the Plan had an unfunded commitment of \$5,038,250 payable in installments as requested.

NOTE G - INVESTMENTS AT CONTRACT VALUE

The Plan held a group annuity IPG contract with the Union Labor Life Insurance Company, dated October 1, 1991. The contract was included in the financial statements at the May 31, 2023 contract value, as reported to the Plan by Union Labor Life Insurance Company. The contract was terminated in August 2023.

NOTE H - SUMMARY OF INFORMATION CERTIFIED BY CUSTODIANS (UNAUDITED)

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by Comerica Bank and Trust, NA, Comerica Bank, The Union Labor Life Insurance Company, and The Northern Trust Company.

	2024	2023
Fair value of assets held by custodians	\$ 163,920,018	\$ 135,434,076
Net appreciation (depreciation) in		
fair value of investments	\$ 22,632,705	\$ (675,500)
Interest and dividends	\$ 1,951,822	\$ 1,473,745

NOTE I - INCOME TAX STATUS

The Plan obtained its latest determination letter dated April 21, 2016, in which the Internal Revenue Service states that the Plan as designed was in compliance with the applicable requirements of the Internal Revenue Code (the IRC). The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

NOTE J - RELATED PARTY TRANSACTIONS

Employees of the Union and the Greater Michigan UA Local 190 Joint Training Committee are participants in the Plan.

NOTE K - RISKS AND UNCERTAINTIES

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE L - PLAN AMENDMENTS

Effective June 1, 2023, the Plan was amended as follows:

Change in Benefit Rate Effective June 1, 2023, subject to the Plan's provision for calculation of Accrued Benefit of a Participant who has been an Inactive Participant in the past, if a Participant was an Active Participant on May 31, 2023 and is credited with 375 or more Hours of Work for which an Employer was required to make contributions to the Plan in either of the Plan Years ending May 31, 2022 or May 31, 2021, the Participant's Accrued Benefit will be a monthly benefit in the amount of \$102 multiplied by the Participant's Years of Benefit Credit since the latest Permanent Break in Service, if any. If a Participant was an Inactive Participant on May 31, 2023 and again becomes an Active Participant after that date, the Participant's Accrued Benefit will be determined under the Plan provisions for calculation of benefit of a Participant who has been an Inactive Participant in the past.

One-Time Extra One-Month Benefit Payment for Certain Individuals Participants who fall into any of the following categories as of May 31, 2023 will receive a one-time extra one-month benefit payment for the month of December 2023. The qualifying participant categories are Retired or Disabled; a Deceased Participant's Beneficiary or Surviving Annuitant; or an alternate payee receiving benefits pursuant to a qualified domestic relations order.

NOTE M - SUBSEQUENT EVENTS

Effective June 1, 2024, the Plan was amended as follows:

Change in Benefit Rate Effective June 1, 2024, subject to the Plan's provision for calculation of Accrued Benefit of a Participant who has been an Inactive Participant in the past, if a Participant was an Active Participant on May 31, 2024, the Participant's Accrued Benefit will be a monthly benefit in the amount of \$105 multiplied by the Participant's Years of Benefit Credit since the latest Permanent Break in Service, if any. If a Participant was an Inactive Participant on May 31, 2024 and again becomes an Active Participant after that date, the Participant's Accrued Benefit will be determined under the Plan provisions for calculation of benefit of a Participant who has been an Inactive Participant in the past.

Increase in Gross Benefit for Certain Individuals Effective June 1, 2024 certain retirees (principally those who commenced Early, Normal, or Disability retirement) are entitled to a 3% increase in gross benefit payments. Refer to the summary of material modification, SPD, and plan document for complete details.

UA LOCAL 190 PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
May 31, 2024

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

ID # 38-6065579
Plan # 001

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

Huntington National Bank	Commercial interest checking 4.062%	\$ 96,356	\$ 96,356
TOTAL INTEREST-BEARING CASH		\$ 96,356	\$ 96,356

UNITED STATES TREASURY & GOVERNMENT AGENCY SECURITIES:

United States Government	U.S. Treasury Notes:		
	600,000 due 12/31/2027, 3.875%	605,930	585,636
	62,000 due 2/29/2028, 4.00%	61,537	60,743
	224,000 due 3/31/2028, 3.625%	218,803	216,500
	1,016,000 due 4/30/2026, 0.75%	1,000,150	940,156
	513,000 due 8/31/2028, 1.125%	482,294	445,751
	451,000 due 9/30/2027, 4.125%	452,797	444,004
	114,000 due 5/31/2028, 1.25%	106,560	100,298
	323,000 due 8/15/2032, 2.75%	296,626	284,505
	679,000 due 12/31/2029, 3.875%	690,723	657,571
	108,000 due 11/15/2032, 4.125%	113,547	105,174
	85,000 due 1/31/2027, 1.50%	82,028	78,217
	349,000 due 11/30/2028, 4.375%	350,241	346,777
	991,000 due 5/15/2027, 0.00%	985,503	986,352
	403,000 due 8/15/2033, 3.875%	386,698	384,047
	330,000 due 7/31/2028, 4.125%	327,626	324,598
	254,000 due 11/15/2033	256,500	254,041
	721,000 due 5/31/2030, 3.75%	719,727	692,355
	81,000 due 2/28/2029, 4.25%	79,333	80,098
United States Federal Agencies	145,000 due 10/21/2025, 0.875%	145,000	136,987
	145,000 due 9/30/2026, 1%	145,000	132,621
	145,000 due 4/29/2026, 1.1%	145,000	134,782
	145,000 due 9/30/2026, 1.1%	145,000	132,937
	145,000 due 10/29/2026, 1.2%	145,000	132,890
TOTAL U.S. TREASURY & GOVERNMENT AGENCY SECURITIES		\$ 7,941,623	\$ 7,657,040

CORPORATE BONDS AND NOTES:

AbbVie Inc Sr Nt	90,000 due 3/15/2034, 5.05%	89,281	89,041
Acuity Brands Ltg Inc	75,000 due 12/15/2030, 2.15%	73,386	61,754
Aflac Inc	30,000 due 10/15/2026, 2.875%	29,959	28,432
Air Lease Corporation	28,000 due 1/15/2026, 2.875%	28,380	26,764
Alleghany Corp New	90,000 due 5/15/2030, 3.625%	92,461	83,456
Altria Group Inc	75,000 due 2/14/2026, 4.4%	81,750	73,789
Ameren Illinois Company	45,000 due 11/15/2030, 1.55%	44,810	36,040
American Express Co	95,000 due 5/26/2033, 4.989%	95,000	91,380
Amgen Inc	15,000 due 1/15/2032, 2%	14,916	11,983
Amgen Inc	130,000 due 3/2/2028, 5.15%	130,245	129,652
Aptiv PLC	35,000 due 3/1/2032, 3.25%	30,635	30,200
Arrow Electronics Inc	73,000 due 4/10/2034, 5.875%	73,074	71,651
AT&T Inc	39,000 due 2/1/2028, 1.65%	38,590	34,465
AT&T Inc	30,000 due 6/1/2027, 2.3%	29,956	27,580
AT&T Inc	111,000 due 3/1/2027, 4.25%	125,011	108,419
BAT Cap Corp	140,000 due 4/2/2027, 4.7%	144,008	137,568
Bank New York Mellon Corp Medium	63,000 due 5/16/2027, 3.25%	60,164	60,074
BAT Capital Corp Sr	70,000 due 2/20/2034, 6.00%	69,606	70,731
Best Buy Inc	93,000 due 10/1/2028, 4.45%	96,611	90,171
Bank of America Corp Fr	129,000 due 10/20/2032, 2.572%	128,954	106,416
Bank of America Corp Fr	117,000 due 12/20/2028, 3.419%	124,811	109,540
Bank of America Corp Fr	67,000 due 8/26/2024, 4.2%	71,733	66,747
Broadcom Corp / Broadcom Cayman	64,000 due 1/15/2027, 3.875%	68,183	61,796
Broadcom Inc	85,000 due 11/15/2030, 4.15%	79,654	79,592
Cadence Design Sys	105,000 due 10/15/2024, 4.375%	112,636	104,376
Camden Ppty Tr	41,000 due 10/15/2028, 4.1%	42,614	39,291
Capital One Finl Corp Gbl Flt	87,000 due 2/1/2034, 5.817%	87,662	85,824
Capital One Finl Corp Gbl Flt	54,000 due 5/10/2028, 4.927%	54,000	53,153
Chevron USA Inc	95,000 due 1/15/2028, 3.85%	108,896	92,145
Church Dwight Co, Inc	30,000 due 12/15/2031, 2.3%	29,939	24,679
Citigroup Inc	75,000 due 6/3/2031, 2.572%	76,332	63,990

