

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 08/01/2023 and ending 07/31/2024

- 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: CONSTRUCTION & GENERAL LABORERS' LOCAL 190 WELFARE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 08/16/1956
2a Plan sponsor's name (employer, if for a single-employer plan): CONSTRUCTION & GENERAL LABORERS' LOCAL 190 WELFARE FUND
2b Employer Identification Number (EIN): 14-1424790
2c Plan Sponsor's telephone number: 518-465-1376
2d Business code (see instructions): 525100

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.

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	651
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	651
	<b>6a(2)</b>	607
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	607
	<b>6e</b>	
	<b>6f</b>	607
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	143

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A 4B 4D 4E 4L

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>3</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2023</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

<p><b>A</b> Name of plan <b>CONSTRUCTION &amp; GENERAL LABORERS' LOCAL 190 WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CONSTRUCTION &amp; GENERAL LABORERS' LOCAL 190 WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>14-1424790</b></p>	

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

**1 Coverage Information:**

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5501223	60216	260C66	792	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
3793	0

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**GALLAGHER BENEFIT SERVICES, INC.**      **2850 GOLF ROAD**  
**ROLLING MEADOWS, IL 60008**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3793			3

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits .....		
(3) Interest credited during the year .....		
(4) Transferred from separate account.....		
(5) Other (specify below) .....		
▶		
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	
(2) Administration charge made by carrier .....	<b>7e(2)</b>	
(3) Transferred to separate account.....	<b>7e(3)</b>	
(4) Other (specify below) .....	<b>7e(4)</b>	
▶		
(5) Total deductions .....	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	94815
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2023</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

<p><b>A</b> Name of plan <b>CONSTRUCTION &amp; GENERAL LABORERS' LOCAL 190 WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CONSTRUCTION &amp; GENERAL LABORERS' LOCAL 190 WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>14-1424790</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE UNION LABOR LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10286	582	08/01/2023	07/31/2024

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

<p><b>(a)</b> Total amount of commissions paid <b>87715</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**ARTHUR J. GALLAGHER & CO** **677 BROADWAY, 4TH FLOOR**  
**ALBANY, NY 12207**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
87715			5

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	<b>0</b>
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	<b>0</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	585043
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

<b>A</b> Name of plan <b>CONSTRUCTION &amp; GENERAL LABORERS' LOCAL 190 WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CONSTRUCTION &amp; GENERAL LABORERS' LOCAL 190 WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>14-1424790</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**MVP SELECT CARE**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>14-1704347</b>	<b>95521</b>	<b>411721</b>	<b>18</b>	<b>08/01/2023</b>	<b>07/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
---	--

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits .....		
(3) Interest credited during the year .....		
(4) Transferred from separate account.....		
(5) Other (specify below) .....		
▶		
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	
(2) Administration charge made by carrier .....	<b>7e(2)</b>	
(3) Transferred to separate account.....	<b>7e(3)</b>	
(4) Other (specify below) .....	<b>7e(4)</b>	
▶		
(5) Total deductions .....	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	85052
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

<b>A</b> Name of plan <b>CONSTRUCTION &amp; GENERAL LABORERS' LOCAL 190 WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CONSTRUCTION &amp; GENERAL LABORERS' LOCAL 190 WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>14-1424790</b>	

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

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**BLACKSTONE REAL ESTATE INCOME TRUST**

**81-0696966**

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

**POMONA INVESTMENT FUND**

**47-2775966**

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

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

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

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

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

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

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

MVP SELECT CARE

14-1704347

(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?
12 13	NONE	239198	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	89428	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ZENITH AMERICAN SOLUTIONS

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	222267	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)

EXPRESS SCRIPTS, INC.

22-3461740

(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?
12	NONE	53245	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)

ROBERT CHEVERIE & ASSOCIATES LLC

06-1335139

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	50160	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)

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 19	NONE	38984	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)

TEAL, BECKER, & CHIARAMONTE CPAS PC

14-1624930

(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	NONE	36710	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)

SUMMIT ACTUARIAL SERVICES

77-0645890

(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	NONE	36000	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)

DELTA DENTAL OF NEW YORK, INC.

11-1980218

(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?
12	NONE	19035	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)

ATLANTA SOSNOFF CAPITAL, LLC

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 72	NONE	6871	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)

CLEARBRIDGE

16-1733443

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 72	NONE	5411	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"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

<b>A</b> Name of plan <u>CONSTRUCTION &amp; GENERAL LABORERS' LOCAL 190 WELFARE FUND</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>501</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CONSTRUCTION &amp; GENERAL LABORERS' LOCAL 190 WELFARE FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>14-1424790</u>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	635381	809872
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	35886	27279
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	822774	2415016
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	2108719	1686370
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	1818113	1401257
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	8223531	7155346
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	576687	340859
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	2673288	2928352
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>	483881	327136
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	17378260	17091487
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>	1190947	1444615
<b>h</b> Operating payables .....	<b>1h</b>	117766	676196
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	1308713	2120811
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	16069547	14970676

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	6641489	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	99161	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		6740650
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	37671	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	71155	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	70055	
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		178881
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	204217	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		204217
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	7601217	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	7544261	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		56956
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	1376092	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		66271
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		8623067

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	8975664	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	92460	
(3) Other.....	<b>2e(3)</b>	239198	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		9307322
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	183000	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	36710	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	71754	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	36000	
(8) Legal fees .....	<b>2i(8)</b>	50160	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	36992	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		414616
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		9721938

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-1098871
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **TEAL, BECKER, & CHIARAMONTE CPAS PC**

(2) EIN: **14-1624930**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		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.)

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

***CONSTRUCTION AND GENERAL LABORERS'  
LOCAL NO. 190 WELFARE FUND***

***FINANCIAL STATEMENTS***

***JULY 31, 2024 AND 2023***



Teal, Becker & Chiamonte™  
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

A Higher Standard of Excellence

## **TABLE OF CONTENTS**

	<b><u>Page</u></b>
Independent Auditors' Report	1-3
Statements Of Net Assets Available For Benefits	4
Statements Of Changes In Net Assets Available For Benefits	5
Notes To Financial Statements	6-14
<b><u>SUPPLEMENTARY INFORMATION</u></b>	<b><u>Schedule Number</u></b>
Schedules Of Welfare Benefits	I
Schedules Of Administrative Expenses	II
Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)	III



To The Board of Trustees  
Construction and General Laborers'  
Local No. 190 Welfare Fund  
Glenmont, New York

## **Independent Auditors' Report**

### ***Opinion***

We have audited the financial statements of Construction and General Laborers' Local No. 190 Welfare Fund (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 July 31, 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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Construction and General Laborers' Local No. 190 Welfare Fund as of July 31, 2024 and 2023, and the changes in the 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 audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of Construction and General Laborers' Local No. 190 Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the Financial Statements***

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Construction and General Laborers' Local No. 190 Welfare Fund's ability to continue as a going concern for one year after the date that the financial statements are issued.

***Responsibilities of Management for the Financial Statements (Continued)***

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

***Auditors' Responsibilities for the Audits of the Financial Statements***

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

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 Construction and General Laborers' Local No. 190 Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Construction and General Laborers' Local No. 190 Welfare Fund'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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

***Supplementary Schedule Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of July 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplementary schedule, we evaluated whether the supplementary schedule, including its form and content, is 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 schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

***Other Supplementary Information***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary Schedules of Welfare Benefits and Schedules of Administrative Expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Teal Becker & Charamonte, CPAs PC*

Albany, New York

May 13, 2025

**CONSTRUCTION AND GENERAL LABORERS'  
LOCAL NO. 190 WELFARE FUND**

Statements Of Net Assets Available For Benefits

July 31

	<u>2024</u>	<u>2023</u>
<b>Assets:</b>		
<b>Investments at fair value: (Note 3)</b>		
Common stocks	\$ 7,155,346	\$ 8,223,531
Mutual funds	2,928,352	2,673,288
U.S. Government securities	1,686,370	2,108,719
Corporate bonds	1,401,257	1,818,113
Money market funds	832,144	560,883
Private equity investment	340,859	303,094
Real estate investment	-	273,594
Total investments at fair value	<u>14,344,328</u>	<u>15,961,222</u>
<b>Receivables:</b>		
Employers' contributions	809,872	635,381
Miscellaneous receivables	327,136	483,881
Investment income receivable	27,279	35,886
Total receivables	<u>1,164,287</u>	<u>1,155,148</u>
<b>Cash</b>	1,414,584	93,653
<b>Restricted cash - Savings Fund (Note 8)</b>	<u>168,288</u>	<u>168,238</u>
Total assets	<u>17,091,487</u>	<u>17,378,261</u>
<b>Liabilities:</b>		
Deferred revenue (Note 2)	541,902	-
Reciprocity payable	124,803	117,766
Accounts payable	9,491	-
Total liabilities	<u>676,196</u>	<u>117,766</u>
<b>Net Assets Available For Benefits</b>	<u>\$ 16,415,291</u>	<u>\$ 17,260,495</u>

The accompanying notes are an integral part of these financial statements

**CONSTRUCTION AND GENERAL LABORERS'  
LOCAL NO. 190 WELFARE FUND**

Statements Of Changes In Net Assets Available For Benefits

For The Years Ended July 31

	<u>2024</u>	<u>2023</u>
<b>Additions to net assets:</b>		
<b>Investment income:</b>		
Net appreciation in fair value of investments	\$ 1,499,319	\$ 695,388
Interest and dividends	383,098	341,238
Less: investment fees	<u>(71,754)</u>	<u>(74,327)</u>
Net investment income	<u>1,810,663</u>	<u>962,299</u>
<b>Contributions:</b>		
Employers' contributions - Heavy and Highway Agreement	3,889,620	2,692,015
Employers' contributions - Building Agreement	2,901,938	3,001,161
Reciprocity receipts	466,730	394,269
Member contributions	99,161	123,292
Less: refunds and reciprocity transfers	<u>(616,799)</u>	<u>(338,423)</u>
Net contributions	<u>6,740,650</u>	<u>5,872,314</u>
Total additions	<u>8,551,313</u>	<u>6,834,613</u>
<b>Deductions from net assets:</b>		
Welfare benefits	9,053,655	7,139,797
Administrative expenses	<u>342,862</u>	<u>341,136</u>
Total deductions	<u>9,396,517</u>	<u>7,480,933</u>
<b>Net decrease in net assets available for benefits</b>	(845,204)	(646,320)
<b>Net assets available for benefits - beginning</b>	<u>17,260,495</u>	<u>17,906,815</u>
<b>Net Assets Available For Benefits - Ending</b>	<u><u>\$ 16,415,291</u></u>	<u><u>\$ 17,260,495</u></u>

The accompanying notes are an integral part of these financial statements

**CONSTRUCTION AND GENERAL LABORERS’  
LOCAL NO. 190 WELFARE FUND**

Notes To Financial Statements

**Note 1: Description Of Plan**

The following description of Construction and General Laborers’ Local No. 190 Welfare Fund (the Plan) provides only general information. Participants should refer to the Plan Agreement for a complete description of the Plan’s provisions.

