

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: U.A.P.P. LOCAL UNION NO.142 PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1964
2a Plan sponsor's name (employer, if for a single-employer plan): JOINT BOARD OF TRUSTEES OF U.A.A.P. 142 PENSION PLAN
2b Employer Identification Number (EIN): 74-6181280
2c Plan Sponsor's telephone number: 469-423-6100
2d Business code (see instructions): 238220

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	1771
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)	853
	6a(2)	968
	6b	445
	6c	367
	6d	1780
	6e	129
	6f	1909
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	42

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

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

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

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

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

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 MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **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 <u>U.A.P.P. LOCAL UNION NO.142 PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>JOINT BOARD OF TRUSTEES OF U.A.A.P. 142 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>74-6181280</u>	

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

1a Enter the valuation date: Month 07 Day 01 Year 2023

b Assets		
(1) Current value of assets	1b(1)	<u>126709351</u>
(2) Actuarial value of assets for funding standard account.....	1b(2)	<u>139666566</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>144778142</u>
(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)	<u>144778142</u>
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)	<u>252426110</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>10011178</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>8565166</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>8186489</u>

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	Date
	<u>MARK STEWART</u>	<u>20-06075</u>
	Type or print name of actuary	Most recent enrollment number
	<u>HORIZON ACTUARIAL SERVICES, LLC</u>	<u>678-317-4100</u>
	Firm name	Telephone number (including area code)
	<u>1040 CROWN POINTE PARKWAY SUITE 560, ATLANTA, GA 30338-4781</u>	
	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	126709351
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	573	111710888
(2) For terminated vested participants	355	34190515
(3) For active participants:		
(a) Non-vested benefits		23459221
(b) Vested benefits		83065486
(c) Total active	854	106524707
(4) Total	1782	252426110
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	50.20 %

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	
	7149943					
			Totals ▶	3(b)	7149943	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	
					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	96.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)?		<input type="checkbox"/> Yes <input type="checkbox"/> 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		<input type="checkbox"/>
• 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 <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> 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	2.85 %
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
c Mortality table code for valuation purposes:				
(1) Males.....	6c(1)	6P	6P	
(2) Females	6c(2)	6FP	6FP	
d Valuation liability interest rate.....	6d	6.50 %	6.50 %	
e Salary scale	6e	%	<input checked="" type="checkbox"/> N/A	
f Withdrawal liability interest rate:				
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate	<input type="checkbox"/> ERISA 4044	<input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %		
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	2.3 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.6 %		
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> 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)	331876		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	6472762	646381
4	1179277	117765

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.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	4290342

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	58108805	9158373
(2) Funding waivers.....	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		874166
e Total charges. Add lines 9a through 9d.....	9e		14322881
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		21343292
g Employer contributions. Total from column (b) of line 3.....	9g		7149943
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	31653937	5522938
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i		1978678
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	46543082	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	95190144	
(3) FFL credit.....	9j(3)		
k (1) Waived funding deficiency.....	9k(1)		
(2) Other credits.....	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l		35994851
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m		21671970
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		
(3) Total as of valuation date.....	9o(3)		
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan U.A.P.P. LOCAL UNION NO.142 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 U.A.A.P. 142 PENSION PLAN	D Employer Identification Number (EIN) 74-6181280	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

SOUTHWEST SERVICE ADMINISTRATORS

2425 N. CENTRAL EXPRESSWAY 120
RICHMOND, TX 75080

86-0785790

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13		112871	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RBC CAPITAL MARKETS

100 CRESCENT CT SUITE 1500
DALLAS, TX 75201

41-1416330

(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		111427	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HORIZON ACTUARIAL SERVICES LLC

1040 CROWN POINT PARKWAY 560
ATLANTA, GA 30338

26-1370698

(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		39840	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HARPER & PEARSON COMPANY, PC

ONE RIVERWAY, SUITE 1900
HOUSTON, TX 77056

74-1695589

(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		31833	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CONNER & WINTERS, LLP

808 TRAVIS STEET, 23RD FLOOR
HOUSTON, TX 77002

73-1388566

(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		20548	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan U.A.P.P. LOCAL UNION NO.142 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 U.A.A.P. 142 PENSION PLAN	D Employer Identification Number (EIN) 74-6181280

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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	571245	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	560428	554336
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	368386	127976
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1140302	1389211
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	12557625	16424064
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	111511365	127343383
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	126709351	145838970
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	0	20209
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	20209
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	126709351	145818761

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)	6886850	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	263093	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7149943
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4397952	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	28862920	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	27925749	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(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)		14614546
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		27099612

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7514463	
(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)		7514463
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)	112871	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	31833	
(5) Investment advisory and investment management fees	2i(5)	111427	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	39840	
(8) Legal fees	2i(8)	20548	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	159220	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		475739
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7990202

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19109410
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: HARPER & PEARSON COMPANY P.C.