UA LOCAL 190 PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
May 31, 2024

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

ID # 38-6065579
Plan # 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Citigroup Inc	85,000 due 3/26/2025, 3.875%	90,230	83,726
	Citigroup Inc	96,000 due 1/10/2028, 3.887%	103,717	92,484
	Citigroup Inc	22,000 due 9/29/2027, 4.45%	23,954	21,414
	Citigroup Inc	30,000 due 3/9/2026, 4.6%	32,802	29,511
	Comcast Corp	130,000 due 2/1/2030, 2.65%	131,087	114,127
	Coterra Energy Inc Sr	94,000 due 3/15/2034, 5.6%	93,885	93,430
	Dell International LLC / EMC Corp	50,000 due 2/1/2028, 5.25%	49,978	50,201
	Edwards Lifesciences Corp	45,000 due 6/15/2028, 4.3%	50,806	43,387
	Elevance Health Inc	50,000 due 1/15/2025, 2.375%	51,381	49,013
	Energy Transfer Partners LP	99,000 due 5/15/2030, 3.75%	86,563	90,555
	Essential Properties LP	42,000 due 7/15/2031, 2.95%	40,571	34,197
	Fortinet Inc	56,000 due 3/15/2031, 2.2%	55,488	45,914
	General Mills Inc	87,000 due 3/29/2033, 4.95%	86,823	84,490
	General Mtrs Finl Co Inc	82,000 due 4/6/2030, 5.85%	81,838	82,695
	Georgia Power Co Sr	80,000 due 3/15/2034, 5.25%	79,781	79,446
	Goldman Sachs Group Inc	95,000 due 1/23/2025, 3.5%	97,150	93,703
	Goldman Sachs Group Inc	109,000 due 5/1/2029, 4.223%	125,754	104,490
	Idex Corp	95,000 due 5/1/2030, 3%	83,007	82,964
	Ingredion Inc Sr Nt	96,000 due 10/1/2026, 3.2%	100,980	91,260
	Intel Corp	67,000 due 3/25/2025, 3.4%	68,195	65,959
	Intuit Inc	65,000 due 7/15/2025, 0.95%	64,949	61,900
	JPMorgan Chase & Co	67,000 due 11/8/2032, 2.545%	67,166	55,382
	JPMorgan Chase & Co	186,000 due 1/23/2029, 3.509%	198,499	175,052
	JPMorgan Chase & Co	64,000 due 9/14/2033, 5.717%	64,000	64,730
	L3Harris Technologies	87,000 due 6/1/2029, 5.05%	87,018	86,048
	Lam Resh Corp	19,000 due 3/15/2029, 4%	20,768	18,198
	LYB International Fin	72,000 due 5/15/2033, 5.625%	71,832	73,101
	Marathon Oil Corp	124,000 due 4/1/2029, 5.3%	123,768	124,300
	Marriott Intl Inc	85,000 due 5/15/2034, 5.3%	84,102	83,173
	Micron Technology Inc	12,000 due 2/6/2029, 5.327%	14,912	12,021
	Morgan Stanley	75,000 due 7/27/2026, 3.125%	74,782	71,648
	Morgan Stanley	93,000 due 1/23/2030, 4.431%	99,776	89,581
	Newmont Mng Corp	51,000 due 7/15/2032, 2.6%	50,948	42,168
	Nextera Energy Cap Hldgs Inc	86,000 due 7/15/2032, 5%	85,936	83,778
	Northern Trust Corp	68,000 due 10/30/2025, 3.95%	70,034	66,660
	Nstar Electric Co	35,000 due 11/15/2025, 3.25%	35,215	33,864
	Nucor Corp	33,000 due 6/1/2025, 2%	32,950	31,890
	Nvidia Corp	144,000 due 9/16/2026, 3.2%	140,786	139,036
	NVR Inc	80,000 due 5/15/2030, 3%	80,951	70,218
	O'Reilly Automotive Inc	63,000 due 6/15/2032, 4.7%	62,914	60,380
	Oklahoma Gas & Elec	60,000 due 4/1/2030, 3.25%	59,969	53,714
	Old Rep Intl Corp Sr	70,000 due 3/28/2034, 5.75%	70,148	69,591
	Oshkosh Corp	50,000 due 3/1/2030, 3.1%	51,446	44,102
	PayPal Holdings Inc	90,000 due 6/1/2025, 1.65%	90,601	86,666
	Phillips 66 Co	46,000 due 6/30/2033, 5.3%	45,706	45,241
	Physicians Rlty LP	27,000 due 11/1/2031, 2.625%	26,943	22,205
	Physicians Rlty LP	29,000 due 1/15/2028, 3.95%	30,790	27,672
	Pioneer Natural Resources Co	110,000 due 1/15/2026, 1.125%	106,945	102,909
	Pioneer Natural Resources Co	71,000 due 8/15/2030, 1.9%	69,565	59,340
	Principal Financial Group	77,000 due 3/15/2033, 5.375%	76,916	76,620
	Public Service Elec & Gas	43,000 due 3/15/2026, 0.95%	42,905	39,937
	Pulte	46,000 due 1/15/2027, 5%	53,710	45,591
	Realty Income Corp Sr	166,000 due 1/15/2027, 3.2%	156,641	156,903
	Regency	56,000 due 9/15/2029, 2.95%	57,858	49,985
	Regeneron Pharmaceuticals Inc	140,000 due 9/15/2030, 1.75%	137,571	114,089
	Regions Finl Corp	79,000 due 8/12/2028, 1.8%	78,247	68,036
	Reliance Steel & Aluminum Co	23,000 due 8/15/2025, 1.3%	22,930	21,855
	Reliance Steel & Aluminum Co	58,000 due 8/15/2030, 2.15%	58,186	48,162
	Rexford Industrial Realty LP	65,000 due 9/1/2031, 2.15%	60,776	51,805
	Rockwell	106,000 due 3/1/2025, 2.875%	110,797	103,983
	Southern Copper Corp	106,000 due 4/23/2025, 3.875%	115,950	104,178
	State Street Corp	88,000 due 8/18/2025, 3.55%	86,433	86,308
	T-Mobile USA Inc	69,000 due 4/15/2030, 3.875%	63,170	64,132
	Torchmark Corp	85,000 due 9/15/2028, 4.55%	92,056	80,103
	Truist Financial Corporation	30,000 due 6/7/2029, 1.887%	30,000	26,100
	Tyson Foods Inc	67,000 due 6/2/2027, 3.55%	67,140	63,724
	Verizon Communications Inc	19,000 due 3/22/2030, 3.15%	18,942	17,030

UA LOCAL 190 PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
May 31, 2024

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

ID # 38-6065579
Plan # 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Verizon Communications Inc	42,000 due 2/15/2025, 3.376%	44,439	41,352
	WEC Energy Group Inc	27,000 due 12/15/2028, 2.2%	26,935	23,699
	WEC Energy Group Inc	110,000 due 10/1/2027, 5.15%	109,773	109,503
	Wells Fargo & Co Sr Nt	102,000 due 10/30/2030, 2.879%	99,478	89,861
	Wells Fargo & Co Vr	109,000 due 7/22/2027, 4.3%	120,636	105,955
	Kite Rlty Group LP	49,000 due 10/1/2026, 4%	52,228	47,187
	Priceline.com	88,000 due 3/15/2025, 3.65%	94,337	86,752
TOTAL CORPORATE BONDS AND NOTES			\$ 7,828,720	\$ 7,261,083

FOREIGN BONDS AND NOTES:

Magna Intl Inc Sr Nt	85,000 due 06/15/2024, 3.625%	87,216	84,916
Pfizer Invt Enterprises Sr Gbl Nt	112,000 due 5/19/2033, 4.75%	111,832	108,293
Vodafone Group PLC	75,000 due 5/30/2028, 4.375%	85,117	73,213
TOTAL FOREIGN BONDS AND NOTES		\$ 284,165	\$ 266,422

TOTAL CORPORATE BONDS AND NOTES, including foreign bonds **\$ 8,112,885** **\$ 7,527,505**

CORPORATE ASSET BACKED & COLLATERALIZED MORTGAGE OBLIGATIONS:

Federal Home Ln Mtg Corp Multicl	19,443.31 CMO due 12/15/2027, 1.25%	18,702	18,307
Federal Home Ln Mtg Corp Multicl	71,248.34 CMO due 7/15/2039, 2.5%	69,456	65,408
Federal Home Ln Mtg Corp Multicl	31,030.00 CMO due 12/15/2028, 3%	32,160	30,727
Federal Home Ln Mtg Corp Multicl	12,697.43 CMO due 9/15/2045, 2.50%	12,737	11,859
Federal Home Loan Mtg. Corp	316,317.58 due 10/1/2052, 4%	292,099	288,709
Federal National Mtg Assn	43,828.04 CMO due 2/25/2049, 3%	43,626	38,257
Federal National Mtg. Assn.	90,250.86 due 7/1/2040, 2.5%	93,550	77,070
Federal National Mtg. Assn.	Pool #AB0462 due 2/1/2037, 6%	15,195	13,159
Federal National Mtg. Assn. Gtd Remic	15,517.17 CMO due 5/25/2040, 4.5%	16,382	15,224
Federal National Mtg. Assn. Gtd Remic	14,152.83 CMO due 1/25/2043, 1.75%	13,189	12,412
Federal National Mtg. Assn. Gtd Remic	40,308.31 CMO due 6/25/2030, 2.50%	39,650	38,122
FMNA Pass-Thru I 4.0	304,610.53 due 5/1/2052, 4%	281,574	276,870
FMNA Pass-Thru I MBS	245,167.90 due 3/1/2053, 4.5%	238,933	229,607
Government Natl Mtg Assn	33,995.30 CMO due 11/20/2044, 1.75%	31,594	29,657
CFCRE 2016-C3 Mtg Tr	45,417.39 CMO due 1/10/2048, 3.597%	45,701	44,027
CFCRE 2016-C4 Mtg Tr	50,000 CMO due 5/10/2058, 3.283%	50,855	47,941
Citigroup Coml Mtg TR 2015-GC33	133,000 CMO due 9/10/2058, 3.778%	131,804	128,510
Citigroup Coml Mtg TR 2015-P1	48,000 CMO due 9/17/2048, 3.717%	50,529	46,773
Citigroup Coml Mtg TR 2016-P4	130,000 CMO due 7/12/2049, 2.902%	126,560	122,420
Comm 2015-CCRE25 Mtg TR	56,000 CMO due 8/10/2048, 3.759%	58,675	54,634
Csail 2015-C2 Coml Mtg Tr	65,000 CMO due 6/15/2057, 3.504%	65,614	63,618
Csail 2015-C3 Coml Mtg Tr	49,000 CMO due 8/15/2048, 3.7182%	50,221	47,711
Csail 2015-C4 Coml Mtg Tr	89,000 CMO due 11/18/2048, 3.8079%	87,516	86,554
Csail 2016-C7 Coml Mtg Tr	42,000 CMO due 11/15/2049, 3.502%	43,719	39,432
GS Mtg Secs Tr 2015-GC30	49,000 CMO due 5/10/2050, 3.382%	50,903	47,818
GS Mtg Secs Tr 2016-GS2	49,000 CMO due 5/10/2049, 3.05%	50,740	46,609
JPMBB Coml Mtg Secs Tr 2015-C31	41,719.48 CMO due 8/15/2048, 3.8014%	43,178	40,652
JPMCC Coml Mtg Secs Tr 2016-JP2	106,000 CMO due 8/15/2049, 2.8218%	105,827	99,719
Morgan Stanley Bk Amer Merrill Lynch	48,000 CMO due 12/15/2049, 3.72%	50,286	45,740
Wells Fargo Coml Mtg	50,000 CMO due 12/17/2048, 3.809%	52,045	48,494
Wells Fargo Coml Mtg Tr 2015-C28	60,000 CMO due 5/15/2048, 3.54%	60,945	58,649
Wells Fargo Coml Mtg Tr 2015-C29	57,000 CMO due 6/15/2048, 3.637%	59,382	55,694
Wells Fargo Coml Mtg Tr 2015-C30	55,000 CMO due 9/15/2058, 3.664%	56,648	53,548
Wells Fargo Coml Mtg Tr 2016-NXS	105,000 CMO due 11/15/2049, 2.918%	100,846	99,174
Wells Fargo Coml Mtg Tr 2017-RC1	83,000 CMO due 1/15/2060, 3.631%	77,663	78,906
Americredit Automobile Receivable	93,000 ABS due 10/19/2026, 0.89%	92,999	90,498
Santander Drive Auto Receivables	30,053.79 ABS due 2/16/2027, 1.26%	30,047	29,745
TOTAL ASSET BACKED & COLLATERALIZED MORTGAGE OBLIGATIONS		\$ 2,741,550	\$ 2,622,254