Background information - Construction and General Laborers’ Local No. 190 Welfare Fund was created August 16, 1956, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions - The Plan is funded by contributions from employers pursuant to collective bargaining agreements negotiated by Eastern Contractors Association, Inc. and the Labor Relations Division of the Associated General Contractors of America, New York State Chapter, Inc. Contribution rates in effect for the fiscal years presented under the respective agreements were as follows:

<u>Building Agreement</u>	<u>Rate</u>	<u>Heavy And Highway Agreement</u>	<u>Rate</u>
August 1, 2022 to June 30, 2023	Zone A - \$6.15 Zone B - \$6.30	August 1, 2022 to June 30, 2023	Zone A - \$6.30 Zone B - \$6.30
July 1, 2023 to June 30, 2024	Zone A - \$6.40 Zone B - \$6.40	July 1, 2023 to June 30, 2024	Zone A - \$6.90 Zone B - \$6.30
July 1, 2024 to July 31, 2024	Zone A - \$7.90 Zone B - \$7.90	July 1, 2024 to July 31, 2024	Zone A - \$8.40 Zone B - \$7.90

Initial and subsequent eligibility for benefit coverage is based on hours of reported covered employment and is determined on an annual basis. Members are allowed to self-pay the difference between the minimum required hours worked and the actual hours worked to ensure continuity of coverage.

Benefits - Construction and General Laborers’ Local No. 190 Welfare Fund is a self-insured benefit plan. The Plan provides eligible members and certain dependents with a variety of health and welfare benefits such as hospital expenses, surgical and medical fees, prescription drugs, and life insurance. In addition, the Plan provides limited Pre-Medicare post-retirement benefits on a contributory basis at a rate of 50% of the estimated premium for the eligible early retirees as described in the Plan document. Retired members can elect to pay the full cost of insurance coverage in order to receive fully insured benefits.

**CONSTRUCTION AND GENERAL LABORERS'  
LOCAL NO. 190 WELFARE FUND**

Notes To Financial Statements

**Note 1: Description Of Plan (Continued)**

Plan termination - In the event the Plan terminates, the net assets of the Plan will be subject to the provisions set forth in ERISA and its related regulations, generally to provide benefits to participants.

**Note 2: Summary Of Significant Accounting Policies**

Investment valuation and income recognition - Accounting principles generally accepted in the United States of America establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available. The three levels of the fair value hierarchy in accordance with accounting principles generally accepted in the United States of America are described below:

Level 1: Unadjusted quoted prices in active markets for identical, unrestricted assets, or liabilities that the Plan has the ability to access at the measurement date;

Level 2: Quoted prices which are not active, quoted prices for similar assets or liabilities in active markets, or inputs other than quoted prices that are observable (either directly or indirectly) for substantially the full term of the asset or liability; and

Level 3: Significant unobservable prices or inputs (including the Plan's own assumptions in determining the fair value of investments) where there is little or no market activity for the asset or liability at the measurement date.

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

Dividend income is recorded when earned based on the ex-dividend date. Interest is recorded when earned on the accrual-basis. Purchases and sales of securities are reflected on a trade-date basis. Gains or losses on sales of securities are based on the actual costs of the securities sold.

**CONSTRUCTION AND GENERAL LABORERS'  
LOCAL NO. 190 WELFARE FUND**

Notes To Financial Statements

**Note 2: Summary Of Significant Accounting Policies (Continued)**

Receivables - Substantially all of the receivables are considered collectible. Accordingly, no allowance for credit losses is required. If it is probable accounts are uncollectible, they are charged to operations and an allowance is established when that determination is made.

Stop loss - The Plan has entered into a stop loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims). The Plan has stop loss insurance coverage for claim expenses exceeding \$150,000. Premiums for stop loss insurance are included in the welfare benefits in the accompanying statements of changes in net assets available for benefits. Stop loss refunds for the years ended July 31, 2024 and 2023 totaling \$827,024 and \$297,339, respectively, have been netted with welfare benefits in the accompanying statements of changes in net assets available for benefits. During the year ended July 31, 2024, the Plan received advanced funding of stop loss refunds in the amount of \$541,902 which is included in deferred revenue on the statement of net assets available for benefits. This advanced funding is for claims paid after July 31, 2024.

Tax status - The Plan is exempt from federal income tax under the Internal Revenue Code. Tax positions are evaluated and recognized in the financial statements when it is more-likely-than-not the position will be sustained upon examination by the tax authorities.

The Trust established under the Plan to hold the Plan's assets obtained its latest determination letter on August 15, 1958, in which the Internal Revenue Service stated that the Trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Trust has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's counsel believe that the Trust is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. The application of these accounting principles involves the exercise of judgment and use of assumptions as to future uncertainties and, as a result, actual results could differ from these estimates. The Plan's management periodically evaluates estimates and assumptions used in the preparation of the financial statements and makes changes on a prospective basis when adjustments are necessary. Significant estimates made by the Plan in the accompanying financial statements include certain assumptions related to the calculation of the Plan's benefit obligations. Actual results could differ from these estimates.

Presentation - Certain reclassifications, when applicable, are made to the prior year financial statement presentation to correspond to the current year's presentation. Reclassifications, when made, have no effect on total net assets available for benefits or changes in net assets available for benefits.

**CONSTRUCTION AND GENERAL LABORERS'  
LOCAL NO. 190 WELFARE FUND**

Notes To Financial Statements

**Note 3: Fair Value Measurements**

The following is a description of the valuation methodologies used for assets at fair value at July 31, 2024 and 2023:

*Common stocks and Mutual funds:* Valued based on quoted market prices.

*U.S. Government securities and Corporate bonds:* The fair value of bonds for which quoted market prices are not available are based on yields currently available on comparable securities of issuers with similar credit ratings.

*Money market funds:* Valued at a constant dollar per share.

*Private equity investment:* The Pomona Investment Fund (Pomona) seeks to provide investors with long-term capital appreciation by investing in a diversified portfolio of private equity investments. To meet this investment objective, Pomona seeks to acquire high quality, mature assets with identifiable near-term liquidity at compelling prices, where downside and principal risk is limited. The net asset value per share is calculated by taking the total assets less total liabilities including accrued fees and expenses. Pomona has a limited degree of liquidity with repurchases being at Pomona's discretion but are expected to occur each calendar quarter.

*Real estate investment:* The Blackstone Real Estate Income Trust, Inc. (REIT) invests in assets that will provide attractive current income in the form of regular cash distributions, preserve and protect capital and realize appreciation from proactive investment and asset management. The net asset value per share is calculated monthly based on the value of the investments, additions to any other assets and the deduction of any other liabilities. The REIT's investment repurchase plan provides the opportunity to request repurchase of shares on a monthly basis. There is no obligation for the REIT to repurchase any shares and as a result some or none of the shares may be repurchased in any particular month.

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

All assets have been valued using a market approach. There were no changes in the valuation techniques during the year.

**CONSTRUCTION AND GENERAL LABORERS'  
LOCAL NO. 190 WELFARE FUND**

Notes To Financial Statements

**Note 3: Fair Value Measurements (Continued)**

**Fair Value Measurements At Reporting Date Using:**

	<b>Quoted Prices In Active Markets For Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>	<b>Total Fair Value</b>
<b><u>July 31, 2024</u></b>				
Common stocks	\$ 7,155,346	\$ -	\$ -	\$ 7,155,346
Mutual funds	2,928,352	-	-	2,928,352
U.S. Government securities	-	1,686,370	-	1,686,370
Corporate bonds	-	1,401,257	-	1,401,257
Money market funds	832,144	-	-	832,144
	<hr/>	<hr/>	<hr/>	<hr/>
<b>Total Investments In The Fair Value Hierarchy</b>	<b><u>\$ 10,915,842</u></b>	<b><u>\$ 3,087,627</u></b>	<b><u>\$ -</u></b>	<b>14,003,469</b>
<b>Investments measured at net asset value:</b>				
Private equity investment				<hr/> 340,859
<b>Total Investments At Fair Value</b>				<b><u>\$ 14,344,328</u></b>
<b><u>July 31, 2023</u></b>				
Common stocks	\$ 8,223,531	\$ -	\$ -	\$ 8,223,531
Mutual funds	2,673,288	-	-	2,673,288
U.S. Government securities	-	2,108,719	-	2,108,719
Corporate bonds	-	1,818,113	-	1,818,113
Money market funds	560,883	-	-	560,883
	<hr/>	<hr/>	<hr/>	<hr/>
<b>Total Investments In The Fair Value Hierarchy</b>	<b><u>\$ 11,457,702</u></b>	<b><u>\$ 3,926,832</u></b>	<b><u>\$ -</u></b>	<b>15,384,534</b>
<b>Investments measured at net asset value:</b>				
Private equity investment				303,094
Real estate investment				<hr/> 273,594
<b>Total Investments At Fair Value</b>				<b><u>\$ 15,961,222</u></b>

**CONSTRUCTION AND GENERAL LABORERS'  
LOCAL NO. 190 WELFARE FUND**

Notes To Financial Statements

**Note 3: Fair Value Measurements (Continued)**

In accordance with accounting principles generally accepted in the United States of America, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit the reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

**Note 4: Accumulated Plan Benefit Obligations**

Accumulated plan benefit obligations at July 31 consist of the following:

	<u>2024</u>	<u>2023</u>
<b>Amounts currently payable:</b>		
Claims incurred but not reported	\$ 1,371,900	\$ 984,700
Claims payable	<u>72,715</u>	<u>206,247</u>
Subtotal	<u>1,444,615</u>	<u>1,190,947</u>
<b>Accumulated eligibility credits</b>	6,750,900	5,010,500
<b>Retiree liability for one year</b>	<u>113,600</u>	<u>109,700</u>
<b>        Total Benefit Obligations</b>	<u>\$ 8,309,115</u>	<u>\$ 6,311,147</u>

Changes in accumulated plan benefits for the years ended July 31 were as follows:

	<u>2024</u>	<u>2023</u>
<b>Amounts currently payable:</b>		
Balance at beginning of year	\$ 1,190,947	\$ 1,110,133
Claims reported and approved for payment, including benefits reclassified from benefit obligations	9,307,323	7,220,611
Health claims paid	<u>(9,053,655)</u>	<u>(7,139,797)</u>
Balance at end of year	<u>1,444,615</u>	<u>1,190,947</u>

**CONSTRUCTION AND GENERAL LABORERS'  
LOCAL NO. 190 WELFARE FUND**

Notes To Financial Statements

**Note 4: Accumulated Plan Benefit Obligations (Continued)**

**Accumulated eligibility credits, net of amounts  
currently payable:**

Balance at beginning of year	5,120,200	5,083,900
Benefits earned	6,864,500	5,120,200
Benefits reclassified to amounts currently payable	<u>(5,120,200)</u>	<u>(5,083,900)</u>
 Balance at end of year	 <u>6,864,500</u>	 <u>5,120,200</u>
 <b>Total Benefit Obligations</b>	 <b><u>\$ 8,309,115</u></b>	 <b><u>\$ 6,311,147</u></b>

Plan liabilities for health claims incurred but not reported, benefit liability for pre-65 retirees who elect COBRA coverage, and accumulated eligibility of participants as of July 31, 2024 and 2023 are estimated by the Plan's actuary in accordance with accepted actuarial principles. The accumulated eligibility reserve is determined by applying the cost of benefit coverage to the outstanding number of bank hours. Only hours of reported covered employment may be banked and carried as a credit for eligibility continuation. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the benefit obligations.