(2) EIN: 74-1695589

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
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.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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 1093685.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>U.A.P.P. LOCAL UNION NO.142 PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JOINT BOARD OF TRUSTEES OF U.A.A.P. 142 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>74-6181280</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
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	

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

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 BRANDT ENGINEERING CO., INC.		
b	EIN 13-3625341	c	Dollar amount contributed by employer 2137117
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <u>06</u> Day <u>30</u> Year <u>2025</u>		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) <u>4.70</u>		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer DYNAMIC SYSTEMS INC.		
b	EIN 74-2519426	c	Dollar amount contributed by employer 1167317
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <u>06</u> Day <u>30</u> Year <u>2025</u>		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) <u>4.70</u>		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer TEXAS CHILLER		
b	EIN 20-4764208	c	Dollar amount contributed by employer 513756
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <u>06</u> Day <u>30</u> Year <u>2025</u>		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) <u>4.70</u>		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer GOWEN GARRETT INC.		
b	EIN 38-3957117	c	Dollar amount contributed by employer 623529
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <u>06</u> Day <u>30</u> Year <u>2025</u>		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) <u>4.70</u>		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer AJ MOINIER COMPANY INC.		
b	EIN 74-1240124	c	Dollar amount contributed by employer 367094
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <u>06</u> Day <u>30</u> Year <u>2025</u>		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) <u>4.70</u>		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
a	Name of contributing employer JOHNSON CONTROLS		
b	EIN 39-0380010	c	Dollar amount contributed by employer 336984
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <u>06</u> Day <u>30</u> Year <u>2025</u>		
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) <u>4.70</u>		
	(2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> 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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: 100.0 %

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 _____.

U.A.P.P. LOCAL UNION NO. 142 PENSION PLAN
FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
U.A.P.P. Local Union No. 142 Pension Plan
San Antonio, Texas

Opinion

We have audited the accompanying financial statements of the U.A.P.P. Local Union No. 142 Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2024 and 2023, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Trustees for the Financial Statements

The Plan's Trustees are responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

The Trustees are 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 provision, including maintaining sufficient records with respect to each of the participants to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Local'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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Local's ability to continue as a going concern for a reasonable period of time.

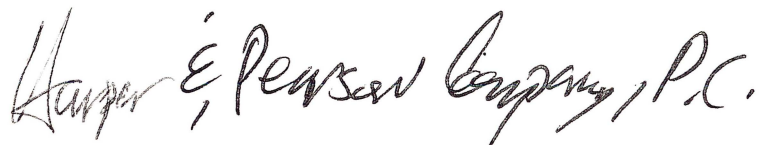
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules of assets (held at end of year) as of June 30, 2024 and reportable transactions for the year then ended are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

A handwritten signature in black ink that reads "Harper & Pearson Company, P.C." in a cursive, flowing script.

HARPER & PEARSON COMPANY, P.C.

Houston, Texas
January 31, 2025

U.A.P.P. LOCAL UNION NO. 142 PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
INVESTMENTS		
Money Market Funds	\$ 1,389,211	\$ 1,140,302
Mutual Funds	127,343,383	111,511,365
Limited Partnership	<u>16,424,064</u>	<u>12,557,625</u>
TOTAL INVESTMENTS	<u>145,156,658</u>	<u>125,209,292</u>
RECEIVABLES		
Employers' contributions	554,336	560,428
Due from Profit Sharing and Welfare Plan	<u>127,976</u>	<u>368,386</u>
TOTAL RECEIVABLES	<u>682,312</u>	<u>928,814</u>
CASH	<u>-</u>	<u>571,245</u>
TOTAL ASSETS	<u>145,838,970</u>	<u>126,709,351</u>
LIABILITIES		
Accounts payable and accrued expenses	<u>20,209</u>	<u>-</u>
TOTAL LIABILITIES	<u>20,209</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 145,818,761</u>	<u>\$ 126,709,351</u>

See accompanying notes.

**U.A.P.P. LOCAL UNION NO. 142 PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

	2024	2023
INVESTMENT INCOME		
Interest and dividend income	\$ 4,397,952	\$ 3,640,864
Net appreciation in fair value of investments	14,614,546	8,824,189
Realized gain on sale of investments	<u>937,171</u>	<u>804,244</u>
	19,949,669	13,269,297
Less: investment management and custodial fees	<u>(117,022)</u>	<u>(122,687)</u>
Net investment income	<u>19,832,647</u>	<u>13,146,610</u>
CONTRIBUTIONS		
Employer contributions	6,886,850	6,180,176
Reciprocals, net	<u>263,093</u>	<u>156,308</u>
TOTAL CONTRIBUTIONS	<u>7,149,943</u>	<u>6,336,484</u>
OTHER INCOME	<u>-</u>	<u>48,596</u>
TOTAL ADDITIONS	<u>26,982,590</u>	<u>19,531,690</u>
Benefits paid to participants	7,514,463	7,321,680
Administrative fees	112,871	104,087
Legal, actuarial and auditing fees	92,221	115,749
Other expenses	<u>153,625</u>	<u>109,540</u>
TOTAL DEDUCTIONS	<u>7,873,180</u>	<u>7,651,056</u>
NET INCREASE	19,109,410	11,880,634
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>126,709,351</u>	<u>114,828,717</u>
End of year	<u>\$ 145,818,761</u>	<u>\$ 126,709,351</u>

See accompanying notes.