UA LOCAL 190 PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
May 31, 2024

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

ID # 38-6065579
Plan # 001

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

FaceBook Inc	288 shares	43,734	134,447
Liberty Broadband Corp - A	1,482 shares	135,240	80,384
Liberty Media Corp Del Com	5,257 shares	153,959	119,124
Warner Brothers Discovery Inc	11,920 shares	175,057	98,221
Autozone Inc	44 shares	109,490	121,877
Expedia Inc Del	1,553 shares	163,733	175,272
Albertsons Cos Inc	6,846 shares	145,201	141,301
Sysco	2,260 shares	166,289	164,573
Wal-Mart Stores Inc	2,799 shares	134,924	184,062
Bank of America Corp	4,808 shares	168,071	192,272
Berkshire Hathaway Inc Cl B	563 shares	174,641	233,307
Capital One Finl Corp Gbl Flt	1,274 shares	136,216	175,341
Citigroup Inc	2,821 shares	148,774	175,777
Goldman Sachs Group Inc	520 shares	189,504	237,390
JPMorgan Chase & Co	1,240 shares	173,662	251,261
Wells Fargo & Co & Co New	3,161 shares	149,805	189,407
Amgen Inc	731 shares	178,368	223,576
Bristol Myers Squibb Co	3,034 shares	204,945	124,667
CVS/Caremark Corp	2,129 shares	172,902	126,888
Elevance Health Inc	313 shares	156,852	168,544
Johnson & Johnson	935 shares	153,881	137,136
Regeneron Pharmaceuticals Inc	185 shares	140,528	181,330
Acuity Brands Inc	857 shares	165,374	222,486
Allison Transmission Hldgs Inc	3,132 shares	142,335	237,437
Curtiss Wright Corp	676 shares	136,336	191,186
Landstar System Inc	743 shares	132,172	135,248
Masco Corp	2,078 shares	150,278	145,294
MSC Indl Direct Inc Cl A	1,637 shares	144,593	140,618
Robert Half Inc	1,420 shares	120,046	91,207
Apple Inc	541 shares	78,134	104,007
Cisco Sys Inc	3,870 shares	187,035	179,955
Netapp Inc	1,682 shares	112,110	202,563
Progress Software Corp	2,900 shares	156,742	146,885
Skyworks Solutions Inc	1,231 shares	138,980	114,064
Amdocs Ltd	1,925 shares	168,274	152,075
REIT-Continental Capital Equities Inc	20,000 shares common stock	190,000	100,000

TOTAL COMMON STOCK \$ 5,398,185 \$ 5,799,182

PARTNERSHIP INTERESTS:

Bardin Hill Opportunistic Credit Fund	1.056% partnership interest	1,569,494	1,642,575
Brookfield Infrastructure Fund V	0.0145% partnership interest	1,350,872	1,352,734
Private Equity Core Fund X (Offshore), LP	2.588% partnership interest	1,961,750	1,969,307
Boyd Watterson GSA Fund, LP	8,989.29 units	8,194,961	9,527,729

TOTAL PARTNERSHIP INTERESTS \$ 13,077,077 \$ 14,492,345

COMMON TRUST FUNDS:

Short-Term Fund Series C - Line Items	67,057.2200 units	67,057	67,057
Short-Term Fund Series C - Victory	383,961.18 units	383,961	383,961
Short-Term Fund Series C - Seizert	168,214.980 units	168,215	168,215
NT Collective Russell 1000 Index Fund - Non Lending	1,254,095.15 shares	62,309,484	80,940,555
NT Collective Quality Small Cap Core U.S. Fund - Lending	35,844.27 shares	3,017,415	14,371,079
NewTower Trust Company Multi-Employer Property Trust	1,029.3099 units	5,478,271	13,264,853
State Street MSCI ACWI IMI Index Non-Lending Fund	1,177,058.903 units	18,775,156	58,635,189
CTF International Opportunities	679,348.7621 units	10,672,438	12,010,886

TOTAL COMMON TRUST FUNDS \$ 100,804,940 \$ 179,841,795

POOLED SEPARATE ACCOUNTS:

The Union Labor Life Insurance Co. Separate Account J	269,436.126 units	4,906,328	4,906,328
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TOTAL POOLED SEPARATE ACCOUNTS \$ 4,906,328 \$ 4,906,328

UA LOCAL 190 PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
May 31, 2024

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

ID # 38-6065579
Plan # 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
103-12 INVESTMENT ENTITIES:				
	Lazard Global Fixed Income Trust	9,125.421 shares	66,162	66,524
		TOTAL 103-12 INVESTMENT ENTITIES	\$ 66,162	\$ 66,524
MUTUAL FUNDS:				
	Baird Aggregate Bond Fund	2,871,453.6250 shares	30,710,519	27,565,955
	MetWest High Yield Bond Fund Class I	907,759.316 shares	9,158,487	8,342,308
	AFL-CIO Housing Investment Trust	2,920.679 units	3,074,413	2,774,902
		TOTAL MUTUAL FUNDS	\$ 42,943,419	\$ 38,683,165
		TOTAL ASSETS HELD AT END OF YEAR	\$ 186,088,525	\$ 261,692,494

UA LOCAL 190 PENSION PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended May 31, 2024

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

ID # 38-6065579
Plan # 001

(a) Identity of party involved	(b) Description of asset	Number of shares or par value	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Comerica Short Term Fund	8,766,758	\$ 8,766,758	NA \$8,423,642	NA NA	NA \$ -	NA \$ 8,423,642	NA \$8,423,642	NA \$ -

2023 Schedule MB, Line 8b(2)

UA Local 190 Pension Plan
 EIN: 38-6065579 PN: 001
 Actuarial Valuation Report as of 6/1/2023



7.9. Schedule of Active Participant Data (Line 8b(2))

Age	Years of Pension Credit																					
	0-1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40+			
	Accrued		Accrued		Accrued		Accrued		Accrued		Accrued		Accrued		Accrued		Accrued		Accrued			
No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	No.	Mo. Ben.	
<25	18	\$ 47	2	\$ 104	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -
25-29	70	48	61	173	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
30-34	38	51	82	223	18	653	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
35-39	21	43	76	249	28	746	11	1,091	1	1,812	-	-	-	-	-	-	-	-	-	-	-	
40-44	11	60	37	272	31	750	22	1,261	11	1,761	2	2,054	-	-	-	-	-	-	-	-	-	
45-49	5	38	21	307	21	703	11	1,216	21	1,728	5	2,141	8	2,725	2	3,148	-	-	-	-	-	
50-54	1	79	21	322	14	752	15	1,243	12	1,766	10	2,125	7	2,593	7	3,193	1	3,713	-	-	-	
55-59	3	70	12	328	19	689	6	1,255	11	1,773	10	2,247	8	2,670	6	3,094	7	3,684	3	4,590	-	
60-64	2	59	13	355	8	728	10	1,166	10	1,663	11	2,201	3	2,763	10	3,123	8	3,668	5	4,081	-	
65+	-	-	2	403	3	635	6	1,156	3	1,568	1	2,158	4	2,729	3	3,134	1	3,653	2	4,935	-	
Unknown	-	\$ -	2	\$ 294	2	\$ 695	-	\$ -	-	\$ -	-	\$ -	1	\$ 2,138	3	\$ 3,017	-	\$ -	3	\$ 4,613	-	
Test	169		329		144		81		69		39		31		31		17		13			

UA Local 190 Pension Plan
 EIN: 38-6065579 PN: 001
 Actuarial Valuation Report as of 6/1/2023



7.3. Statement of Actuarial Assumptions/Methods (Line 6)

These are the assumptions used for the ongoing valuation calculations, unless otherwise noted.