**Note 5: Reconciliation Of Financial Statements To Form 5500**

The following is a reconciliation of total net assets available for benefits per the financial statements to Form 5500 at July 31:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 16,415,291	\$ 17,260,495
Benefit obligations payable - current and incurred but not reported	<u>(1,444,615)</u>	<u>(1,190,947)</u>
 <b>Net Assets Available For Benefits Per Form 5500</b>	 <b><u>\$ 14,970,676</u></b>	 <b><u>\$ 16,069,548</u></b>

**CONSTRUCTION AND GENERAL LABORERS’  
LOCAL NO. 190 WELFARE FUND**

Notes To Financial Statements

**Note 5: Reconciliation Of Financial Statements To Form 5500 (Continued)**

The following is a reconciliation of welfare benefits paid to participants per the financial statements to Form 5500 at July 31, 2024:

Total benefits paid to participants per the financial statements (Schedule I)	\$ 9,053,655
Add: amounts payable at July 31, 2024	1,444,615
Less: amounts payable at July 31, 2023	<u>(1,190,947)</u>
<b>Benefits Paid To Participants Per Form 5500</b>	<b><u>\$ 9,307,323</u></b>

**Note 6: Concentrations Of Credit Risk**

Financial instruments that potentially subject Construction and General Laborers’ Local No. 190 Welfare Fund to concentrations of credit risk consist principally of cash in financial institutions. Accounts at each institution are insured up to the Federal Deposit Insurance Corporation (FDIC) limits.

The Plan maintains accounts with a stock brokerage firm. The accounts contain cash and securities. Balances are insured up to the Securities Investor Protection Corporation limits for securities and FDIC limits for cash.

**Note 7: Risk And Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. The Plan’s private equity investment exposes the Plan to additional risk based on the risk of default due to the unwillingness or inability to make contractually required payments and the risk of changes to the valuation of investments. Plan benefit obligations 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 estimation and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**CONSTRUCTION AND GENERAL LABORERS’  
LOCAL NO. 190 WELFARE FUND**

Notes To Financial Statements

**Note 8: Net Assets Transferred From The Construction And General Laborers’ Local No. 190 Savings Fund**

Effective July 1, 2012, the Trustees of Construction and General Laborers’ Local No. 190 Savings Fund (the Savings Fund) elected to discontinue the Savings Fund. All assets of the Savings Fund were transferred from the Savings Fund to the Welfare Fund on July 30, 2012. Cash that was transferred is restricted and is to be used to pay any future obligations of the Savings Fund.

**Note 9: Commitments And Contingencies**

The Plan follows the guidance for uncertainty in income taxes. As of July 31, 2024, the Plan believes that it has appropriate support for the income tax positions taken and to be taken on its returns based on an assessment of many factors including experience and interpretations of tax laws applied to the facts of each matter. The Plan has concluded that there are no significant uncertain tax positions requiring disclosure, and there are no material amounts of unrecognized tax benefits.

**Note 10: Subsequent Events**

Subsequent events have been evaluated through May 13, 2025, which is the date the financial statements were available to be issued.

Effective October 1, 2024, the Plan transitioned to a six-month eligibility period. Participants will earn eligibility during the six-month coverage period (October 1 through March 31 and April 1 through September 30) by having 500 hours contributed during the six-month work period (February 1 through July 31 and August 1 through January 31).

**SUPPLEMENTARY INFORMATION**

**CONSTRUCTION AND GENERAL LABORERS'  
LOCAL NO. 190 WELFARE FUND**

Schedules Of Welfare Benefits

For The Years Ended July 31

	<u>2024</u>	<u>2023</u>
<b>Welfare benefits:</b>		
Health and dental	\$ 7,778,621	\$ 5,579,286
Prescriptions	1,182,061	994,390
Stop loss premiums	588,339	527,806
Claims processing fee	239,198	241,114
Insurance - life and accidental death and dismemberment	92,460	94,540
Less: stop loss refunds	<u>(827,024)</u>	<u>(297,339)</u>
 <b>Total Welfare Benefits</b>	 <u><u>\$ 9,053,655</u></u>	 <u><u>\$ 7,139,797</u></u>

**CONSTRUCTION AND GENERAL LABORERS'  
LOCAL NO. 190 WELFARE FUND**

## Schedules Of Administrative Expenses

For The Years Ended July 31

	<u>2024</u>	<u>2023</u>
<b>Administrative expenses:</b>		
Professional fees:		
Fund administration	\$ 183,000	\$ 183,000
Legal	50,160	50,160
Consulting	36,000	35,000
Accounting	35,000	38,450
Payroll audits	1,710	2,160
Postage, printing, and office	21,382	19,819
Rent	9,253	9,253
Travel and conferences	5,573	1,149
Dues and subscriptions	<u>784</u>	<u>2,145</u>
<b>Total Administrative Expenses</b>	<u>\$ 342,862</u>	<u>\$ 341,136</u>

**CONSTRUCTION AND GENERAL LABORERS'  
LOCAL NO. 190 WELFARE FUND**

EIN: 14-1424790 PIN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

July 31, 2024

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, OR MATURITY VALUE	NUMBER OF UNITS HELD	COST	CURRENT VALUE
<b><u>MONEY MARKET FUNDS:</u></b>				
* MORGAN STANLEY BANK N.A.		292,815	\$ 292,815	\$ 292,815
* MSBNA PREFERRED SAVINGS		251,605	251,605	251,605
* MSPBNA PREFERRED SAVINGS		272,495	272,495	272,495
INVESCO PREMIER INST		15,229	15,229	15,229
<b>TOTAL MONEY MARKET FUNDS</b>			<b>832,144</b>	<b>832,144</b>
<b><u>U.S. GOVERNMENT SECURITIES:</u></b>				
FEDERAL NATIONAL MTG ASSN	POOL BO4708	130,000	132,152	30,095
FEDERAL NATIONAL MTG ASSN	POOL BP5878	143,000	149,027	67,136
FEDERAL NATIONAL MTG ASSN	POOL MA4305	125,000	78,719	78,553
FEDERAL NATIONAL MTG ASSN	POOL MA4564	105,000	105,192	76,942
FEDERAL NATIONAL MTG ASSN	POOL MA4600	115,000	110,845	90,459
FEDERAL NATIONAL MTG ASSN	POOL MA4655	90,000	88,763	74,810
FEDERAL NATIONAL MTG ASSN	POOL MA4805	90,000	86,281	78,206
FHLMC 30 YR GOLD SD8122		115,000	119,939	58,983
FHLMC 30 YR GOLD SD8128		65,000	66,897	38,723
FHLMC 30 YR GOLD SD8288		90,000	86,065	80,112
UNITED STATES TREASURY BOND	11/15/2042 4.000%	26,000	27,086	24,623
UNITED STATES TREASURY BOND	11/15/2052 4.000%	40,000	38,373	37,481
UNITED STATES TREASURY BOND	2/15/2054 4.250%	80,000	75,806	78,375
UNITED STATES TREASURY NOTE	1/31/2030 3.500%	80,000	75,127	77,966
UNITED STATES TREASURY NOTE	8/15/2028 2.875%	115,000	106,666	110,000
UNITED STATES TREASURY NOTE	5/15/2034 4.375%	40,000	40,434	40,872
UNITED STATES TREASURY NOTE	5/15/2033 3.375%	92,000	90,181	87,184
UNITED STATES TREASURY NOTE	1/15/2027 4.000%	57,000	56,308	56,691
UNITED STATES TREASURY NOTE	4/15/2027 4.500%	52,000	52,082	52,416
UNITED STATES TREASURY NOTE	5/15/2027 4.500%	53,000	52,937	53,451
UNITED STATES TREASURY NOTE	6/15/2027 4.625%	61,000	61,372	61,805
UNITED STATES TREASURY NOTE	4/15/2026 3.750%	44,000	43,210	43,504
UNITED STATES TREASURY NOTE	10/31/2024 4.375%	11,000	10,941	10,974
UNITED STATES TREASURY NOTE	2/15/2026 4.000%	70,000	68,983	69,474
UNITED STATES TREASURY NOTE	9/30/2030 4.625%	97,000	99,533	100,160
UNITED STATES TREASURY NOTE	6/30/2027 3.250%	110,000	106,353	107,375
<b>TOTAL U.S. GOVERNMENT SECURITIES</b>			<b>2,029,272</b>	<b>1,686,370</b>
<b><u>CORPORATE BONDS:</u></b>				
ABBVIE INC	11/21/2026 2.950%	18,000	17,302	17,340
AIR LEASE CORP	8/15/2026 1.875%	19,000	16,612	17,827
ARES CAPITAL CORP	7/15/2025 3.250%	40,000	38,613	39,137
BANK OF AMERICA CORP FXD TO	042037 VAR THRAFTR 4.2440%	38,000	39,300	34,679
BANK OF AMERICA CORP FXD TO	072026 VAR THRAFTR 1.7340%	37,000	33,628	34,695
BOEING CO/THE	2/04/2026 2.196%	18,000	18,113	17,114
BOOKING HOLDINGS INC	6/01/2026 3.600%	18,000	17,576	17,671
CAPITAL ONE FINANCIAL CORP FXD TO	032025 VAR THRAFTR 2.6360%	18,000	17,268	17,690
CENTRAL GARDEN & PET CO	10/15/2030 4.125%	45,000	45,450	40,415
CHARTER COMM OPERATING LLC / CHARTER COMM OPERATING C/	3/30/2029 5.050%	40,000	39,241	39,278
CHENIERE ENERGY PARTNERS LP	10/01/2029 4.500%	45,000	44,306	43,641
CIGNA GROUP/THE	3/01/2027 3.400%	18,000	17,180	17,379
CITIGROUP INC FXD TO 012025	VAR THRAFTR 2.014%	27,000	25,633	26,517
CITIGROUP INC FXD TO 032030	VAR THRAFTR 4.4120%	40,000	38,094	38,692
COMCAST CORP	10/15/2048 4.700%	40,000	46,832	36,370
DANA INC	11/15/2027 5.375%	40,000	42,500	39,369
DELL INTERNATIONAL LLC / EMC CORP	10/01/2026 4.900%	17,000	16,898	16,956