NOTE A PLAN SUMMARY AND SIGNIFICANT ACCOUNTING POLICIES

Plan Summary – The U.A.P.P. Local Union No. 142 Pension Plan (the Plan) was formed under an agreement between the Mechanical Contractors Association and Sheet Metal Contractors Association of San Antonio (“MCA-SMACNA”) and the Local Union No. 142 of the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada-AFL-CIO (“Union”). The Plan covers all members of the Union employed under the terms of the collective bargaining agreement with the members of MCA-SMACNA.

Accounting Records – The accounting records of the Plan are maintained on the accrual basis for financial reporting purposes.

Employers’ Contributions – Employers’ contributions are payable to the Plan by employers who, under a collective bargaining agreement, have agreed to make contributions on behalf of covered employees. The Journeyman contribution rate is \$4.70 per hour worked. The Serviceman contribution rate is \$3.52 per hour worked. The Tradesman contribution rate is \$2.35 per hour worked. The Apprentice contribution rate is from \$1.82 per hour worked to \$1.99 per hour worked based upon their individual classifications. During the year ended June 30, 2024, two employers’ contributions amounted to approximately \$3,304,000 or 46% of total contributions. During the year ended June 30, 2023, two employers’ contributions amounted to approximately \$3,246,000 or 51% of total contributions.

The Plan provides for reciprocal transfers of employer contributions to and from other pension plans pursuant to reciprocal agreements for traveling members who are working temporarily with other local Unions. The reciprocal contributions for the year ended June 30, 2024 reflect the net of contributions received from or distributed to other local Union pension plans for benefit of traveling members.

Vesting – A participant shall become 100% vested and shall have a nonforfeitable right to his or her accrued benefit upon the earlier of (a) completion of five qualifying years of service, or (b) upon reaching normal retirement age. Any portion of a participant’s accrued benefit which is not vested upon termination of covered employment shall be forfeited and used to reduce future costs of the Plan.

Pension Benefits – Entitlement to annual pension benefits begins at normal retirement age (normally sixty-five years of age). The Plan also permits early retirement by fulfilling thirty years of benefit service or having five years of qualifying service and age being equivalent to sixty-five or more. Pension benefits are usually received in the form of either a deferred joint and survivor annuity if the participant is married or a single life pension annuity if the participant is single. In the sole discretion of the administrator, a total pension benefit which does not exceed \$5,000 may be paid in the form of a lump sum distribution. Pension benefit payments are determined by the following: number of benefit service years, credits in dollars per benefit services, and the type of retirement.

An employee who terminated their covered employment for reasons other than death or retirement and has completed five or more years of qualifying service shall receive a monthly amount of accrued pension commencing at normal retirement date which shall be computed in the same manner as a normal pension. Pension payments which commence prior to age sixty-five without fulfilling thirty years of benefit service are reduced by a percentage equal to five-twelfths of one percent multiplied by the number of months (five percent per year) by which the first such pension payment precedes the employee’s normal retirement date.

NOTE A PLAN SUMMARY AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Other Benefits – The Plan also provides disability, lump sum death and survivor benefits. The qualifications of eligibility for these benefits are included in the Plan agreement.

Valuation of Investments – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In accordance with the policy of stating investments at fair value, net investment gain or loss is included in the carrying value of related investments in the statements of net assets available for benefits and the changes in net investment gain or loss are reflected in the statements of changes in net assets available for benefits.

Purchase and sales of securities are recorded on a trade basis. Interest income is recorded on an accrual basis. Dividends are recorded on an ex-dividend basis.

Contributions Receivable – Employers' contributions receivable arises from contributions for payroll periods prior to the fiscal year-end of the Plan not being received by the Plan until after fiscal year-end.

Estimates – The preparation of financial statements in conformity with generally accepted accounting principles in the United States (GAAP) requires the Trustees to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Risks and Uncertainties – The Plan holds investments which are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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 could be material to the financial statements.

Concentration of Market Risk – Contributions paid to the Plan are directly affected by the level of construction activity within the state of Texas. Therefore, the Plan could suffer the risk of loss of contributions should the State of Texas suffer from an economic downturn.

Subsequent Events – The Plan has evaluated subsequent events through January 31, 2025, the date the financial statements were available to be issued. No subsequent events occurred, which require adjustment or disclosure to the financial statements at June 30, 2024.

**U.A.P.P. LOCAL UNION NO. 142 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023**

NOTE B ACTUARIAL DATA

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. The consulting actuary, Horizon Actuarial Services, LLC, has served as consultant to the Plan and performed the calculations of the present value of accumulated benefits at June 30, 2023. The Segal Company has served as consultant to the Plan and performed the calculations of the present value of accumulated benefits at June 30, 2022. The entry age normal actuarial cost method was used for both years.