Measurement May 31, 2023
 Date:

Mortality Pre-Decrement: PRI-2012 Blue Collar Employee
 Post-Decrement: PRI-2012 Blue Collar Retiree
 Post-Disablement: PRI-2012 Disabled Annuitant
 Beneficiaries: PRI-2012 Blue Collar Contingent Annuitant

All tables use Scale MP-2021 mortality improvement

Sample Demographic Rates	Age	Withdrawal (T-3)	Disability
	20	6.58%	0.03%
	30	4.83	0.04
	40	3.84	0.07
	50	1.52	0.18
	60	0.00	0.90

Retirement Age

Age	Rate	Age	Rate
55	6%	61	50%
56	6	62	50
57	6	63	10
58	6	64	10
59	6	65	100
60	50		

Terminated Vesteds: Age 59

Employment 1,550,000 employment units per year

Definition of Active At least 375 hours in the most recent Plan year

Percent Married 100%

Age of Spouse Females are 3 years younger than their spouses

Net Investment Return 6.25% net of investment expenses

Withdrawal Liability Interest Rate 5.75%

Administrative Expenses	\$416,160 payable at the beginning of the year, increasing annually by 2% thru 5/31/2028, then annually by 1% thereafter, including scheduled increases in PBGC premiums.
-------------------------	---

Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the expected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
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Actuarial Cost Method	Unit Credit
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RPA '94 Current Liability Assumptions

Interest	2.40%, last year 1.92% was used
Mortality	As per IRS Regulation §1.430(h)(3)-1

Rationale for Assumptions

Demographic	The demographic rates utilized are standard tables that approximate recent historical demographic experience, and adjusted to reflect anticipated future experience and professional judgment. A comparison of actual vs. expected decrements, and aggregate liability gain/loss analysis were used to validate the demographic assumptions.
-------------	--

Administrative Expense and Employment	The Administrative Expense and Employment assumptions approximate recent historical experience, and adjusted to reflect anticipated future experience and professional judgment. When appropriate we include the expectations of Trustees and co-professionals for these assumptions.
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Investment Return	The investment return assumption is a long-term estimate that is based on historical experience, future market expectations, and professional judgment. We have utilized the investment manager's capital market expectations, and have compared those expectations with a broader market survey.
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UA LOCAL 190 PENSION PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended May 31, 2024

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

ID # 38-6065579
Plan # 001

(a) Identity of party involved	(b) Description of asset	Number of shares or par value	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Comerica Short Term Fund	8,766,758	\$ 8,766,758	NA \$8,423,642	NA NA	NA \$ -	NA \$ 8,423,642	NA \$8,423,642	NA \$ -

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
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For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

▶ **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 190 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 Joint Board of Trustees UA Local 190 Pension Plan	D Employer Identification Number (EIN) 38-6065579

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

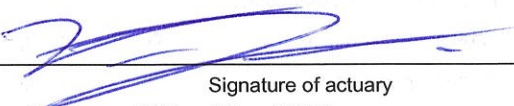
1a Enter the valuation date: Month 6 Day 1 Year 2023

b Assets

(1) Current value of assets.....	1b(1)	231,368,364
(2) Actuarial value of assets for funding standard account.....	1b(2)	241,891,221
c (1) Accrued liability for plan using immediate gain methods.....	1c(1)	252,760,624
(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)	252,760,624
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)	417,200,647
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	8,503,313
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	0
(3) Expected plan disbursements for the plan year.....	1d(3)	15,901,539

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  Signature of actuary Vincent Reglbuto, ASA, EA, MAAA Type or print name of actuary O'Sullivan Associates Firm name 1236 Brace Road Unit E Cherry Hill NJ 08034 Address of the firm	<u>2/25/2025</u> Date 23-08116 Most recent enrollment number (856) 795-7777 Telephone number (including area code)
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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	231,368,364
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	879	235,054,126
(2) For terminated vested participants	514	53,085,611
(3) For active participants:		
(a) Non-vested benefits		14,177,707
(b) Vested benefits		114,883,203
(c) Total active	923	129,060,910
(4) Total	2,316	417,200,647
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	55.46 %

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
12/01/2023	16,421,207				
Totals ▶			3(b)	16,421,207	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	95.7 %
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	2.40 %
	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	6.25 %
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)	5.75%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.1%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	0.2%
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)	416,160
(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	1,935,445	190,632
3	2,422,714	238,626

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)	5
(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	3,658,960

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)	85,594,460	12,262,503
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 995,091**e** Total charges. Add lines 9a through 9d.....**9e** 16,916,554**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 50,703,072**g** Employer contributions. Total from column (b) of line 3.....**9g** 16,421,207**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	24,021,985	4,313,019

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 3,903,756**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	80,488,935	
9j(2)	137,676,858	
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** 75,341,054**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 58,424,500**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)** 0**(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 MB (2023)

UA Local 190 Pension Plan

EIN: 38-6065579 PN: 001

Actuary's Accompanying Statement

Employer Contributions (line 3)

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan year and were assumed to be paid at the end of the month. There were no withdrawal liability payments in the year.

Illustration Supporting Actuarial Certification of Status (line 4b)

Based on the following actuarial measures, the Plan was not in a troubled ("Endangered", "Critical", or "Critical and Declining") zone as per the Pension Protection Act.

Funded percentage.....	Over 80%
Date of projected funded deficiency...	Indefinite

Therefore, per the instructions, no attachment is required.

Statement of Actuarial Assumptions and Methods (line 6)

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation. The actuarial assumptions underlying this valuation differ from those underlying the prior valuation; therefore, please refer to the Justification for Change in Actuarial Assumptions (line 11) section for the changes.

Plan Provisions (line 6)

Attached is a summary of the plan provisions valued. The plan provisions used in this valuation differ from those used in the prior valuation as follows:

- The benefit multiplier was increased from \$99 per Benefit Credit to \$105
- Participants who retired prior to 6/1/2023 received a one-time extra one-month benefit payment.

Schedule of Projected Benefit Payments (line 8b(1))

Attached is a schedule of projected benefit payments.

Schedule of Active Participant Data (line 8b(2))

Attached is a schedule of active participant data.

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments (line 8b(3))

Attached is a schedule of employer contributions and withdrawal liability payments.

Schedule of Funding Standard Account Bases (line 9)

Attached is a schedule of minimum funding amortization bases maintained pursuant to IRC Section 431.

Justification for Change in Actuarial Assumption (line 11)

Attached is the justification for change in Actuarial Assumptions

Actuary's Statement of Reliance

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the Plan administrator

Schedule R, line 13d - Collective Bargaining Agreement Expiration Date

Plan name: **UA Local 190 Pension Plan**

Plan sponsor's name: **Joint Board of Trustees of the UA Local 190 Pension Plan**

Plan sponsor's EIN: **38-6065579**

Miller Pipeline Corp

35-1959522

	Expiration
Collective Bargaining Agreement	Date
Michigan Gas Distribution	4/30/2026
Ohio Gas Distribution	5/31/2028

Infrasource Construction, LLC

04-3633384

	Expiration
Collective Bargaining Agreement	Date
Michigan Gas Distribution	4/30/2026
Ohio Gas Distribution	5/31/2028

Schedule R, line 13e - Information on Contribution Rates and Base UnitsPlan name: **UA Local 190 Pension Plan**Plan sponsor's name: **Joint Board of Trustees of the UA Local 190 Pension Plan**Plan sponsor's EIN: **38-6065579****John E Green Company**
38-0607500

Description	Rate	Unit
Building Trades & DC Cook	10.58	Hourly
Mechanical Equipment Service Tradesman	0.00	Hourly
Commercial Metal Trades	1.95 (1+ yr)	Hourly
Residential Pipe Trades	0.00	Hourly
Apprentice Building Trades	10.58	Hourly

Miller Pipeline Corp
35-1959522

Description	Rate	Unit
Michigan Gas Distribution Wage Rates:		
Journeyman-Welder	10.58	Hourly
Apprentice Helper -Zone 1	7.80	Hourly
Apprentice Helper -Zone 2	7.80	Hourly
Journeyman Installer -Zone 1	7.26	Hourly
Journeyman Installer -Zone 2	7.26	Hourly

Ohio Gas Distribution Wage Rates:

Journeyman/Welder	10.58	Hourly
Apprentice/Helper/Fuser -Zone 1	5.50	Hourly
Apprentice/Helper/Fuser -Zone 2	5.50	Hourly
Apprentice/Helper/Fuser -Zone 3	5.50	Hourly

Power Process Piping Co
38-2041808

Description	Rate	Unit
Building Trades & DC Cook	10.58	Hourly
Mechanical Equipment Service Tradesman	0.00	Hourly
Commercial Metal Trades	1.95 (1+ yr)	Hourly
Residential Pipe Trades	0.00	Hourly
Apprentice Building Trades	10.58	Hourly

Schedule R, line 13e - Information on Contribution Rates and Base Units

Plan name: **UA Local 190 Pension Plan**

Plan sponsor's name: **Joint Board of Trustees of the UA Local 190 Pension Plan**

Plan sponsor's EIN: **38-6065579**

John Darr Mechanical, Inc.

38-3375244

Description	Rate	Unit
Building Trades & DC Cook	10.58	Hourly
Mechanical Equipment Service Tradesman	0.00	Hourly
Commercial Metal Trades	1.95 (1+ yr)	Hourly
Residential Pipe Trades	0.00	Hourly
Apprentice Building Trades	10.58	Hourly

M.U.E., Inc.