**CONSTRUCTION AND GENERAL LABORERS'  
LOCAL NO. 190 WELFARE FUND**

EIN: 14-1424790 PIN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

July 31, 2024

(a)	(b)	(c)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, OR MATURITY VALUE	NUMBER OF UNITS HELD	COST	CURRENT VALUE	
<b><u>CORPORATE BONDS (CONTINUED):</u></b>					
DUKE ENERGY CORP	6/15/2031 2.550%	40,000	40,977	34,225	
DUKE ENERGY CORP	8/15/2027 3.150%	18,000	16,775	17,185	
ENERGY TRANSFER LP	5/15/2028 4.950%	18,000	17,979	18,007	
EQUINIX INC	11/18/2029 3.200%	45,000	48,678	41,351	
EXELON CORP	4/15/2026 3.400%	18,000	17,405	17,592	
FREEPORT-MCMORAN INC	9/01/2027 5.000%	40,000	39,226	39,834	
GENERAL MOTORS FINANCIAL CO INC	10/10/2025 6.050%	17,000	17,103	17,154	
GOLDMAN SACHS GROUP INC/THE FXD TO 102026 VAR THRAFTR 1.948%	10/21/2027 1.948%	19,000	16,829	17,733	
GOLDMAN SACHS GROUP INC/THE FXD TO 122025 VAR THRAFTR 1.093%	12/09/2026 1.093%	19,000	16,995	17,911	
HCA INC	6/15/2026 5.250%	17,000	16,597	17,022	
HEWLETT PACKARD ENTERPRISE CO	10/15/2025 4.900%	17,000	17,559	16,945	
JPMORGAN CHASE & CO FXD TO 042051 VAR THRAFTR 3.3280%	4/22/2052 3.328%	45,000	32,584	32,927	
JPMORGAN CHASE & CO FXD TO 052027 VAR THRAFTR 3.5400%	5/01/2028 3.540%	18,000	16,928	17,404	
JPMORGAN CHASE & CO FXD TO 092026 VAR THRAFTR 1.4700%	9/22/2027 1.470%	19,000	16,802	17,632	
MPLX LP	6/01/2025 4.875%	17,000	16,787	16,925	
NEXTERA ENERGY CAPITAL HOLDINGS INC	3/01/2025 6.051%	17,000	17,116	17,061	
ORACLE CORP	4/01/2027 2.800%	18,000	16,329	17,106	
QORVO INC	10/15/2029 4.375%	40,000	42,872	38,095	
QUANTA SERVICES INC	1/15/2032 2.350%	45,000	44,993	37,480	
RTX CORP	11/08/2026 5.750%	17,000	17,265	17,333	
SERVICE CORP INTERNATIONAL/US	6/01/2029 5.125%	45,000	48,488	44,247	
SOUTHERN CO/THE	7/01/2026 3.250%	18,000	17,327	17,477	
SOUTHWEST AIRLINES CO	6/15/2027 5.125%	17,000	17,047	17,055	
SUNOCO LP / SUNOCO FINANCE CORP	5/15/2029 4.500%	45,000	41,625	42,559	
SYSCO CORP	2/15/2050 3.300%	47,000	48,349	32,975	
T-MOBILE USA INC	2/01/2028 4.750%	40,000	43,000	39,768	
T-MOBILE USA INC	4/15/2026 2.625%	18,000	17,115	17,287	
TRUIST FINANCIAL CORP FXD TO 072025 VAR THRAFTR 4.2600%	7/28/2026 4.260%	18,000	18,032	17,707	
UNITED RENTALS NORTH AMERICA INC	1/15/2028 4.875%	40,000	39,065	39,133	
US BANCORP FXD TO 072027 VAR THRAFTR 4.5480%	7/22/2028 4.548%	18,000	17,645	17,761	
UTAH ACQUISITION SUB INC	6/15/2026 3.950%	18,000	17,227	17,608	
VERISIGN INC	4/01/2025 5.250%	40,000	44,150	39,957	
VMWARE INC	8/15/2026 1.400%	19,000	16,620	17,649	
WELLS FARGO & CO FXD TO 032027VAR THRAFTR 3.526%	3/24/2028 3.526%	27,000	25,256	25,971	
WELLS FARGO & CO FXD TO 032032VAR THRAFTR 3.35%	3/02/2033 3.350%	40,000	33,768	35,312	
WILLIAMS COS INC/THE	3/02/2026 5.400%	17,000	16,984	17,099	
<b>TOTAL CORPORATE BONDS</b>			<b>1,464,043</b>	<b>1,401,257</b>	
<b><u>COMMON STOCKS:</u></b>					
ABB LTD ADR		295	16,689	16,334	
ABBVIE INC COM		191	29,654	35,396	
ACCENTURE PLC IRELAND CL A		120	35,900	39,793	
ADOBE INC		110	31,862	60,635	
AGILENT TECHNOLOGIES		41	4,638	5,817	
AIA GROUP LTD SPON ADR		128	5,073	3,441	
ALCON INC		541	32,351	50,829	
ALLSTATE CORP		110	17,748	18,823	
ALPHABET INC CL A		783	40,105	134,316	
ALPHATEC HOLDINGS INC		380	6,132	3,838	
AMAZON COM INC		1,322	61,886	247,188	
AMERICAN EXPRESS CO		202	39,129	51,114	
AMERICAN TOWER CORP		173	35,097	38,129	
AMETEK INC NEW		37	6,323	6,432	
AMGEN INC		68	20,264	22,460	
ANSYS INC		20	3,027	6,284	
APPLE INC		1,108	45,596	246,065	
APPLIED IND TECH INC		79	7,357	17,174	
APTIV PLC		93	6,694	6,461	
ARCH CAPITAL GROUP LTD		283	5,718	27,106	
ARES MANAGEMENT CORP CL A		117	10,450	17,924	
ARGENX SE ADR		38	18,339	19,535	

**CONSTRUCTION AND GENERAL LABORERS'  
LOCAL NO. 190 WELFARE FUND**

EIN: 14-1424790 PIN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

July 31, 2024

(a)	(b)	(c)	(e)	(d)	(e)
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<b><u>COMMON STOCKS (CONTINUED):</u></b>					
	ASML HOLDING NV NY REG NEW	85	31,349	79,257	
	ASTRANA HEALTH INC	209	8,284	10,964	
	ASTRAZENECA PLC ADR	444	30,978	35,143	
	ATKORE INC	79	3,760	10,600	
	ATLAS COPCO AS A ADR A NEW	1,116	15,016	19,847	
	ATLISSIAN CORPORATION CL A	37	5,211	6,600	
	AUTODESK INC DELAWARE	83	4,145	20,458	
	AVIENT CORPORATION	264	4,763	11,943	
	BANCO BILBAO VIZ ARG SA ADS	1,025	11,176	10,804	
	BANK OZK	218	6,621	10,222	
	BELDEN INC	148	10,594	13,718	
	BELLRING BRANDS INC	143	5,398	7,333	
	BERKLEY W R CORP	92	4,935	5,099	
	BOOT BARN HLDGS INC COM	100	2,145	13,316	
	BOSTON SCIENTIFIC CORP	190	3,212	14,037	
	BRAMBLES LTD SPONSORED ADR	673	11,150	13,676	
	BROADCOM INC	262	14,090	42,143	
	BROOKFIELD ASSET MANAGMT LTD	323	6,775	14,092	
	BROOKFIELD CORP CL A	1,573	35,172	76,684	
	BROOKFIELD INFRASTRUCTURE SB VTG A	975	28,892	37,928	
	BROOKFIELD RENEWABLE CORP CL A	455	15,885	12,786	
	BROWN & BROWN INC	542	15,337	53,891	
	CANADIAN PACIFIC KANSAS CITY	433	31,969	36,294	
	CARMAX INC	345	21,556	29,132	
	CASELLA WASTE SYS INC CL A	114	5,436	11,806	
	CBRE GROUP INC CL A	295	13,561	33,249	
	CCC INTELLIGENT SOLUTIONS HLD	1,277	14,746	13,102	
	CHARLES SCHWAB NEW	279	15,366	18,188	
	CHART INDS INC	64	3,250	10,309	
	COCA COLA CO	564	36,028	37,641	
	COGNEX CORP	42	1,923	2,084	
	COMFORT SYSTEMS USA INC	62	5,341	20,582	
	COMPASS GROUP PLC SPD ADR	499	11,180	15,357	
	COMPUTERSHARE LTD SPN ADR	319	5,147	5,760	
	CONOCOPHILLIPS	200	8,134	22,240	
	COPART INC	1,272	17,206	66,564	
	COSTAR GROUP INC	623	42,909	48,606	
	COSTCO WHOLESALE CORP NEW	35	11,890	28,588	
	CRH PLC	278	13,402	23,825	
	CROWDSTRIKE HLDGS INC CL A	63	19,583	14,645	
	DANA INCORPORATED	599	7,814	7,613	
	DATADOG INC CL A	92	10,392	10,659	
	DELEK US HLDGS INC	223	6,304	5,303	
	DEUTSCHE BOERSE AG UNSPON ADR	1,036	18,386	21,233	
	DEUTSCHE TELEKOM AG ADR	934	17,109	24,428	
	DOMINOS PIZZA INC	68	17,634	29,306	
	EATON CORP PLC SHS	205	33,576	62,512	
	EDP ENERGIAS DE PORTGUAL SA	496	22,873	20,396	
	ELI LILLY & CO	97	17,197	78,404	
	ENPRO INC	97	10,062	16,614	
	ENTERPRISE FINCL SVCS CORP	238	10,842	12,583	
	EQUINIX INC	44	21,798	34,577	
	ESCO TECHNOLOGIES	97	7,866	11,891	
	ESSILORLUXOTTICA ADR	157	14,622	17,983	
	ESTEE LAUDER CO INC CL A	187	35,718	18,627	
	EVERCORE INC CLASS A	84	6,386	21,033	
	EVERTEC INC	200	7,589	6,894	
	EXXON MOBIL CORP	251	15,418	29,766	
	FABRINET	58	8,786	12,891	