The following is a summary of accumulated benefits at June 30, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
Actuarial present value of accumulated benefits:		
Participants currently receiving payments	\$ 77,576,171	\$ 72,093,526
Other participants	<u>56,799,891</u>	<u>56,231,548</u>
Total actuarial present value of vested accumulated benefits	134,376,062	128,325,074
Actuarial present value of non-vested accumulated benefits	<u>10,402,080</u>	<u>9,147,310</u>
Actuarial present value of vested and non-vested accumulated benefits	144,778,142	137,472,384
Net assets available for benefits	<u>126,709,351</u>	<u>114,828,717</u>
Deficit of net assets available for benefits under the actuarial present value of vested and non-vested accumulated benefits	<u>\$ (18,068,791)</u>	<u>\$ (22,643,667)</u>

The changes in actuarial present value of vested and non-vested accumulated benefits for the years ended June 30, 2023 and 2022 are as follows:

	<u>2023</u>	<u>2022</u>
Actuarial present value of accumulated benefits beginning of year	\$ 137,472,384	\$ 131,625,477
Net benefits accumulated	4,510,069	4,380,893
* Change in actuarial assumption	1,179,277	-
Benefits paid	(7,321,680)	(7,070,893)
Increase due to the decrease in the discount period	<u>8,938,092</u>	<u>8,536,907</u>
Actuarial present value of accumulated benefits end of year	<u>\$ 144,778,142</u>	<u>\$ 137,472,384</u>

NOTE B ACTUARIAL DATA (CONTINUED)

*2023-The retirement rates for participants with 30 or more years of benefit service was changed to better reflect anticipated Plan experience.

The significant actuarial assumptions used in the valuations as of June 30, 2023 and 2022 were as follows:

Mortality rates:

Healthy Pre-retirement Mortality:
RP-2014 Blue Collar Employee Mortality Table with sex-distinct rates, times 1.17, projected generationally with Scale MP2015.

Disabled Post-retirement Mortality:
RP-2014 Disabled Retiree Mortality Table with sex-distinct rates, times 1.17, projected generationally with Scale MP2015.

The tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date.

These mortality tables were adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

The mortality rates were based on historical and current demographic data, adjusted to reflect health characteristics of the industry, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior year's assumption over the most recent five years.

NOTE B ACTUARIAL DATA (CONTINUED)

Termination rates and retirement rates:	The termination rates, retirement rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number based on the prior years' assumption over the most recent five years.
Unknown data for participants:	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of active participants:	Active participants are defined as those with at least 300 hours in the most recent plan year and who have accumulated at least one year of Benefit Service, excluding those who have retired as of the valuation date.
Percent married:	85%
Age of spouse:	Females three years younger than males.
Benefit election:	Married participants are assumed to elect the 50% Joint and Survivor form of payment and non-married participants are assumed to elect the straight life form of payment.
Net investment return:	6.50%
Annual administrative expenses:	The average of the prior two years actual operating expenses, increased by 2.5% (\$342,662), adjusted to the beginning of year (\$331.876) and added to the normal cost
Actuarial value of assets:	The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last five years at the rate of 20% per year.

NOTE B ACTUARIAL DATA (CONTINUED)

Actuarial cost method:

The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.

NOTE C ALLOCATION OF ASSETS UPON TERMINATION OF PLAN

The Plan may be terminated by either (a) the complete withdrawal of all Employers, or (b) by an amendment to the Plan by the Trustees to discontinue the further accrual of benefits hereunder. In either event, the Plan and Trust Fund shall continue until the Plan benefits of each participant, vested terminated participants, retired participants, disabled participants, beneficiary, or spouse shall have all been paid or discharged in full. If the Plan's benefits are fully funded the Trustees may, in their sole and absolute discretion, either continue the Plan and Trust Fund until the Plan's benefit obligations are fully discharged, or liquidate the Trust Fund and discharge the Plan's benefit obligations through the purchase of annuities or, at the sole and absolute discretion of the Trustees, in lump sum payments or by the transfer of lump sum amounts to another qualified plan maintained for the benefit of any participant of this Plan.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

**U.A.P.P. LOCAL UNION NO. 142 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023**

NOTE C ALLOCATION OF ASSETS UPON TERMINATION OF PLAN (CONTINUED)

Benefit improvements attributable to certain Plan amendments may not be fully guaranteed even though total benefit entitlements fall below the aforementioned ceilings. 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 for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE D FEDERAL INCOME TAXES

The Internal Revenue Service has ruled that the Plan qualifies under Section 501(a) of the Internal Revenue Service Code and is, therefore, not subject to tax under present income tax laws. The Plan received its most recent favorable determination letter dated June 18, 2015, from the Internal Revenue Service. The Plan has been amended since receiving the determination letter. The trustees are of the opinion that the Plan continues to be exempt from Federal Income taxes and continues to conform to the requirements of the Employee Benefit Retirement Income Security of 1974.

As of June 30, 2024, the tax years that remain subject to examination by the major tax jurisdictions under the statute of limitations are from fiscal year 2021 forward (with limited exceptions). Tax penalties and interest, if any, would be accrued as incurred and would be classified as tax expense in the statements of changes in net assets available for benefits.