38-3268342

Description	Rate	Unit
Michigan Gas Distribution Wage Rates:		
Journeyman-Welder	10.58	Hourly
Apprentice Helper -Zone 1	7.80	Hourly
Apprentice Helper -Zone 2	7.80	Hourly
Journeyman Installer -Zone 1	7.26	Hourly
Journeyman Installer -Zone 2	7.26	Hourly

Kent Power Services

45-4035665

Description	Rate	Unit
Michigan Gas Distribution Wage Rates:		
Journeyman-Welder	10.58	Hourly
Apprentice Helper -Zone 1	7.80	Hourly
Apprentice Helper -Zone 2	7.80	Hourly
Journeyman Installer -Zone 1	7.26	Hourly
Journeyman Installer -Zone 2	7.26	Hourly

Schedule R, line 13e - Information on Contribution Rates and Base UnitsPlan name: **UA Local 190 Pension Plan**Plan sponsor's name: **Joint Board of Trustees of the UA Local 190 Pension Plan**Plan sponsor's EIN: **38-6065579****Infrasource Construction, LLC**
04-3633384

Description	Rate	Unit
Michigan Gas Distribution Wage Rates:		
Journeyman-Welder	10.58	Hourly
Apprentice Helper -Zone 1	7.80	Hourly
Apprentice Helper -Zone 2	7.80	Hourly
Journeyman Installer -Zone 1	7.26	Hourly
Journeyman Installer -Zone 2	7.26	Hourly
Ohio Gas Distribution Wage Rates:		
Journeyman/Welder	10.58	Hourly
Apprentice/Helper/Fuser -Zone 1	5.50	Hourly
Apprentice/Helper/Fuser -Zone 2	5.50	Hourly
Apprentice/Helper/Fuser -Zone 3	5.50	Hourly

Boone & Darr, Inc.
38-1544262

Description	Rate	Unit
Building Trades & DC Cook	10.58	Hourly
Mechanical Equipment Service Tradesman	0.00	Hourly
Commercial Metal Trades	1.95 (1+ yr)	Hourly
Residential Pipe Trades	0.00	Hourly
Apprentice Building Trades	10.58	Hourly

Goyette Mechanical Company, Inc.
38-1332690

Description	Rate	Unit
Building Trades & DC Cook	10.58	Hourly
Mechanical Equipment Service Tradesman	0.00	Hourly
Commercial Metal Trades	1.95 (1+ yr)	Hourly
Residential Pipe Trades	0.00	Hourly
Apprentice Building Trades	10.58	Hourly

Schedule R, line 13e - Information on Contribution Rates and Base Units

Plan name: **UA Local 190 Pension Plan**

Plan sponsor's name: **Joint Board of Trustees of the UA Local 190 Pension Plan**

Plan sponsor's EIN: **38-6065579**

Corby Energy Services, Inc.

38-2402763

Description	Rate	Unit
Michigan Gas Distribution Wage Rates:		
Journeyman-Welder	10.58	Hourly
Apprentice Helper -Zone 1	7.80	Hourly
Apprentice Helper -Zone 2	7.80	Hourly
Journeyman Installer -Zone 1	7.26	Hourly
Journeyman Installer -Zone 2	7.26	Hourly

UA Local 190 Pension Plan
 EIN: 38-6065579 PN: 001
 Actuarial Valuation Report as of 6/1/2023



**7.10. Schedule of Projection of Employer Contributions and Withdrawal Liability
 Payments (Line 8b(3))**

Year Ending May. 31	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 13,624,500	\$ -	\$13,624,500
2025	13,624,500	-	13,624,500
2026	13,624,500	-	13,624,500
2027	13,624,500	-	13,624,500
2028	13,624,500	-	13,624,500
2029	13,624,500	-	13,624,500
2030	13,624,500	-	13,624,500
2031	13,624,500	-	13,624,500
2032	13,624,500	-	13,624,500
2033	\$ 13,624,500	\$ -	\$13,624,500

2023 Schedule MB, Line 8b(1)

UA Local 190 Pension Plan
EIN: 38-6065579 PN: 001
Actuarial Valuation Report as of 6/1/2023



7.8. Schedule of Projection of Expected Benefit Payments (Line 8b(1))

Plan Year Ending May. 31	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$ 751,178	\$ 488,776	\$ 16,105,183	\$ 17,345,137
2025	1,179,334	585,333	15,853,141	17,617,808
2026	1,633,281	777,413	15,567,384	17,978,078
2027	2,092,276	882,814	15,240,311	18,215,401
2028	2,451,575	1,111,073	14,859,687	18,422,335
2029	2,805,370	1,241,542	14,442,736	18,489,648
2030	3,186,623	1,499,196	13,994,283	18,680,102
2031	3,581,088	1,677,171	13,546,187	18,804,446
2032	3,906,325	1,854,812	12,939,951	18,701,088
2033	4,182,881	2,016,508	12,221,141	18,420,530
2034	4,353,368	2,098,108	11,650,689	18,102,165
2035	4,560,707	2,200,048	11,085,104	17,845,859
2036	4,754,915	2,371,894	10,504,795	17,631,604
2037	4,920,474	2,526,916	9,913,160	17,360,550
2038	5,082,479	2,587,019	9,313,675	16,983,173
2039	5,227,026	2,640,472	8,709,819	16,577,317
2040	5,352,802	2,628,881	8,105,039	16,086,722
2041	5,461,666	2,687,041	7,502,836	15,651,543
2042	5,553,785	2,698,254	6,906,781	15,158,820
2043	5,637,682	2,669,868	6,320,503	14,628,053
2044	5,680,402	2,659,531	5,747,583	14,087,516
2045	5,727,346	2,625,117	5,191,636	13,544,099
2046	5,766,647	2,567,276	4,656,201	12,990,124
2047	5,779,951	2,518,639	4,144,689	12,443,279
2048	5,784,132	2,462,851	3,660,340	11,907,323
2049	5,745,117	2,397,722	3,206,037	11,348,876
2050	5,687,945	2,336,931	2,784,184	10,809,060
2051	5,659,081	2,259,905	2,396,643	10,315,629
2052	5,580,907	2,184,133	2,044,625	9,809,665
2053	5,486,095	2,111,864	1,728,624	9,326,583
2054	5,402,642	2,022,863	1,448,393	8,873,898
2055	5,241,963	1,928,617	1,202,958	8,373,538
2056	5,100,403	1,834,086	990,666	7,925,155
2057	4,955,406	1,737,562	809,282	7,502,250
2058	4,784,967	1,635,840	656,148	7,076,955
2059	4,624,740	1,533,051	528,335	6,686,126
2060	4,444,460	1,429,059	422,810	6,296,329
2061	4,242,574	1,325,457	336,561	5,904,592
2062	4,035,358	1,222,371	266,726	5,524,455
2063	3,849,920	1,120,433	210,656	5,181,009
2064	3,643,310	1,021,598	165,968	4,830,876
2065	3,446,854	926,128	130,572	4,503,554
2066	3,236,594	834,310	102,667	4,173,571
2067	3,037,980	746,730	80,744	3,865,454
2068	2,837,246	664,306	63,569	3,565,121
2069	2,639,213	587,198	50,137	3,276,548
2070	2,445,541	515,716	39,646	3,000,903
2071	2,258,951	450,061	31,463	2,740,475
2072	2,081,156	390,305	25,083	2,496,544
2073	\$1,908,844	\$ 336,401	\$ 20,106	\$ 2,265,351

2023 Schedule MB, Line 6

UA Local 190 Pension Plan
 EIN: 38-6065579 PN: 001
 Actuarial Valuation Report as of 6/1/2023



7.5. Summary of Plan Provisions (Line 6)

Plan Year June 1 through May 31.

Benefit Credit June 1, 1947 – May 31, 1962

One year of benefit credit per year of employment

June 1, 1962 to May 31, 1972

Hours in Plan Year	Benefit Credit
Less than 400	0
400 to 799	$\frac{1}{4}$
800 to 1,199	$\frac{1}{2}$
1,200 to 1,599	$\frac{3}{4}$
1,600 or more	1

June 1, 1972 – May 31, 1991

Hours in Plan Year	Benefit Credit
Less than 375	0
375 to 749	$\frac{1}{4}$
750 to 1,124	$\frac{1}{2}$
1,125 to 1,499	$\frac{3}{4}$
1,500 or more	1

June 1, 1991 – May 31, 1993

For a participant with at least 375 hours of work, the Benefit Credit for each Plan Year equals actual hours divided by 1,500, rounded to the nearest 1/10th

June 1, 1993 – May 31, 2010

For a participant with at least 375 hours of work, the Benefit Credit for each Plan Year equals actual contributions divided by 1,500 times the highest contribution rate, rounded to the nearest 1/10th.

June 1, 2010 and after

For a participant with at least 375 hours of work, the Benefit Credit for each Plan Year equals actual contributions divided by (1,800 times the highest contribution rate for each month), rounded to the nearest 1/10th.

Vesting Service 870 hours or more in a Plan Year equals one year of Vesting Service.

Normal Retirement

Eligibility	Earlier of: ▪ age 65 with 5 years of participation, or ▪ age 60 with 5 years of Vesting Service
Amount	Effective June 1, 2023, the monthly benefit is equal to \$102 per Benefit Credit to a maximum of 50 years.
Payable	Life with 10 years guaranteed

Early Retirement

Eligibility	55 with 5 years of Vesting Service
Amount	The Normal Retirement benefit earned prior to June 1, 2010 reduced by 3.333% for each year (1/360 th per month) for commencement prior to age 60, <i>plus</i> the Normal Retirement amount earned after May 31, 2010 reduced 6.0% for each year (1/200 th per month) for commencement prior to age 60

Disability

Eligibility	5 years of Vesting Service and Total and Permanent disability. Disability must have occurred while participant was an active or had recorded at least 375 hours of work during the plan year.
Amount	Normal Retirement benefit payable immediately

Vesting

Eligibility	5 years of Vesting Service
Amount	Normal or Early Retirement benefit based on Plan provisions in effect when last active

Pre-Retirement Death Benefit

Eligibility	5 years of Vesting Service
Amount	The benefit the beneficiary would have received had the participant retired the day before he or she died and elected the joint and 100% survivor option. The benefit is reduced by Early Retirement Factors through age 50 and further reduced for actuarial equivalence if receiving prior to age 50.