**CONSTRUCTION AND GENERAL LABORERS'  
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Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

July 31, 2024

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<b><u>COMMON STOCKS (CONTINUED):</u></b>				
FAIR ISAAC & CO INC		21	26,481	32,938
FASTENAL CO		280	7,601	19,810
FEDERAL SIGNAL CORP		138	11,901	13,796
FERRARI N V		40	14,608	16,446
FRANKLIN ELECTRIC CO		102	7,960	10,875
FREEMPORT-MCMORAN CL-B		248	11,682	11,262
G III APPAREL GROUP		268	5,076	7,389
GALLAGHER ARTHUR J & CO		24	6,525	6,741
GARTNER INC		74	14,105	37,178
GIVAUDAN SA ADR		207	10,537	20,257
GOLDMAN SACHS GRP INC		63	20,652	31,965
GRACO INC		27	2,177	2,256
HAEMONETICS CORP		78	6,682	6,987
HALEON PLC ADR		3,111	23,923	28,466
HDFC BANK LTD ADR		173	10,196	10,382
HEICO CORP CLASS A		393	38,839	74,713
HILTON WORLDWIDE HLDGS INC		285	21,931	61,181
HOME DEPOT INC		68	22,960	25,179
HOWARD HUGHES HOLDINGS INC		29	1,535	2,140
HOYA CORP SPONS ADR		170	19,245	21,400
HURON CONSULTING GRP INC		113	10,148	12,431
HYATT HOTELS CORP COM CL A		98	6,835	14,412
ICON PLC		62	19,996	20,415
ICU MEDICAL INC		94	9,943	11,933
IDACORP INC		61	6,264	5,976
IDEXX LABS		27	5,130	12,719
INDUSTRIA DE DISENO TEXTIL IND		1,580	24,275	38,350
INSIGHT ENTERPRISES INC		92	5,155	20,654
INSTALLED BLDG PRODS INC		51	7,819	13,746
INTAPP INC		205	8,590	7,345
INTEGER HOLDINGS CORP		81	8,401	9,581
INTER PARFUMS INC		82	4,582	11,597
INTERCONTINENTAL EXCHANGE INC		85	9,192	12,903
INTESA SANPAOLO S.P.A. ADR		934	14,175	22,744
INTUIT INC		45	20,544	29,399
INTUITIVE SURGICAL INC		90	27,696	40,151
JANUS INTERNATIONAL GROUP INC		759	11,430	10,945
JPMORGAN CHASE & CO		269	34,220	57,243
KADANT INC		50	4,251	17,575
KIRBY CP		129	8,379	15,852
KITE RLTY GROUP TR		486	10,255	11,985
KKR & CO INC CL A		762	31,487	94,069
KNIFE RIV HLDG CO		134	9,871	10,656
L OREAL CO ADR		201	10,293	17,429
LANCASTER COLONY CRP		46	8,268	8,914
LEGRAND SA		413	5,403	8,927
LEMAITRE VASCULAR INC		74	4,925	6,405
LENNAR CORPORATION		189	8,861	33,440
LIBERTY MEDIA COR SER A LBRT		66	3,557	4,889
LIBERTY MEDIA COR SER C LBRT		238	7,585	19,247
LIGAND PHARMACEUTICALS INC NEW		137	9,771	14,932
LINDE PLC		51	8,897	23,305

**CONSTRUCTION AND GENERAL LABORERS'  
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<b><u>COMMON STOCKS (CONTINUED):</u></b>					
	LIVE NATION ENTERTAINMENT INC		303	14,349	29,146
	LLOYDS BANKING GROUP PLC		3,842	11,223	11,641
	LONDON STK EXCHANGE GROUP ADR		1,241	23,501	37,739
	LVMH MOET HENNESSY LOUIS VUITT		195	17,505	27,558
	MACOM TECHNOLOGY SOLU HLDS		175	3,561	17,661
	MAGNOLIA OIL & GAS CORP CL A		510	6,563	13,892
	MARKEL GROUP INC		24	26,008	39,575
	MARSH & MCLENNAN COS INC		154	25,257	34,276
	MARTIN MARIETTA MATERIALS		60	14,293	35,700
	MATADOR RES CO		193	10,759	11,866
	MATERION CORP COM		113	6,668	13,609
	MC DONALDS CORP		72	17,438	19,048
	MCKESSON CORP		16	8,491	9,969
	MERCK & CO INC NEW COM		124	9,091	14,028
	MERIT MED SYST		130	7,709	11,088
	META PLATFORMS INC CL A		301	47,965	142,942
	MICROCHIP TECHNOLOGY INC		253	10,885	22,461
	MICRON TECH INC		187	12,948	20,536
	MICROSOFT CORP		700	43,215	292,845
	MODINE MFG CO		233	9,281	27,415
	MONDAY.COM LTD		37	8,238	8,400
	MONOTARO CO LTD ADR		260	3,065	3,655
	MONSTER BEVERAGE CORP NEW COM		531	16,699	27,320
	MOODYS CORP		22	3,541	10,204
*	MORGAN STANLEY		230	13,536	23,738
	MSCI INC COM		50	17,705	27,267
	MUELLER INDUS INC		262	9,958	18,586
	MYR GROUP INC DEL COM		81	7,586	11,440
	NAPCO SECURITY TECHNOLOGIE INC		302	10,391	16,855
	NESTLE SPON ADR REP REG SHR		134	12,141	13,570
	NETFLIX INC		146	47,032	91,864
	NEXTERA ENERGY INC		275	19,819	21,007
	NMI HLDGS INC		397	7,511	15,622
	NOMURA RESH INST LTD ADR		250	7,043	7,760
	NOVO NORDISK A/S ADR		493	15,537	65,387
	NVIDIA CORPORATION		2,644	25,081	309,401
	OCEANEERING INTL INC		367	9,266	11,017
	OLLIES BARGAIN OUTLET HLDG INC		120	5,791	11,717
	OLYMPUS CORP ADR		1,353	25,632	23,416
	O'REILLY AUTOMOTIVE INC NEW		59	17,027	66,216
	PALO ALTO NETWORKS INC		187	13,983	60,580
	PALOMAR HLDGS INC		159	12,531	14,630
	PATHWARD FINANCIAL INC		204	6,341	13,778
	PATTERSON -UTI ENERGY INC		658	11,099	7,231
	PAYPAL HLDGS INC COM		420	61,745	27,628
	PEPSICO INC NC		108	18,660	18,648
	PERIMETER SOLUTIONS SA		474	5,137	4,593
	PLYMOUTH INDL REIT INC		301	8,194	7,200
	POST HOLDINGS INC		89	7,436	9,707
	PRESTIGE CONSMR HEALTHCARE INC		172	9,446	12,179
	PROGRESS SOFTWARE		135	6,654	7,884
	PROGRESSIVE CORP OHIO		89	4,110	19,015
	PUBLICIS GROUPE SA ADR		504	13,643	13,174
	QUAKER HOUGHTON		33	5,694	5,949
	RELX PLC SPONSORED ADR		573	16,201	27,063
	RENTOKIL INITIAL PLC ADR		668	16,751	20,708
	ROPER TECHNOLOGIES INC		83	24,431	45,402
	ROSS STORES INC		60	4,606	8,555
	RTX CORPORATION		540	42,982	63,445

**CONSTRUCTION AND GENERAL LABORERS'  
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July 31, 2024

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<b><u>COMMON STOCKS (CONTINUED):</u></b>					
		S&P GLOBAL INC COM	76	14,625	36,963
		SAFRAN SA	417	14,809	22,912
		SAIA INC	17	2,483	6,985
		SALESFORCE INC	165	28,628	42,702
		SAP AG	204	25,030	43,166
		SBA COMMUNICATNS CORP NEW CL A	110	17,397	24,149
		SCHNEIDER ELEC SA UNSP ADR	435	19,185	20,980
		SEA LIMITED ADR	118	8,408	7,753
		SEACOAST BANKING CORPOF FLORI	354	9,116	9,855
		SERVICENOW INC	20	9,030	16,455
		SHERWIN WILLIAMS COMPANY OHIO	123	30,701	43,123
		SHISEIDO LTD SPON ADR	225	14,110	7,058
		SHOPIFY INC	213	13,217	13,036
		SILICON MOTION TECH CORP ADR	166	13,387	11,527
		SITIME CORPORATION	74	6,555	10,454
		SM ENERGY COMPANY	189	9,434	8,732
		SMC CORP JAPAN SPONSORED ADR	567	13,665	13,971
		SONOS INC	346	6,366	4,671
		SONY GROUP CORPORATION ADR	314	25,913	27,817
		SOUTHSTATE CORPORATION	84	6,308	8,355
		SPS COMMERCE INC	76	2,916	16,372
		STAG INDL INC COM	188	5,513	7,672
		STERLING INFRASTRUCTURE INC	160	9,611	18,618
		STRAUMANN HLDG AG ADR	704	9,107	9,073
		STRYKER CORP	87	19,304	28,561
		SUMMIT MATLS INC CL A	134	2,002	5,599
		SYNAPTICS INC	75	8,735	6,541
		TAIWAN SMCNDCTR MFG CO LTD ADR	327	48,381	54,217
		TARGET CORPORATION	277	37,817	41,643
		TESLA INC	113	20,396	26,114
		THE CIGNA GROUP	96	29,297	33,549
		THE ENSIGN GROUP INC	122	5,494	17,172
		THERMO FISHER SCIENTIFIC	77	15,085	47,509
		THOMSON REUTERS CORP	122	8,437	19,754
		T-MOBILE US INC COM	159	21,889	28,983
		TOKYO ELECTRON LTD UNSPON ADR	173	10,648	17,834
		TRANSDIGM GROUP INC	54	17,627	69,375
		TRANSMEDICS GROUP INC	74	5,613	10,484
		TYLER TECHNOLOGIES INC	64	22,232	36,101
		UBER TECHNOLOGIES INC	807	35,614	52,027
		UFP INDUSTRIES INC	55	2,129	7,234
		UNILEVER PLC (NEW) ADS	302	15,881	18,543
		UNION PACIFIC CORP	115	26,202	28,374
		UNITED RENTALS INC	39	18,386	29,605
		UNITEDHEALTH GP INC	181	33,060	104,394
		VAIL RESORTS	76	15,620	13,913
		VALVOLINE INC COM	298	9,489	13,857
		VEEVA SYS INC CL A	96	18,232	18,404
		VERALTO CORP	23	2,325	2,480
		VERISIGN INC	82	11,786	15,403
		VERISK ANALYTICS INC COM	42	4,536	10,878
		VERITEX HLDGS INC	446	10,388	11,181
		VERTEX PHARMACEUTICALS	54	15,957	26,763
		VICTORY CAP HLDGS, INC CL-A	244	8,166	12,783
		VIKING THERAPEUTICS INC	48	4,405	2,737
		VISA INC CL A	300	37,155	79,701
		VONTIER CORPORATION	277	8,140	10,867
		VULCAN MATERIALS CO	185	20,290	50,784