NOTE E INVESTMENTS

The cost, fair value, and net asset value of investments at June 30, 2024 and 2023 are summarized as follows:

	2024		2023	
	Cost	Fair Value	Cost	Fair Value
Investments at Fair Value:				
Money market funds	\$ 1,389,211	\$ 1,389,211	\$ 1,140,302	\$ 1,140,302
Mutual funds	108,058,522	127,343,383	103,028,648	111,511,365
Investments at Net Asset Value:				
Limited partnership	<u>17,700,000</u>	<u>16,424,064</u>	<u>17,700,000</u>	<u>12,557,625</u>
Total Investments	<u>\$127,147,733</u>	<u>\$ 145,156,658</u>	<u>\$121,868,950</u>	<u>\$125,209,292</u>

NOTE F PARTIES-IN-INTEREST

The Plan invests in various investments offered by Royal Bank of Canada and Frost Bank. These investments are considered party-in-interest transactions because Royal Bank of Canada and Frost Bank serve as asset custodians of the Plan. The Plan's Trustees have approved of these investments.

NOTE G FAIR VALUE DISCLOSURES

GAAP provides a framework for measuring fair value using a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value based upon whether the inputs to those valuation techniques are observable or unobservable. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical financial instruments and the lowest priority to unobservable inputs. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The financial instruments 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. These inputs are summarized in the three levels listed below:

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 - Other significant observable inputs (including quoted prices in active or inactive markets for similar assets or liabilities), or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the financial instruments. The fair value of Level 3 financial instruments is determined using pricing models, periodic appraisals, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

Following is a description of the valuation techniques used for investments measured at fair value. There have been no changes in the techniques used during fiscal 2024 and 2023.

Money market funds and mutual funds are valued at the net asset value of shares held by the Plan at year end using quoted market prices.

The limited partnership is valued based upon the market value of the underlying assets of the partnership, less its liabilities.

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

**U.A.P.P. LOCAL UNION NO. 142 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023**

NOTE G FAIR VALUE DISCLOSURES (CONTINUED)

The fair value of investments is categorized as follows at June 30, 2024 and 2023.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>2024</u>				
Money market funds	\$ 1,389,211	\$ -	\$ -	\$ 1,389,211
Mutual funds				
Growth funds	52,886,650	-	-	52,886,650
Value funds	35,097,898	-	-	35,097,898
Fixed income funds	<u>39,358,835</u>	<u>-</u>	<u>-</u>	<u>39,358,835</u>
	128,732,594	-	-	128,732,594
Investments measured at Net Asset Value				
Limited partnership	<u>-</u>	<u>-</u>	<u>-</u>	<u>16,424,064</u>
Total Investments	<u>\$128,732,594</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$145,156,658</u>
<u>2023</u>				
Money market funds	\$ 1,140,302	\$ -	\$ -	\$ 1,140,302
Mutual funds				
Growth funds	47,116,169	-	-	47,116,169
Value funds	30,603,476	-	-	30,603,476
Fixed income funds	<u>33,791,720</u>	<u>-</u>	<u>-</u>	<u>33,791,720</u>
Total Investments	112,651,667	-	-	112,651,667
Investments measured at Net Asset Value				
Limited partnership	<u>-</u>	<u>-</u>	<u>-</u>	<u>12,557,625</u>
Total Investments	<u>\$112,651,667</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$125,209,292</u>

**U.A.P.P. LOCAL UNION NO. 142 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023**

NOTE G FAIR VALUE DISCLOSURES (CONTINUED)

The following tables summarize investments measured at net asset value per share as of June 30, 2024:

Type	Strategy	NAV in Funds	# of Funds	Remaining Life	Amount of Unfunded Commitments	Timing to Drawdown Commitments
<u>2024</u>						
Equity:						
Alkeon Growth Offshore Fund	Growth	\$ 16,424,064	<u>1</u>	N/A	N/A	N/A
Investments Measured at Net Asset Value		\$ 16,424,064	<u>1</u>			
<u>2023</u>						
Equity:						
Alkeon Growth Offshore Fund	Growth	\$ 12,557,625	<u>1</u>	N/A	N/A	N/A
Investment Measured at Net Asset Value		\$ 12,557,625	<u>1</u>			

There were no significant transfers in and/or out of the fair value categories during 2024 and 2023.

U.A.P.P. LOCAL UNION NO. 142 PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2024

Plan Number 001 EIN 74-6181280

(A)	(B) Identity of Issue, Borrower, Lessor or Similar Party	(C) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(D) Cost	(E) Current Value
<u>Money Market Funds</u>				
*	Frost Bank/Invesco Money Market Fund	\$1,291,654 principal amount	\$ 1,291,654	\$ 1,291,654
	Federated Hermes Treasury Obligation Fund	\$97,557 principal amount	<u>97,557</u>	<u>97,557</u>
	Total Money Market Funds		<u>1,389,211</u>	<u>1,389,211</u>
<u>Mutual Funds</u>				
	iShares Dividend Growth Fund	394,560.000 Shares	16,039,104	22,730,602
	iShares S&P Mid Cap Fund	169,230.000 Shares	6,081,525	9,903,340
	Vanguard Growth Fund	65,798.000 Shares	13,880,457	24,609,110
	Columbia Strategic Income Fund	383,228.034 Shares	8,919,313	8,074,615
	Bond Fund of America	668,593.035 Shares	7,958,000	7,468,184
	Pioneer International Equity Fund	323,082.912 Shares	8,300,000	8,461,541
	PIMCO Income Fund	776,302.288 Shares	9,011,125	8,135,648
	PIMCO Stockplus International Fund	960,588.713 Shares	6,929,094	8,385,939
	Cohen & Steers Income Fund	693,278.902 Shares	9,629,634	8,347,078
	PGIM Total Return Bond Fund	636,638.660 Shares	8,928,880	7,531,435