Pre-Retirement Lump Sum Death Benefit

Eligibility	At least 3 years, but less than 5 years of Vesting Service
Amount	\$1,000 for each year of benefit credit

Participation	After completion of 375 hours of covered employment
Optional Forms	Social Security Level Income 100% Joint and Survivor Sample rate: A 60 year old participant with a 57 year old spouse would have the following reduction under the 100% option: 0.87289
Suspension of Benefits	A participant's benefit is suspended if the below criteria is met: • Actively employed for at least 40 hours in a calendar month. • Employment is within the same industry, trade or craft.
Recent Plan Changes	
June 1, 2023	• As of June 1, 2023, the benefit multiplier is increased to \$102 per Benefit Credit for active participants • 13th Check is Paid to Retirees
June 1, 2022	• As of June 1, 2022, the benefit multiplier is increased to \$99 per Benefit Credit for active participants • 3.0% COLA to participants who retired after 5/31/2018, but prior to 6/1/2022
June 1, 2021	• As of June 1, 2021, the benefit multiplier is increased to \$96 per Benefit Credit for active participants • 3.0% COLA to participants who retired after 5/31/2016, but prior to 6/1/2021
June 1, 2019	• As of June 1, 2019, the benefit multiplier is increased to \$93 per Benefit Credit for active participants • 13th Check is Paid to Retirees
June 1, 2018	• As of June 1, 2018, the benefit multiplier is increased to \$90 per Benefit Credit for active participants • 13th Check is Paid to Retirees
June 1, 2010	• As of June 1, 2010, the reduction for the joint & survivor optional form of benefit is increased to eliminate any additional cost to the Plan for selecting this form. • For benefits accrued after May 31, 2010, the following changes are made: ○ The early retirement reduction is increased to eliminate any additional cost to the Plan for retiring early. ○ The hours required at the highest contribution rate for a year of benefit service are increased from 1,500 to 1,800.

UA LOCAL 190 PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
May 31, 2024

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

ID # 38-6065579
Plan # 001

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

INTEREST-BEARING CASH:

Huntington National Bank	Commercial interest checking 4.062%	\$ 96,356	\$ 96,356
TOTAL INTEREST-BEARING CASH		\$ 96,356	\$ 96,356

UNITED STATES TREASURY & GOVERNMENT AGENCY SECURITIES:

United States Government	U.S. Treasury Notes:		
	600,000 due 12/31/2027, 3.875%	605,930	585,636
	62,000 due 2/29/2028, 4.00%	61,537	60,743
	224,000 due 3/31/2028, 3.625%	218,803	216,500
	1,016,000 due 4/30/2026, 0.75%	1,000,150	940,156
	513,000 due 8/31/2028, 1.125%	482,294	445,751
	451,000 due 9/30/2027, 4.125%	452,797	444,004
	114,000 due 5/31/2028, 1.25%	106,560	100,298
	323,000 due 8/15/2032, 2.75%	296,626	284,505
	679,000 due 12/31/2029, 3.875%	690,723	657,571
	108,000 due 11/15/2032, 4.125%	113,547	105,174
	85,000 due 1/31/2027, 1.50%	82,028	78,217
	349,000 due 11/30/2028, 4.375%	350,241	346,777
	991,000 due 5/15/2027, 0.00%	985,503	986,352
	403,000 due 8/15/2033, 3.875%	386,698	384,047
	330,000 due 7/31/2028, 4.125%	327,626	324,598
	254,000 due 11/15/2033	256,500	254,041
	721,000 due 5/31/2030, 3.75%	719,727	692,355
	81,000 due 2/28/2029, 4.25%	79,333	80,098
United States Federal Agencies	145,000 due 10/21/2025, 0.875%	145,000	136,987
	145,000 due 9/30/2026, 1%	145,000	132,621
	145,000 due 4/29/2026, 1.1%	145,000	134,782
	145,000 due 9/30/2026, 1.1%	145,000	132,937
	145,000 due 10/29/2026, 1.2%	145,000	132,890
TOTAL U.S. TREASURY & GOVERNMENT AGENCY SECURITIES		\$ 7,941,623	\$ 7,657,040

CORPORATE BONDS AND NOTES:

AbbVie Inc Sr Nt	90,000 due 3/15/2034, 5.05%	89,281	89,041
Acuity Brands Ltg Inc	75,000 due 12/15/2030, 2.15%	73,386	61,754
Aflac Inc	30,000 due 10/15/2026, 2.875%	29,959	28,432
Air Lease Corporation	28,000 due 1/15/2026, 2.875%	28,380	26,764
Alleghany Corp New	90,000 due 5/15/2030, 3.625%	92,461	83,456
Altria Group Inc	75,000 due 2/14/2026, 4.4%	81,750	73,789
Ameren Illinois Company	45,000 due 11/15/2030, 1.55%	44,810	36,040
American Express Co	95,000 due 5/26/2033, 4.989%	95,000	91,380
Amgen Inc	15,000 due 1/15/2032, 2%	14,916	11,983
Amgen Inc	130,000 due 3/2/2028, 5.15%	130,245	129,652
Aptiv PLC	35,000 due 3/1/2032, 3.25%	30,635	30,200
Arrow Electronics Inc	73,000 due 4/10/2034, 5.875%	73,074	71,651
AT&T Inc	39,000 due 2/1/2028, 1.65%	38,590	34,465
AT&T Inc	30,000 due 6/1/2027, 2.3%	29,956	27,580
AT&T Inc	111,000 due 3/1/2027, 4.25%	125,011	108,419
BAT Cap Corp	140,000 due 4/2/2027, 4.7%	144,008	137,568
Bank New York Mellon Corp Medium	63,000 due 5/16/2027, 3.25%	60,164	60,074
BAT Capital Corp Sr	70,000 due 2/20/2034, 6.00%	69,606	70,731
Best Buy Inc	93,000 due 10/1/2028, 4.45%	96,611	90,171
Bank of America Corp Fr	129,000 due 10/20/2032, 2.572%	128,954	106,416
Bank of America Corp Fr	117,000 due 12/20/2028, 3.419%	124,811	109,540
Bank of America Corp Fr	67,000 due 8/26/2024, 4.2%	71,733	66,747
Broadcom Corp / Broadcom Cayman	64,000 due 1/15/2027, 3.875%	68,183	61,796
Broadcom Inc	85,000 due 11/15/2030, 4.15%	79,654	79,592
Cadence Design Sys	105,000 due 10/15/2024, 4.375%	112,636	104,376
Camden Ppty Tr	41,000 due 10/15/2028, 4.1%	42,614	39,291
Capital One Finl Corp Gbl Flt	87,000 due 2/1/2034, 5.817%	87,662	85,824
Capital One Finl Corp Gbl Flt	54,000 due 5/10/2028, 4.927%	54,000	53,153
Chevron USA Inc	95,000 due 1/15/2028, 3.85%	108,896	92,145
Church Dwight Co, Inc	30,000 due 12/15/2031, 2.3%	29,939	24,679
Citigroup Inc	75,000 due 6/3/2031, 2.572%	76,332	63,990