**CONSTRUCTION AND GENERAL LABORERS'  
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<b><u>COMMON STOCKS (CONTINUED):</u></b>					
W W GRAINGER INC		41	9,084	40,197	
WALMART INC		506	24,883	34,732	
WASTE CONNECTIONS INC		56	9,987	9,877	
WATERS CORP		25	6,646	8,385	
WELLS FARGO & CO NEW		479	17,227	28,424	
WINTRUST FIN CORP		132	7,720	14,282	
WIX COM LTD		41	3,412	6,431	
WORKDAY INC CL A		121	29,272	27,482	
ZOETIS INC CLASS-A		142	8,429	25,566	
3I GROUP PLC UNSPONS ADR		575	8,571	11,551	
<b>TOTAL COMMON STOCKS</b>			<b><u>3,885,149</u></b>	<b><u>7,155,346</u></b>	
<b><u>MUTUAL FUNDS:</u></b>					
BNY MELLON GLB FIXED INC I		37,940	797,358	777,017	
CALAMOS MARKET NEUTRAL INC I		76,686	1,081,432	1,124,979	
JPMORGAN EMERGING MKTS EQ I		7,016	340,356	216,793	
PIMCO INCOME I2		70,952	853,127	757,053	
SPDR BLOOMBERG 1-3 MONTH T-B		572	52,493	52,510	
<b>TOTAL MUTUAL FUNDS</b>			<b><u>3,124,766</u></b>	<b><u>2,928,352</u></b>	
<b><u>PRIVATE EQUITY INVESTMENTS:</u></b>					
POMONA INVESTMENT FUND I		21,421	312,524	340,859	
<b>TOTAL PRIVATE EQUITY INVESTMENTS</b>			<b><u>312,524</u></b>	<b><u>340,859</u></b>	
<b>TOTAL INVESTMENTS</b>			<b><u>11,647,898</u></b>	<b><u>14,344,328</u></b>	
INTEREST BEARING CASH			<b><u>1,582,872</u></b>	<b><u>1,582,872</u></b>	
<b>TOTAL</b>			<b><u>\$ 13,230,770</u></b>	<b><u>\$ 15,927,200</u></b>	

\*PARTY-IN-INTEREST

**CONSTRUCTION AND GENERAL LABORERS'  
LOCAL NO. 190 WELFARE FUND**

EIN: 14-1424790 PIN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

July 31, 2024

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, OR MATURITY VALUE	NUMBER OF UNITS HELD	CURRENT VALUE
<b><u>MONEY MARKET FUNDS:</u></b>				
*	MORGAN STANLEY BANK N.A.		292,815	\$ 292,815
*	MSBNA PREFERRED SAVINGS		251,605	251,605
*	MSPBNA PREFERRED SAVINGS		272,495	272,495
	INVESCO PREMIER INST		15,229	15,229
	<b>TOTAL MONEY MARKET FUNDS</b>		<b>832,144</b>	<b>832,144</b>
<b><u>U.S. GOVERNMENT SECURITIES:</u></b>				
	FEDERAL NATIONAL MTG ASSN POOL BO4708		130,000	132,152
	FEDERAL NATIONAL MTG ASSN POOL BP5878		143,000	149,027
	FEDERAL NATIONAL MTG ASSN POOL MA4305		125,000	78,719
	FEDERAL NATIONAL MTG ASSN POOL MA4564		105,000	105,192
	FEDERAL NATIONAL MTG ASSN POOL MA4600		115,000	110,845
	FEDERAL NATIONAL MTG ASSN POOL MA4655		90,000	88,763
	FEDERAL NATIONAL MTG ASSN POOL MA4805		90,000	86,281
	FHLMC 30 YR GOLD SD8122		115,000	119,939
	FHLMC 30 YR GOLD SD8128		65,000	66,897
	FHLMC 30 YR GOLD SD8288		90,000	86,065
	UNITED STATES TREASURY BOND	11/15/2042 4.000%	26,000	27,086
	UNITED STATES TREASURY BOND	11/15/2052 4.000%	40,000	38,373
	UNITED STATES TREASURY BOND	2/15/2054 4.250%	80,000	75,806
	UNITED STATES TREASURY NOTE	1/31/2030 3.500%	80,000	75,127
	UNITED STATES TREASURY NOTE	8/15/2028 2.875%	115,000	106,666
	UNITED STATES TREASURY NOTE	5/15/2034 4.375%	40,000	40,434
	UNITED STATES TREASURY NOTE	5/15/2033 3.375%	92,000	90,181
	UNITED STATES TREASURY NOTE	1/15/2027 4.000%	57,000	56,308
	UNITED STATES TREASURY NOTE	4/15/2027 4.500%	52,000	52,082
	UNITED STATES TREASURY NOTE	5/15/2027 4.500%	53,000	52,937
	UNITED STATES TREASURY NOTE	6/15/2027 4.625%	61,000	61,372
	UNITED STATES TREASURY NOTE	4/15/2026 3.750%	44,000	43,210
	UNITED STATES TREASURY NOTE	10/31/2024 4.375%	11,000	10,941
	UNITED STATES TREASURY NOTE	2/15/2026 4.000%	70,000	68,983
	UNITED STATES TREASURY NOTE	9/30/2030 4.625%	97,000	99,533
	UNITED STATES TREASURY NOTE	6/30/2027 3.250%	110,000	106,353
	<b>TOTAL U.S. GOVERNMENT SECURITIES</b>		<b>2,029,272</b>	<b>1,686,370</b>
<b><u>CORPORATE BONDS:</u></b>				
	ABBVIE INC	11/21/2026 2.950%	18,000	17,302
	AIR LEASE CORP	8/15/2026 1.875%	19,000	16,612
	ARES CAPITAL CORP	7/15/2025 3.250%	40,000	38,613
	BANK OF AMERICA CORP FXD TO 042037 VAR THRAFTR 4.2440%	4/24/2038 4.244%	38,000	39,300
	BANK OF AMERICA CORP FXD TO 072026 VAR THRAFTR 1.7340%	7/22/2027 1.734%	37,000	33,628
	BOEING CO/THE	2/04/2026 2.196%	18,000	18,113
	BOOKING HOLDINGS INC	6/01/2026 3.600%	18,000	17,576
	CAPITAL ONE FINANCIAL CORP FXD TO 032025 VAR THRAFTR 2.6360%	3/03/2026 2.636%	18,000	17,268
	CENTRAL GARDEN & PET CO	10/15/2030 4.125%	45,000	45,450
	CHARTER COMM OPERATING LLC / CHARTER COMM OPERATING C/	3/30/2029 5.050%	40,000	39,241
	CHENIERE ENERGY PARTNERS LP	10/01/2029 4.500%	45,000	44,306
	CIGNA GROUP/THE	3/01/2027 3.400%	18,000	17,180
	CITIGROUP INC FXD TO 012025 VAR THRAFTR 2.014%	1/25/2026 2.014%	27,000	25,633
	CITIGROUP INC FXD TO 032030 VAR THRAFTR 4.4120%	3/31/2031 4.412%	40,000	38,094
	COMCAST CORP	10/15/2048 4.700%	40,000	46,832
	DANA INC	11/15/2027 5.375%	40,000	42,500
	DELL INTERNATIONAL LLC / EMC CORP	10/01/2026 4.900%	17,000	16,898