U.A.P.P. LOCAL UNION NO. 142 PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2024

Plan Number 001 EIN 74-6181280

(A)	(B)	(C)	(D)	(E)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value	
Vanguard Small Cap Fund	25,440.000 Shares	4,373,390	5,546,938	
Thornburg Strategic Income Fund	719,872.136 Shares	<u>8,008,000</u>	<u>8,148,953</u>	
Total Mutual Funds		<u>108,058,522</u>	<u>127,343,383</u>	
<u>Limited Partnership</u>				
Alkeon Growth Offshore Fund		<u>17,700,000</u>	<u>16,424,064</u>	
TOTAL INVESTMENTS		<u>\$127,147,733</u>	<u>\$145,156,658</u>	

* Represents a party-in-interest transaction.

**U.A.P.P. LOCAL UNION NO. 142 PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED JUNE 30, 2024**

Plan Number 001 EIN 74-6181280

(A)	(B)	(C)	(D)	(G)	(I)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Gain (Loss)
<u>Series Transactions</u>					
(a)	Frost Bank/Invesco Money Market Fund	\$ 8,091,565	\$ -	\$ 8,091,565	\$ -
(a)	Frost Bank/Invesco Money Market Fund	\$ -	\$ 7,357,104	\$ 7,357,104	\$ -
(b) *	Federated Hermes Treasury Obligation Fund	\$ 28,620,144	\$ -	\$ 28,620,144	\$ -
(b) *	Federated Hermes Treasury Obligation Fund	\$ -	\$ 29,105,696	\$ 29,105,696	\$ -
(d)	Thornburg Strategic Income Fund	\$ 8,008,000	\$ -	\$ 8,008,000	\$ -
<u>Single Transactions</u>					
(c)	MFS International Diversification Fund	\$ -	\$ 8,219,711	\$ 9,188,357	\$ (968,646)
(e)	Pioneer International Equity Fund	\$ 8,300,000	\$ -	\$ 8,300,000	\$ -
(f)	Blackstone Senior Loan Fund	\$ -	\$ 7,053,125	\$ 7,629,872	\$ (576,747)

(1) Item (E) is not applicable

(2) There were no expenses incurred in connection with any of the reported transactions; therefore, item (F) is not applicable.

(3) All items were executed at current value; therefore, item (H) is not included.

(a) All transactions were with Frost Bank.

(b) All transactions were with Federated Hermes.

(c) All transactions were with MFS International Diversification Fund.

(d) All transactions were with Thornburg Strategic Income Fund.

(e) All transactions were with Pioneer International Equity Fund.

(f) All transactions were with Blackstone Senior Loan Fund.

A reportable transaction is any purchase or sale (or series of purchases and sales) of an investment security that exceeds 5% of net assets available for benefits at the beginning of the Plan year.

* Represents a party-in-interest transaction.

Schedule MB, Line 8b(2)

Schedule of Active Participant Data

Distribution of Active Participants

Measurement Date: July 1, 2023

[Form 5500 Sch. MB, Line 8b(2)]

Years of Benefit Service

Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	18	37	3	-	-	-	-	-	-	-	58
25 - 29	17	61	31	2	-	-	-	-	-	-	111
30 - 34	23	39	39	11	8	-	-	-	-	-	120
35 - 39	8	29	29	21	24	7	2	-	-	-	120
40 - 44	18	27	25	21	20	13	9	1	-	-	134
45 - 49	5	16	12	14	19	14	19	2	-	-	101
50 - 54	10	15	7	9	9	7	13	14	2	-	86
55 - 59	4	11	10	4	7	8	9	7	4	4	68
60 - 64	2	4	6	4	6	3	5	4	3	9	46
65 - 69	1	1	-	-	2	1	-	-	1	2	8
70 +	-	1	-	-	1	-	-	-	-	-	2
Total	106	241	162	86	96	53	57	28	10	15	854



Schedule MB, Line 11

Justification for Change in Actuarial Assumptions

*Justification for
Changes in
Assumptions*

The change in the retirement rates assumption was made to better reflect anticipated plan experience.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Plan Name U.A.P.P. Local Union No. 142 Pension Plan

Plan Sponsor Board of Trustees of the U.A.P.P. Local Union No. 142 Pension Plan

EIN / PN 74-6181280/001

While it is important that the overall assumptions be reasonable, we select each valuation assumption as reasonable in light of this plan’s provisions and characteristics. We have chosen the assumptions after reviewing recent plan experience and anticipated plan experience, and applying professional judgment, as described below.

Interest Rates 6.50% per annum, compounded annually, net of investment expense for determining costs and liabilities

The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan’s asset allocation as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan’s investment advisor. The ultimate selection of the interest rate is our best estimate and reflects professional judgment.