UA LOCAL 190 PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
May 31, 2024

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

ID # 38-6065579
Plan # 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Citigroup Inc	85,000 due 3/26/2025, 3.875%	90,230	83,726
	Citigroup Inc	96,000 due 1/10/2028, 3.887%	103,717	92,484
	Citigroup Inc	22,000 due 9/29/2027, 4.45%	23,954	21,414
	Citigroup Inc	30,000 due 3/9/2026, 4.6%	32,802	29,511
	Comcast Corp	130,000 due 2/1/2030, 2.65%	131,087	114,127
	Coterra Energy Inc Sr	94,000 due 3/15/2034, 5.6%	93,885	93,430
	Dell International LLC / EMC Corp	50,000 due 2/1/2028, 5.25%	49,978	50,201
	Edwards Lifesciences Corp	45,000 due 6/15/2028, 4.3%	50,806	43,387
	Elevance Health Inc	50,000 due 1/15/2025, 2.375%	51,381	49,013
	Energy Transfer Partners LP	99,000 due 5/15/2030, 3.75%	86,563	90,555
	Essential Properties LP	42,000 due 7/15/2031, 2.95%	40,571	34,197
	Fortinet Inc	56,000 due 3/15/2031, 2.2%	55,488	45,914
	General Mills Inc	87,000 due 3/29/2033, 4.95%	86,823	84,490
	General Mtrs Finl Co Inc	82,000 due 4/6/2030, 5.85%	81,838	82,695
	Georgia Power Co Sr	80,000 due 3/15/2034, 5.25%	79,781	79,446
	Goldman Sachs Group Inc	95,000 due 1/23/2025, 3.5%	97,150	93,703
	Goldman Sachs Group Inc	109,000 due 5/1/2029, 4.223%	125,754	104,490
	Idex Corp	95,000 due 5/1/2030, 3%	83,007	82,964
	Ingredion Inc Sr Nt	96,000 due 10/1/2026, 3.2%	100,980	91,260
	Intel Corp	67,000 due 3/25/2025, 3.4%	68,195	65,959
	Intuit Inc	65,000 due 7/15/2025, 0.95%	64,949	61,900
	JPMorgan Chase & Co	67,000 due 11/8/2032, 2.545%	67,166	55,382
	JPMorgan Chase & Co	186,000 due 1/23/2029, 3.509%	198,499	175,052
	JPMorgan Chase & Co	64,000 due 9/14/2033, 5.717%	64,000	64,730
	L3Harris Technologies	87,000 due 6/1/2029, 5.05%	87,018	86,048
	Lam Resh Corp	19,000 due 3/15/2029, 4%	20,768	18,198
	LYB International Fin	72,000 due 5/15/2033, 5.625%	71,832	73,101
	Marathon Oil Corp	124,000 due 4/1/2029, 5.3%	123,768	124,300
	Marriott Intl Inc	85,000 due 5/15/2034, 5.3%	84,102	83,173
	Micron Technology Inc	12,000 due 2/6/2029, 5.327%	14,912	12,021
	Morgan Stanley	75,000 due 7/27/2026, 3.125%	74,782	71,648
	Morgan Stanley	93,000 due 1/23/2030, 4.431%	99,776	89,581
	Newmont Mng Corp	51,000 due 7/15/2032, 2.6%	50,948	42,168
	Nextera Energy Cap Hldgs Inc	86,000 due 7/15/2032, 5%	85,936	83,778
	Northern Trust Corp	68,000 due 10/30/2025, 3.95%	70,034	66,660
	Nstar Electric Co	35,000 due 11/15/2025, 3.25%	35,215	33,864
	Nucor Corp	33,000 due 6/1/2025, 2%	32,950	31,890
	Nvidia Corp	144,000 due 9/16/2026, 3.2%	140,786	139,036
	NVR Inc	80,000 due 5/15/2030, 3%	80,951	70,218
	O'Reilly Automotive Inc	63,000 due 6/15/2032, 4.7%	62,914	60,380
	Oklahoma Gas & Elec	60,000 due 4/1/2030, 3.25%	59,969	53,714
	Old Rep Intl Corp Sr	70,000 due 3/28/2034, 5.75%	70,148	69,591
	Oshkosh Corp	50,000 due 3/1/2030, 3.1%	51,446	44,102
	PayPal Holdings Inc	90,000 due 6/1/2025, 1.65%	90,601	86,666
	Phillips 66 Co	46,000 due 6/30/2033, 5.3%	45,706	45,241
	Physicians Rlty LP	27,000 due 11/1/2031, 2.625%	26,943	22,205
	Physicians Rlty LP	29,000 due 1/15/2028, 3.95%	30,790	27,672
	Pioneer Natural Resources Co	110,000 due 1/15/2026, 1.125%	106,945	102,909
	Pioneer Natural Resources Co	71,000 due 8/15/2030, 1.9%	69,565	59,340
	Principal Financial Group	77,000 due 3/15/2033, 5.375%	76,916	76,620
	Public Service Elec & Gas	43,000 due 3/15/2026, 0.95%	42,905	39,937
	Pulte	46,000 due 1/15/2027, 5%	53,710	45,591
	Realty Income Corp Sr	166,000 due 1/15/2027, 3.2%	156,641	156,903
	Regency	56,000 due 9/15/2029, 2.95%	57,858	49,985
	Regeneron Pharmaceuticals Inc	140,000 due 9/15/2030, 1.75%	137,571	114,089
	Regions Finl Corp	79,000 due 8/12/2028, 1.8%	78,247	68,036
	Reliance Steel & Aluminum Co	23,000 due 8/15/2025, 1.3%	22,930	21,855
	Reliance Steel & Aluminum Co	58,000 due 8/15/2030, 2.15%	58,186	48,162
	Rexford Industrial Realty LP	65,000 due 9/1/2031, 2.15%	60,776	51,805
	Rockwell	106,000 due 3/1/2025, 2.875%	110,797	103,983
	Southern Copper Corp	106,000 due 4/23/2025, 3.875%	115,950	104,178
	State Street Corp	88,000 due 8/18/2025, 3.55%	86,433	86,308
	T-Mobile USA Inc	69,000 due 4/15/2030, 3.875%	63,170	64,132
	Torchmark Corp	85,000 due 9/15/2028, 4.55%	92,056	80,103
	Truist Financial Corporation	30,000 due 6/7/2029, 1.887%	30,000	26,100
	Tyson Foods Inc	67,000 due 6/2/2027, 3.55%	67,140	63,724
	Verizon Communications Inc	19,000 due 3/22/2030, 3.15%	18,942	17,030

UA LOCAL 190 PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
May 31, 2024

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

ID # 38-6065579
Plan # 001

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	Verizon Communications Inc	42,000 due 2/15/2025, 3.376%	44,439	41,352
	WEC Energy Group Inc	27,000 due 12/15/2028, 2.2%	26,935	23,699
	WEC Energy Group Inc	110,000 due 10/1/2027, 5.15%	109,773	109,503
	Wells Fargo & Co Sr Nt	102,000 due 10/30/2030, 2.879%	99,478	89,861
	Wells Fargo & Co Vr	109,000 due 7/22/2027, 4.3%	120,636	105,955
	Kite Rlty Group LP	49,000 due 10/1/2026, 4%	52,228	47,187
	Priceline.com	88,000 due 3/15/2025, 3.65%	94,337	86,752
TOTAL CORPORATE BONDS AND NOTES			\$ 7,828,720	\$ 7,261,083

FOREIGN BONDS AND NOTES:

Magna Intl Inc Sr Nt	85,000 due 06/15/2024, 3.625%	87,216	84,916
Pfizer Invt Enterprises Sr Gbl Nt	112,000 due 5/19/2033, 4.75%	111,832	108,293
Vodafone Group PLC	75,000 due 5/30/2028, 4.375%	85,117	73,213
TOTAL FOREIGN BONDS AND NOTES		\$ 284,165	\$ 266,422

TOTAL CORPORATE BONDS AND NOTES, including foreign bonds **\$ 8,112,885** **\$ 7,527,505**

CORPORATE ASSET BACKED & COLLATERALIZED MORTGAGE OBLIGATIONS:

Federal Home Ln Mtg Corp Multicl	19,443.31 CMO due 12/15/2027, 1.25%	18,702	18,307
Federal Home Ln Mtg Corp Multicl	71,248.34 CMO due 7/15/2039, 2.5%	69,456	65,408
Federal Home Ln Mtg Corp Multicl	31,030.00 CMO due 12/15/2028, 3%	32,160	30,727
Federal Home Ln Mtg Corp Multicl	12,697.43 CMO due 9/15/2045, 2.50%	12,737	11,859
Federal Home Loan Mtg. Corp	316,317.58 due 10/1/2052, 4%	292,099	288,709
Federal National Mtg Assn	43,828.04 CMO due 2/25/2049, 3%	43,626	38,257
Federal National Mtg. Assn.	90,250.86 due 7/1/2040, 2.5%	93,550	77,070
Federal National Mtg. Assn.	Pool #AB0462 due 2/1/2037, 6%	15,195	13,159
Federal National Mtg. Assn. Gtd Remic	15,517.17 CMO due 5/25/2040, 4.5%	16,382	15,224
Federal National Mtg. Assn. Gtd Remic	14,152.83 CMO due 1/25/2043, 1.75%	13,189	12,412
Federal National Mtg. Assn. Gtd Remic	40,308.31 CMO due 6/25/2030, 2.50%	39,650	38,122
FMNA Pass-Thru I 4.0	304,610.53 due 5/1/2052, 4%	281,574	276,870
FMNA Pass-Thru I MBS	245,167.90 due 3/1/2053, 4.5%	238,933	229,607
Government Natl Mtg Assn	33,995.30 CMO due 11/20/2044, 1.75%	31,594	29,657
CFCRE 2016-C3 Mtg Tr	45,417.39 CMO due 1/10/2048, 3.597%	45,701	44,027
CFCRE 2016-C4 Mtg Tr	50,000 CMO due 5/10/2058, 3.283%	50,855	47,941
Citigroup Coml Mtg TR 2015-GC33	133,000 CMO due 9/10/2058, 3.778%	131,804	128,510
Citigroup Coml Mtg TR 2015-P1	48,000 CMO due 9/17/2048, 3.717%	50,529	46,773
Citigroup Coml Mtg TR 2016-P4	130,000 CMO due 7/12/2049, 2.902%	126,560	122,420
Comm 2015-CCRE25 Mtg TR	56,000 CMO due 8/10/2048, 3.759%	58,675	54,634
Csail 2015-C2 Coml Mtg Tr	65,000 CMO due 6/15/2057, 3.504%	65,614	63,618
Csail 2015-C3 Coml Mtg Tr	49,000 CMO due 8/15/2048, 3.7182%	50,221	47,711
Csail 2015-C4 Coml Mtg Tr	89,000 CMO due 11/18/2048, 3.8079%	87,516	86,554
Csail 2016-C7 Coml Mtg Tr	42,000 CMO due 11/15/2049, 3.502%	43,719	39,432
GS Mtg Secs Tr 2015-GC30	49,000 CMO due 5/10/2050, 3.382%	50,903	47,818
GS Mtg Secs Tr 2016-GS2	49,000 CMO due 5/10/2049, 3.05%	50,740	46,609
JPMBB Coml Mtg Secs Tr 2015-C31	41,719.48 CMO due 8/15/2048, 3.8014%	43,178	40,652
JPMCC Coml Mtg Secs Tr 2016-JP2	106,000 CMO due 8/15/2049, 2.8218%	105,827	99,719
Morgan Stanley Bk Amer Merrill Lynch	48,000 CMO due 12/15/2049, 3.72%	50,286	45,740
Wells Fargo Coml Mtg	50,000 CMO due 12/17/2048, 3.809%	52,045	48,494
Wells Fargo Coml Mtg Tr 2015-C28	60,000 CMO due 5/15/2048, 3.54%	60,945	58,649
Wells Fargo Coml Mtg Tr 2015-C29	57,000 CMO due 6/15/2048, 3.637%	59,382	55,694
Wells Fargo Coml Mtg Tr 2015-C30	55,000 CMO due 9/15/2058, 3.664%	56,648	53,548
Wells Fargo Coml Mtg Tr 2016-NXS	105,000 CMO due 11/15/2049, 2.918%	100,846	99,174
Wells Fargo Coml Mtg Tr 2017-RC1	83,000 CMO due 1/15/2060, 3.631%	77,663	78,906
Americredit Automobile Receivable	93,000 ABS due 10/19/2026, 0.89%	92,999	90,498
Santender Drive Auto Receivables	30,053.79 ABS due 2/16/2027, 1.26%	30,047	29,745
TOTAL ASSET BACKED & COLLATERALIZED MORTGAGE OBLIGATIONS		\$ 2,741,550	\$ 2,622,254