**CONSTRUCTION AND GENERAL LABORERS'  
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July 31, 2024

(a)	(b)	(c)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, OR MATURITY VALUE	NUMBER OF UNITS HELD	COST	CURRENT VALUE	
<b><u>CORPORATE BONDS (CONTINUED):</u></b>					
DUKE ENERGY CORP	6/15/2031 2.550%	40,000	40,977	34,225	
DUKE ENERGY CORP	8/15/2027 3.150%	18,000	16,775	17,185	
ENERGY TRANSFER LP	5/15/2028 4.950%	18,000	17,979	18,007	
EQUINIX INC	11/18/2029 3.200%	45,000	48,678	41,351	
EXELON CORP	4/15/2026 3.400%	18,000	17,405	17,592	
FREEPORT-MCMORAN INC	9/01/2027 5.000%	40,000	39,226	39,834	
GENERAL MOTORS FINANCIAL CO INC	10/10/2025 6.050%	17,000	17,103	17,154	
GOLDMAN SACHS GROUP INC/THE FXD TO 102026 VAR THRAFTR 1.948%	10/21/2027 1.948%	19,000	16,829	17,733	
GOLDMAN SACHS GROUP INC/THE FXD TO 122025 VAR THRAFTR 1.093%	12/09/2026 1.093%	19,000	16,995	17,911	
HCA INC	6/15/2026 5.250%	17,000	16,597	17,022	
HEWLETT PACKARD ENTERPRISE CO	10/15/2025 4.900%	17,000	17,559	16,945	
JPMORGAN CHASE & CO FXD TO 042051 VAR THRAFTR 3.3280%	4/22/2052 3.328%	45,000	32,584	32,927	
JPMORGAN CHASE & CO FXD TO 052027 VAR THRAFTR 3.5400%	5/01/2028 3.540%	18,000	16,928	17,404	
JPMORGAN CHASE & CO FXD TO 092026 VAR THRAFTR 1.4700%	9/22/2027 1.470%	19,000	16,802	17,632	
MPLX LP	6/01/2025 4.875%	17,000	16,787	16,925	
NEXTERA ENERGY CAPITAL HOLDINGS INC	3/01/2025 6.051%	17,000	17,116	17,061	
ORACLE CORP	4/01/2027 2.800%	18,000	16,329	17,106	
QORVO INC	10/15/2029 4.375%	40,000	42,872	38,095	
QUANTA SERVICES INC	1/15/2032 2.350%	45,000	44,993	37,480	
RTX CORP	11/08/2026 5.750%	17,000	17,265	17,333	
SERVICE CORP INTERNATIONAL/US	6/01/2029 5.125%	45,000	48,488	44,247	
SOUTHERN CO/THE	7/01/2026 3.250%	18,000	17,327	17,477	
SOUTHWEST AIRLINES CO	6/15/2027 5.125%	17,000	17,047	17,055	
SUNOCO LP / SUNOCO FINANCE CORP	5/15/2029 4.500%	45,000	41,625	42,559	
SYSCO CORP	2/15/2050 3.300%	47,000	48,349	32,975	
T-MOBILE USA INC	2/01/2028 4.750%	40,000	43,000	39,768	
T-MOBILE USA INC	4/15/2026 2.625%	18,000	17,115	17,287	
TRUIST FINANCIAL CORP FXD TO 072025 VAR THRAFTR 4.2600%	7/28/2026 4.260%	18,000	18,032	17,707	
UNITED RENTALS NORTH AMERICA INC	1/15/2028 4.875%	40,000	39,065	39,133	
US BANCORP FXD TO 072027 VAR THRAFTR 4.5480%	7/22/2028 4.548%	18,000	17,645	17,761	
UTAH ACQUISITION SUB INC	6/15/2026 3.950%	18,000	17,227	17,608	
VERISIGN INC	4/01/2025 5.250%	40,000	44,150	39,957	
VMWARE INC	8/15/2026 1.400%	19,000	16,620	17,649	
WELLS FARGO & CO FXD TO 032027VAR THRAFTR 3.526%	3/24/2028 3.526%	27,000	25,256	25,971	
WELLS FARGO & CO FXD TO 032032VAR THRAFTR 3.35%	3/02/2033 3.350%	40,000	33,768	35,312	
WILLIAMS COS INC/THE	3/02/2026 5.400%	17,000	16,984	17,099	
<b>TOTAL CORPORATE BONDS</b>			<b>1,464,043</b>	<b>1,401,257</b>	
<b><u>COMMON STOCKS:</u></b>					
ABB LTD ADR		295	16,689	16,334	
ABBVIE INC COM		191	29,654	35,396	
ACCENTURE PLC IRELAND CL A		120	35,900	39,793	
ADOBE INC		110	31,862	60,635	
AGILENT TECHNOLOGIES		41	4,638	5,817	
AIA GROUP LTD SPON ADR		128	5,073	3,441	
ALCON INC		541	32,351	50,829	
ALLSTATE CORP		110	17,748	18,823	
ALPHABET INC CL A		783	40,105	134,316	
ALPHATEC HOLDINGS INC		380	6,132	3,838	
AMAZON COM INC		1,322	61,886	247,188	
AMERICAN EXPRESS CO		202	39,129	51,114	
AMERICAN TOWER CORP		173	35,097	38,129	
AMETEK INC NEW		37	6,323	6,432	
AMGEN INC		68	20,264	22,460	
ANSYS INC		20	3,027	6,284	
APPLE INC		1,108	45,596	246,065	
APPLIED IND TECH INC		79	7,357	17,174	
APTIV PLC		93	6,694	6,461	
ARCH CAPITAL GROUP LTD		283	5,718	27,106	
ARES MANAGEMENT CORP CL A		117	10,450	17,924	
ARGENX SE ADR		38	18,339	19,535	

**CONSTRUCTION AND GENERAL LABORERS'  
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EIN: 14-1424790 PIN: 501

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July 31, 2024

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<b><u>COMMON STOCKS (CONTINUED):</u></b>					
ASML HOLDING NV NY REG NEW		85	31,349	79,257	
ASTRANA HEALTH INC		209	8,284	10,964	
ASTRAZENECA PLC ADR		444	30,978	35,143	
ATKORE INC		79	3,760	10,600	
ATLAS COPCO AS A ADR A NEW		1,116	15,016	19,847	
ATLISSIAN CORPORATION CL A		37	5,211	6,600	
AUTODESK INC DELAWARE		83	4,145	20,458	
AVIENT CORPORATION		264	4,763	11,943	
BANCO BILBAO VIZ ARG SA ADS		1,025	11,176	10,804	
BANK OZK		218	6,621	10,222	
BELDEN INC		148	10,594	13,718	
BELLRING BRANDS INC		143	5,398	7,333	
BERKLEY W R CORP		92	4,935	5,099	
BOOT BARN HLDGS INC COM		100	2,145	13,316	
BOSTON SCIENTIFIC CORP		190	3,212	14,037	
BRAMBLES LTD SPONSORED ADR		673	11,150	13,676	
BROADCOM INC		262	14,090	42,143	
BROOKFIELD ASSET MANAGMT LTD		323	6,775	14,092	
BROOKFIELD CORP CL A		1,573	35,172	76,684	
BROOKFIELD INFRASTRUCTURE SB VTG A		975	28,892	37,928	
BROOKFIELD RENEWABLE CORP CL A		455	15,885	12,786	
BROWN & BROWN INC		542	15,337	53,891	
CANADIAN PACIFIC KANSAS CITY		433	31,969	36,294	
CARMAX INC		345	21,556	29,132	
CASELLA WASTE SYS INC CL A		114	5,436	11,806	
CBRE GROUP INC CL A		295	13,561	33,249	
CCC INTELLIGENT SOLUTIONS HLD		1,277	14,746	13,102	
CHARLES SCHWAB NEW		279	15,366	18,188	
CHART INDS INC		64	3,250	10,309	
COCA COLA CO		564	36,028	37,641	
COGNEX CORP		42	1,923	2,084	
COMFORT SYSTEMS USA INC		62	5,341	20,582	
COMPASS GROUP PLC SPD ADR		499	11,180	15,357	
COMPUTERSHARE LTD SPN ADR		319	5,147	5,760	
CONOCOPHILLIPS		200	8,134	22,240	
COPART INC		1,272	17,206	66,564	
COSTAR GROUP INC		623	42,909	48,606	
COSTCO WHOLESALE CORP NEW		35	11,890	28,588	
CRH PLC		278	13,402	23,825	
CROWDSTRIKE HLDGS INC CL A		63	19,583	14,645	
DANA INCORPORATED		599	7,814	7,613	
DATADOG INC CL A		92	10,392	10,659	
DELEK US HLDGS INC		223	6,304	5,303	
DEUTSCHE BOERSE AG UNSPON ADR		1,036	18,386	21,233	
DEUTSCHE TELEKOM AG ADR		934	17,109	24,428	
DOMINOS PIZZA INC		68	17,634	29,306	
EATON CORP PLC SHS		205	33,576	62,512	
EDP ENERGIAS DE PORTGUAL SA		496	22,873	20,396	
ELI LILLY & CO		97	17,197	78,404	
ENPRO INC		97	10,062	16,614	
ENTERPRISE FINCL SVCS CORP		238	10,842	12,583	
EQUINIX INC		44	21,798	34,577	
ESCO TECHNOLOGIES		97	7,866	11,891	
ESSILORLUXOTTICA ADR		157	14,622	17,983	
ESTEE LAUDER CO INC CL A		187	35,718	18,627	
EVERCORE INC CLASS A		84	6,386	21,033	
EVERTEC INC		200	7,589	6,894	
EXXON MOBIL CORP		251	15,418	29,766	
FABRINET		58	8,786	12,891	

**CONSTRUCTION AND GENERAL LABORERS'  
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<b><u>COMMON STOCKS (CONTINUED):</u></b>				
FAIR ISAAC & CO INC		21	26,481	32,938
FASTENAL CO		280	7,601	19,810
FEDERAL SIGNAL CORP		138	11,901	13,796
FERRARI N V		40	14,608	16,446
FRANKLIN ELECTRIC CO		102	7,960	10,875
FREEMPORT-MCMORAN CL-B		248	11,682	11,262
G III APPAREL GROUP		268	5,076	7,389
GALLAGHER ARTHUR J & CO		24	6,525	6,741
GARTNER INC		74	14,105	37,178
GIVAUDAN SA ADR		207	10,537	20,257
GOLDMAN SACHS GRP INC		63	20,652	31,965
GRACO INC		27	2,177	2,256
HAEMONETICS CORP		78	6,682	6,987
HALEON PLC ADR		3,111	23,923	28,466
HDFC BANK LTD ADR		173	10,196	10,382
HEICO CORP CLASS A		393	38,839	74,713
HILTON WORLDWIDE HLDGS INC		285	21,931	61,181
HOME DEPOT INC		68	22,960	25,179
HOWARD HUGHES HOLDINGS INC		29	1,535	2,140
HOYA CORP SPONS ADR		170	19,245	21,400
HURON CONSULTING GRP INC		113	10,148	12,431
HYATT HOTELS CORP COM CL A		98	6,835	14,412
ICON PLC		62	19,996	20,415
ICU MEDICAL INC		94	9,943	11,933
IDACORP INC		61	6,264	5,976
IDEXX LABS		27	5,130	12,719
INDUSTRIA DE DISENO TEXTIL IND		1,580	24,275	38,350
INSIGHT ENTERPRISES INC		92	5,155	20,654
INSTALLED BLDG PRODS INC		51	7,819	13,746
INTAPP INC		205	8,590	7,345
INTEGER HOLDINGS CORP		81	8,401	9,581
INTER PARFUMS INC		82	4,582	11,597
INTERCONTINENTAL EXCHANGE INC		85	9,192	12,903
INTESA SANPAOLO S.P.A. ADR		934	14,175	22,744
INTUIT INC		45	20,544	29,399
INTUITIVE SURGICAL INC		90	27,696	40,151
JANUS INTERNATIONAL GROUP INC		759	11,430	10,945
JPMORGAN CHASE & CO		269	34,220	57,243
KADANT INC		50	4,251	17,575
KIRBY CP		129	8,379	15,852
KITE RLTY GROUP TR		486	10,255	11,985
KKR & CO INC CL A		762	31,487	94,069
KNIFE RIV HLDG CO		134	9,871	10,656
L OREAL CO ADR		201	10,293	17,429
LANCASTER COLONY CRP		46	8,268	8,914
LEGRAND SA		413	5,403	8,927
LEMAITRE VASCULAR INC		74	4,925	6,405
LENNAR CORPORATION		189	8,861	33,440
LIBERTY MEDIA COR SER A LBRT		66	3,557	4,889
LIBERTY MEDIA COR SER C LBRT		238	7,585	19,247
LIGAND PHARMACEUTICALS INC NEW		137	9,771	14,932
LINDE PLC		51	8,897	23,305