The highest rate within the IRS allowable range for determining Current Liability, which is 2.85% per annum as of July 1, 2023.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Retirement Age

Active Participants:

Age	Annual Retirement Rates*	
	< 30 Years of Service	30+ Years of Service
40-54	0.0%	3.0%
45-61	5.0%	8.0%
62-64	25.0%	28.0%
65	80.0%	80.0%
66-69	50.0%	50.0%
70+	100.0%	100.0%

*30% of participants eligible for unreduced benefits after 30 years of Benefit Service are assumed to retire in the first year they are eligible, or age 40, if later.

The weighted average retirement age for active participants is age 60.37. This average is based on the active population in the July 1, 2023 valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

Inactive vested participants:

Age	Annual Retirement Rates
60-63	10.0%
64	25.0%
65+	100.0%

Operating Expenses

The amount included this year for operating expenses is the average of the expenses for the two plan years preceding the valuation, increased by 2.5% (\$342,662), adjusted to the beginning of year (\$331,876) and added to the normal cost.

Hours Worked

For the purpose of projecting future benefit accruals and contributions, it is assumed that each active participant will work the same number of hours per year as worked during the plan year preceding the valuation date.

Contribution Income

For purposes of projecting contributions, it is assumed that each active participant will have contributions made on his behalf equal to the average contribution rate (\$4.24) times the Hours Worked assumption. The average contribution rate is calculated by dividing the total contributions in the audit by the total hours worked in the census data.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Active Participant For valuation purposes, an active participant is a participant who worked at least 300 hours in the most recent plan year, excluding those that have retired as of the valuation date. No new or rehired employees are assumed.

Non-Disabled Mortality Non-Disabled participants and beneficiaries:
 RP-2014 Blue Collar mortality tables (separate tables for employees and annuitants) with sex-distinct rates, times 1.17, projected generationally with Scale MP-2015.
 The non-disabled mortality assumption was chosen based on a review of standard mortality tables, and projection scales, historical and current demographic data, and reflecting anticipated future experience and professional judgment.
 For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Disabled Mortality RP-2014 Disabled retiree mortality table with sex-distinct rates, times 1.17, projected generationally with Scale MP-2015.
 The disabled mortality assumption was chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflecting anticipated future experience and professional judgment.
 For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Disability Illustrations of the annual rates of disablement are shown in the table below for selected ages (the same rates are used for males and females):

Representative Disability Rates

Age	Males and Females
20	0.0301%
25	0.0427%
30	0.0550%
35	0.0737%
40	0.1101%
45	0.1798%
50	0.3030%
55	0.5045%
60	0.8135%
65	0.0000%



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Withdrawal

Illustrations of the annual rates of withdrawal (for reasons other than mortality or disablement) are shown in the table below for selected ages:

Representative Withdrawal Rates*

Age	Males and Females
20	5.44%
25	5.29%
30	5.07%
35	4.70%
40	4.19%
45	3.54%
50	2.48%
55	0.94%
60	0.09%
65+	0.00%

*Withdrawal is assumed to occur at a flat 10% for each of the first five years employment. Thereafter, the rates above apply until early retirement eligibility.

Reemployment

It is assumed that participants will not be reemployed following a break in service.

Form of Payment

Non-Married Participants: Assumed to elect a single life annuity
 Married Participants: Assumed to elect a Qualified Joint and 50% Survivor Annuity

Marriage

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

Spouse Ages

Male spouses are assumed to be 3 years older than their female counterparts.

Cost Method

The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Asset Valuation Method

The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last five years at the rate of 20% per year. Expected investment return is calculated using the net market value of assets as of the beginning of the plan year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.

The actuarial value of assets was reset to the market value of assets as of July 1, 2021. Beginning July 1, 2021, the difference between the actual and expected returns on the market value of assets will again be phased in at a rate of 20% per year.

Participant Data

Participant census data as of July 1, 2023 was provided by Southwest Service Administrators, Inc.

Missing or Incomplete Participant Data

Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those exhibited by participants with similar known characteristics. For the July 1, 2023 valuation, there was 1 active participant with unknown dates of birth. There were no participants with unknown gender

Financial Information

Financial information was obtained from the audited financial statements supplied by Harper & Pearson Company, P.C., as of the valuation date.

Nature of Actuarial Calculations

The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

***Unfunded Vested
Benefits for Employer
Withdrawals***

Valued using an interest rate of 6.50% per annum (same as fund earnings assumption used to determine other plan costs and liabilities), and the actuarial value of assets.

The withdrawal liability discount rate was selected in consideration of the purpose of the measurement (a settlement calculation) and factors that are particular to the Plan and the industry. The ultimate selection of the discount rate is our best estimate and reflects professional judgment.

***Changes in
Assumptions***

Since the prior valuation, the following assumption has been changed:

The retirement rates for participants with 30 or more years of benefit service have been changed.