UA LOCAL 190 PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
May 31, 2024

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

ID # 38-6065579
Plan # 001

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

FaceBook Inc	288 shares	43,734	134,447
Liberty Broadband Corp - A	1,482 shares	135,240	80,384
Liberty Media Corp Del Com	5,257 shares	153,959	119,124
Warner Brothers Discovery Inc	11,920 shares	175,057	98,221
Autozone Inc	44 shares	109,490	121,877
Expedia Inc Del	1,553 shares	163,733	175,272
Albertsons Cos Inc	6,846 shares	145,201	141,301
Sysco	2,260 shares	166,289	164,573
Wal-Mart Stores Inc	2,799 shares	134,924	184,062
Bank of America Corp	4,808 shares	168,071	192,272
Berkshire Hathaway Inc Cl B	563 shares	174,641	233,307
Capital One Finl Corp Gbl Flt	1,274 shares	136,216	175,341
Citigroup Inc	2,821 shares	148,774	175,777
Goldman Sachs Group Inc	520 shares	189,504	237,390
JPMorgan Chase & Co	1,240 shares	173,662	251,261
Wells Fargo & Co & Co New	3,161 shares	149,805	189,407
Amgen Inc	731 shares	178,368	223,576
Bristol Myers Squibb Co	3,034 shares	204,945	124,667
CVS/Caremark Corp	2,129 shares	172,902	126,888
Elevance Health Inc	313 shares	156,852	168,544
Johnson & Johnson	935 shares	153,881	137,136
Regeneron Pharmaceuticals Inc	185 shares	140,528	181,330
Acuity Brands Inc	857 shares	165,374	222,486
Allison Transmission Hldgs Inc	3,132 shares	142,335	237,437
Curtiss Wright Corp	676 shares	136,336	191,186
Landstar System Inc	743 shares	132,172	135,248
Masco Corp	2,078 shares	150,278	145,294
MSC Indl Direct Inc Cl A	1,637 shares	144,593	140,618
Robert Half Inc	1,420 shares	120,046	91,207
Apple Inc	541 shares	78,134	104,007
Cisco Sys Inc	3,870 shares	187,035	179,955
Netapp Inc	1,682 shares	112,110	202,563
Progress Software Corp	2,900 shares	156,742	146,885
Skyworks Solutions Inc	1,231 shares	138,980	114,064
Amdocs Ltd	1,925 shares	168,274	152,075
REIT-Continental Capital Equities Inc	20,000 shares common stock	190,000	100,000

TOTAL COMMON STOCK \$ 5,398,185 \$ 5,799,182

PARTNERSHIP INTERESTS:

Bardin Hill Opportunistic Credit Fund	1.056% partnership interest	1,569,494	1,642,575
Brookfield Infrastructure Fund V	0.0145% partnership interest	1,350,872	1,352,734
Private Equity Core Fund X (Offshore), LP	2.588% partnership interest	1,961,750	1,969,307
Boyd Watterson GSA Fund, LP	8,989.29 units	8,194,961	9,527,729

TOTAL PARTNERSHIP INTERESTS \$ 13,077,077 \$ 14,492,345

COMMON TRUST FUNDS:

Short-Term Fund Series C - Line Items	67,057.2200 units	67,057	67,057
Short-Term Fund Series C - Victory	383,961.18 units	383,961	383,961
Short-Term Fund Series C - Seizert	168,214.980 units	168,215	168,215
NT Collective Russell 1000 Index Fund - Non Lending	1,254,095.15 shares	62,309,484	80,940,555
NT Collective Quality Small Cap Core U.S. Fund - Lending	35,844.27 shares	3,017,415	14,371,079
NewTower Trust Company Multi-Employer Property Trust	1,029.3099 units	5,478,271	13,264,853
State Street MSCI ACWI IMI Index Non-Lending Fund	1,177,058.903 units	18,775,156	58,635,189
CTF International Opportunities	679,348.7621 units	10,672,438	12,010,886

TOTAL COMMON TRUST FUNDS \$ 100,804,940 \$ 179,841,795

POOLED SEPARATE ACCOUNTS:

The Union Labor Life Insurance Co. Separate Account J	269,436.126 units	4,906,328	4,906,328
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TOTAL POOLED SEPARATE ACCOUNTS \$ 4,906,328 \$ 4,906,328

UA LOCAL 190 PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
May 31, 2024

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

ID # 38-6065579
Plan # 001

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103-12 INVESTMENT ENTITIES:				
	Lazard Global Fixed Income Trust	9,125.421 shares	66,162	66,524
		TOTAL 103-12 INVESTMENT ENTITIES	\$ 66,162	\$ 66,524
MUTUAL FUNDS:				
	Baird Aggregate Bond Fund	2,871,453.6250 shares	30,710,519	27,565,955
	MetWest High Yield Bond Fund Class I	907,759.316 shares	9,158,487	8,342,308
	AFL-CIO Housing Investment Trust	2,920.679 units	3,074,413	2,774,902
		TOTAL MUTUAL FUNDS	\$ 42,943,419	\$ 38,683,165
		TOTAL ASSETS HELD AT END OF YEAR	\$ 186,088,525	\$ 261,692,494

UA Local 190 Pension Plan
 EIN: 38-6065579 PN: 001
 Actuarial Valuation Report as of 6/1/2023



7. Government (5500) Reporting

7.1. Illustration Supporting Actuarial Certification of Status (Line 4b)

Based on the following actuarial measures, the UA Local 190 Pension Plan is not in "Critical" or "Endangered" status as per the Pension Protection Act.

- 1 Funded Percentage..... Greater than 80%
- 2 Date of projected funded deficiency..... Not within the next seven years

Below is a ten-year projection of the Plan's Funded Percentage and Credit Balance supporting the Actuarial Certification.

As of		
Jun. 1	Funded %	Credit Balance
2023	95.7%	50,703,072
2024	99.2%	55,548,556
2025	102.9%	60,612,894
2026	103.7%	65,508,041
2027	106.7%	70,204,692
2028	111.1%	74,822,606
2029	115.7%	79,248,361
2030	120.6%	87,222,212
2031	125.9%	95,155,219
2032	131.6%	103,551,840

7.2. Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan (Line 4c)

For the Plan Year the Plan was not in "Critical" or "Endangered Status" and therefore was not subject to a Funding Improvement or Rehabilitation Plan.

2023 Schedule MB, Lines 9c and 9h

UA Local 190 Pension Plan
 EIN: 38-6065579 PN: 001
 Actuarial Valuation Report as of 6/1/2023



7.11. Schedule of Funding Standard Account Bases (Lines 9c and 9h) Amortization Charges as of 6/1/2023

Year Established	Base Type	Outstanding Balance	Years Remaining	Amortization Amount
1998	Amendment	\$ 2,710,147	10	\$ 350,678
1998	Assumption Change	2,454,124	10	317,550
1999	Amendment	2,330,263	10	301,523
2000	Amendment	6,314,235	12	718,588
2001	Amendment	901,498	13	97,248
2005	Experience Loss	1,085,997	2	559,453
2006	Experience Loss	1,518,878	3	537,278
2007	Experience Loss	26,224	4	7,164
2009	Experience Loss	6,126,258	6	1,181,793
2009	Assumption Change	3,895,984	6	751,559
2009	Method Change	8,394,946	6	1,619,436
2010	Experience Loss	631,870	7	107,480
2012	Assumption Change	2,723,314	9	380,946
2014	Assumption Change	629,070	6	121,351
2015	Assumption Change	561,146	7	95,450
2017	Assumption Change	1,327,367	9	185,677
2018	Assumption Change	2,764,918	10	357,766
2018	Plan Change	2,123,423	10	274,760
2019	Experience Loss	3,340,295	11	403,725
2019	Assumption Change	3,937,887	11	475,953
2019	Plan Change	2,455,334	11	296,764
2020	Experience Loss	3,129,937	12	356,201
2021	Assumption Change	13,920,298	13	1,501,631
2021	Plan Change	3,476,235	13	374,994
2022	Assumption Change	496,302	14	51,035
2022	Plan Change	3,960,351	14	407,242
2023	Experience Loss	1,935,445	15	190,632
2023	Plan Change	2,422,714	15	238,626
Total Charges		\$ 85,594,460		\$ 12,262,503

Amortization Credits as of 6/1/2023

Year		Outstanding	Years	Amortization
Established	Base Type	Balance	Remaining	Amount
2000	Assumption Change	\$ (1,442,444)	7	\$ (245,358)
2010	Plan Change	(1,883,104)	2	(970,084)
2011	Experience Gain	(445,557)	3	(157,608)
2012	Experience Gain	(197,605)	4	(53,980)
2013	Experience Gain	(1,971,462)	5	(443,487)
2014	Experience Gain	(3,061,077)	6	(590,500)
2015	Experience Gain	(2,706,797)	7	(460,423)
2016	Experience Gain	(167,357)	8	(25,617)
2017	Experience Gain	(520,130)	9	(72,758)
2018	Experience Gain	(2,166,416)	10	(280,323)
2020	Assumption Change	(539,209)	12	(61,364)
2021	Experience Gain	(6,778,926)	13	(731,266)
2022	Experience Gain	(2,141,901)	14	(220,251)
Total Credits		\$ (24,021,985)		\$ (4,313,019)
Net Charge/(Credit)		\$ 61,572,475		\$ 7,949,484