Schedule MB – Statement by Enrolled Actuary

Plan Sponsor: Joint Board of Trustees of the U.A.P.P. Local Union No. 142 Pension Plan
EIN / PN: 74-6181280 / 001
Plan Year: Beginning July 1, 2023 and ending June 30, 2024
Plan Name: U.A.P.P. Local Union No. 142 Pension Plan (the “Plan”)
Enrolled Actuary: Mark Stewart
Enrollment Number: 23-06075

Actuarial assumptions: The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary’s best estimate of anticipated experience under the Plan.

Census data and financial information: The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the participant census data and financial information furnished by the Plan administrator and the auditor. The enrolled actuary has not made a rigorous check of the accuracy of this information but has reviewed it and concluded it to be reasonable for the purpose of this actuarial valuation. The amount of contributions shown in Line 3 of Schedule MB was listed in reliance on information provided by the Plan auditor.

Attached as separate exhibits are:

- Line 6 – Statement of Actuarial Assumptions/Methods
- Line 6 – Summary of Plan Provisions
- Line 8b(1) – Schedule of Projection of Expected Benefit Payments
- Line 8b(2) – Schedule of Active Participant Data
- Line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments
- Lines 9c and 9h – Schedule of Funding Standard Account Bases
- Line 11 – Justification for Change in Actuarial Assumptions

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Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

- 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.)
- B** This return/report is: 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 U.A.P.P. LOCAL UNION NO.142 PENSION PLAN	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	07/01/1964
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 U.A.A.P. 142 PENSION PLA 2425 N CENTRAL EXPRESSWAY SUITE 120 RICHARDSON TX 75080	2b Employer Identification Number (EIN)	74-6181280
	2c Plan Sponsor's telephone number	469-423-6100
	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	<i>Trino Baltazar</i>	04/02/2025	TRINO BALTAZAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

- 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.)
- B** This return/report is: 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 U.A.P.P. LOCAL UNION NO.142 PENSION PLAN	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 07/01/1964
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 U.A.A.P. 142 PENSION PLA 2425 N CENTRAL EXPRESSWAY SUITE 120 RICHARDSON TX 75080	2b Employer Identification Number (EIN) 74-6181280 2c Plan Sponsor's telephone number 469-423-6100 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	<i>Trino Baltazar</i>	04/02/2025	TRINO BALTAZAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

**U.A.P.P. LOCAL UNION NO. 142 PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED JUNE 30, 2024**

Plan Number 001 EIN 74-6181280

(A)	(B)	(C)	(D)	(G)	(I)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Gain (Loss)
<u>Series Transactions</u>					
(a)	Frost Bank/Invesco Money Market Fund	\$ 8,091,565	\$ -	\$ 8,091,565	\$ -
(a)	Frost Bank/Invesco Money Market Fund	\$ -	\$ 7,357,104	\$ 7,357,104	\$ -
(b) *	Federated Hermes Treasury Obligation Fund	\$ 28,620,144	\$ -	\$ 28,620,144	\$ -
(b) *	Federated Hermes Treasury Obligation Fund	\$ -	\$ 29,105,696	\$ 29,105,696	\$ -
(d)	Thornburg Strategic Income Fund	\$ 8,008,000	\$ -	\$ 8,008,000	\$ -
<u>Single Transactions</u>					
(c)	MFS International Diversification Fund	\$ -	\$ 8,219,711	\$ 9,188,357	\$ (968,646)
(e)	Pioneer International Equity Fund	\$ 8,300,000	\$ -	\$ 8,300,000	\$ -
(f)	Blackstone Senior Loan Fund	\$ -	\$ 7,053,125	\$ 7,629,872	\$ (576,747)

(1) Item (E) is not applicable

(2) There were no expenses incurred in connection with any of the reported transactions; therefore, item (F) is not applicable.

(3) All items were executed at current value; therefore, item (H) is not included.

(a) All transactions were with Frost Bank.

(b) All transactions were with Federated Hermes.

(c) All transactions were with MFS International Diversification Fund.

(d) All transactions were with Thornburg Strategic Income Fund.

(e) All transactions were with Pioneer International Equity Fund.

(f) All transactions were with Blackstone Senior Loan Fund.

A reportable transaction is any purchase or sale (or series of purchases and sales) of an investment security that exceeds 5% of net assets available for benefits at the beginning of the Plan year.

* Represents a party-in-interest transaction.

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

► **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 U.A.P.P. LOCAL UNION NO.142 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 U.A.P.P. 142 PENSION PLAN	D Employer Identification Number (EIN) 74-6181280	

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

1a Enter the valuation date: Month 07 Day 01 Year 2023

b Assets		
(1) Current value of assets	1b(1)	126,709,351
(2) Actuarial value of assets for funding standard account.....	1b(2)	139,666,566
c (1) Accrued liability for plan using immediate gain methods	1c(1)	144,778,142
(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)	144,778,142
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)	252,426,110
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	10,011,178
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	8,565,166
(3) Expected plan disbursements for the plan year	1d(3)	8,186,489

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	<u>3/12/2025</u> Date
	MARK STEWART Type or print name of actuary	<u>2306075</u> Most recent enrollment number
	HORIZON ACTUARIAL SERVICES, LLC Firm name	<u>678-317-4100</u> Telephone number (including area code)
	990 HAMMOND DRIVE, SUITE 220 ATLANTA GA 30328 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