**CONSTRUCTION AND GENERAL LABORERS'  
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<b><u>COMMON STOCKS (CONTINUED):</u></b>					
		LIVE NATION ENTERTAINMENT INC	303	14,349	29,146
		LLOYDS BANKING GROUP PLC	3,842	11,223	11,641
		LONDON STK EXCHANGE GROUP ADR	1,241	23,501	37,739
		LVMH MOET HENNESSY LOUIS VUITT	195	17,505	27,558
		MACOM TECHNOLOGY SOLU HLDS	175	3,561	17,661
		MAGNOLIA OIL & GAS CORP CL A	510	6,563	13,892
		MARKEL GROUP INC	24	26,008	39,575
		MARSH & MCLENNAN COS INC	154	25,257	34,276
		MARTIN MARIETTA MATERIALS	60	14,293	35,700
		MATADOR RES CO	193	10,759	11,866
		MATERION CORP COM	113	6,668	13,609
		MC DONALDS CORP	72	17,438	19,048
		MCKESSON CORP	16	8,491	9,969
		MERCK & CO INC NEW COM	124	9,091	14,028
		MERIT MED SYST	130	7,709	11,088
		META PLATFORMS INC CL A	301	47,965	142,942
		MICROCHIP TECHNOLOGY INC	253	10,885	22,461
		MICRON TECH INC	187	12,948	20,536
		MICROSOFT CORP	700	43,215	292,845
		MODINE MFG CO	233	9,281	27,415
		MONDAY.COM LTD	37	8,238	8,400
		MONOTARO CO LTD ADR	260	3,065	3,655
		MONSTER BEVERAGE CORP NEW COM	531	16,699	27,320
		MOODYS CORP	22	3,541	10,204
*		MORGAN STANLEY	230	13,536	23,738
		MSCI INC COM	50	17,705	27,267
		MUELLER INDUS INC	262	9,958	18,586
		MYR GROUP INC DEL COM	81	7,586	11,440
		NAPCO SECURITY TECHNOLOGIE INC	302	10,391	16,855
		NESTLE SPON ADR REP REG SHR	134	12,141	13,570
		NETFLIX INC	146	47,032	91,864
		NEXTERA ENERGY INC	275	19,819	21,007
		NMI HLDGS INC	397	7,511	15,622
		NOMURA RESH INST LTD ADR	250	7,043	7,760
		NOVO NORDISK A/S ADR	493	15,537	65,387
		NVIDIA CORPORATION	2,644	25,081	309,401
		OCEANEERING INTL INC	367	9,266	11,017
		OLLIES BARGAIN OUTLET HLDG INC	120	5,791	11,717
		OLYMPUS CORP ADR	1,353	25,632	23,416
		O'REILLY AUTOMOTIVE INC NEW	59	17,027	66,216
		PALO ALTO NETWORKS INC	187	13,983	60,580
		PALOMAR HLDGS INC	159	12,531	14,630
		PATHWARD FINANCIAL INC	204	6,341	13,778
		PATTERSON -UTI ENERGY INC	658	11,099	7,231
		PAYPAL HLDGS INC COM	420	61,745	27,628
		PEPSICO INC NC	108	18,660	18,648
		PERIMETER SOLUTIONS SA	474	5,137	4,593
		PLYMOUTH INDL REIT INC	301	8,194	7,200
		POST HOLDINGS INC	89	7,436	9,707
		PRESTIGE CONSMR HEALTHCARE INC	172	9,446	12,179
		PROGRESS SOFTWARE	135	6,654	7,884
		PROGRESSIVE CORP OHIO	89	4,110	19,015
		PUBLICIS GROUPE SA ADR	504	13,643	13,174
		QUAKER HOUGHTON	33	5,694	5,949
		RELX PLC SPONSORED ADR	573	16,201	27,063
		RENTOKIL INITIAL PLC ADR	668	16,751	20,708
		ROPER TECHNOLOGIES INC	83	24,431	45,402
		ROSS STORES INC	60	4,606	8,555
		RTX CORPORATION	540	42,982	63,445

**CONSTRUCTION AND GENERAL LABORERS'  
LOCAL NO. 190 WELFARE FUND**

EIN: 14-1424790 PIN: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

July 31, 2024

(a)	(b)	(c)	(c)	(d)	(e)
		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, OR MATURITY VALUE	NUMBER OF UNITS HELD	COST	CURRENT VALUE
IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY					
<b><u>COMMON STOCKS (CONTINUED):</u></b>					
		S&P GLOBAL INC COM	76	14,625	36,963
		SAFRAN SA	417	14,809	22,912
		SAIA INC	17	2,483	6,985
		SALESFORCE INC	165	28,628	42,702
		SAP AG	204	25,030	43,166
		SBA COMMUNICATNS CORP NEW CL A	110	17,397	24,149
		SCHNEIDER ELEC SA UNSP ADR	435	19,185	20,980
		SEA LIMITED ADR	118	8,408	7,753
		SEACOAST BANKING CORPOF FLORI	354	9,116	9,855
		SERVICENOW INC	20	9,030	16,455
		SHERWIN WILLIAMS COMPANY OHIO	123	30,701	43,123
		SHISEIDO LTD SPON ADR	225	14,110	7,058
		SHOPIFY INC	213	13,217	13,036
		SILICON MOTION TECH CORP ADR	166	13,387	11,527
		SITIME CORPORATION	74	6,555	10,454
		SM ENERGY COMPANY	189	9,434	8,732
		SMC CORP JAPAN SPONSORED ADR	567	13,665	13,971
		SONOS INC	346	6,366	4,671
		SONY GROUP CORPORATION ADR	314	25,913	27,817
		SOUTHSTATE CORPORATION	84	6,308	8,355
		SPS COMMERCE INC	76	2,916	16,372
		STAG INDL INC COM	188	5,513	7,672
		STERLING INFRASTRUCTURE INC	160	9,611	18,618
		STRAUMANN HLDG AG ADR	704	9,107	9,073
		STRYKER CORP	87	19,304	28,561
		SUMMIT MATLS INC CL A	134	2,002	5,599
		SYNAPTICS INC	75	8,735	6,541
		TAIWAN SMCNDCTR MFG CO LTD ADR	327	48,381	54,217
		TARGET CORPORATION	277	37,817	41,643
		TESLA INC	113	20,396	26,114
		THE CIGNA GROUP	96	29,297	33,549
		THE ENSIGN GROUP INC	122	5,494	17,172
		THERMO FISHER SCIENTIFIC	77	15,085	47,509
		THOMSON REUTERS CORP	122	8,437	19,754
		T-MOBILE US INC COM	159	21,889	28,983
		TOKYO ELECTRON LTD UNSPON ADR	173	10,648	17,834
		TRANSDIGM GROUP INC	54	17,627	69,375
		TRANSMEDICS GROUP INC	74	5,613	10,484
		TYLER TECHNOLOGIES INC	64	22,232	36,101
		UBER TECHNOLOGIES INC	807	35,614	52,027
		UFP INDUSTRIES INC	55	2,129	7,234
		UNILEVER PLC (NEW) ADS	302	15,881	18,543
		UNION PACIFIC CORP	115	26,202	28,374
		UNITED RENTALS INC	39	18,386	29,605
		UNITEDHEALTH GP INC	181	33,060	104,394
		VAIL RESORTS	76	15,620	13,913
		VALVOLINE INC COM	298	9,489	13,857
		VEEVA SYS INC CL A	96	18,232	18,404
		VERALTO CORP	23	2,325	2,480
		VERISIGN INC	82	11,786	15,403
		VERISK ANALYTICS INC COM	42	4,536	10,878
		VERITEX HLDGS INC	446	10,388	11,181
		VERTEX PHARMACEUTICALS	54	15,957	26,763
		VICTORY CAP HLDGS, INC CL-A	244	8,166	12,783
		VIKING THERAPEUTICS INC	48	4,405	2,737
		VISA INC CL A	300	37,155	79,701
		VONTIER CORPORATION	277	8,140	10,867
		VULCAN MATERIALS CO	185	20,290	50,784

**CONSTRUCTION AND GENERAL LABORERS'  
LOCAL NO. 190 WELFARE FUND**

EIN: 14-1424790 PIN: 501  
Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

July 31, 2024

(a)	(b)	(c)	(e)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, OR MATURITY VALUE	NUMBER OF UNITS HELD	COST	CURRENT VALUE	
<b><u>COMMON STOCKS (CONTINUED):</u></b>					
W W GRAINGER INC		41	9,084	40,197	
WALMART INC		506	24,883	34,732	
WASTE CONNECTIONS INC		56	9,987	9,877	
WATERS CORP		25	6,646	8,385	
WELLS FARGO & CO NEW		479	17,227	28,424	
WINTRUST FIN CORP		132	7,720	14,282	
WIX COM LTD		41	3,412	6,431	
WORKDAY INC CL A		121	29,272	27,482	
ZOETIS INC CLASS-A		142	8,429	25,566	
3I GROUP PLC UNSPONS ADR		575	8,571	11,551	
<b>TOTAL COMMON STOCKS</b>			<b><u>3,885,149</u></b>	<b><u>7,155,346</u></b>	
<b><u>MUTUAL FUNDS:</u></b>					
BNY MELLON GLB FIXED INC I		37,940	797,358	777,017	
CALAMOS MARKET NEUTRAL INC I		76,686	1,081,432	1,124,979	
JPMORGAN EMERGING MKTS EQ I		7,016	340,356	216,793	
PIMCO INCOME I2		70,952	853,127	757,053	
SPDR BLOOMBERG 1-3 MONTH T-B		572	52,493	52,510	
<b>TOTAL MUTUAL FUNDS</b>			<b><u>3,124,766</u></b>	<b><u>2,928,352</u></b>	
<b><u>PRIVATE EQUITY INVESTMENTS:</u></b>					
POMONA INVESTMENT FUND I		21,421	312,524	340,859	
<b>TOTAL PRIVATE EQUITY INVESTMENTS</b>			<b><u>312,524</u></b>	<b><u>340,859</u></b>	
<b>TOTAL INVESTMENTS</b>			<b><u>11,647,898</u></b>	<b><u>14,344,328</u></b>	
INTEREST BEARING CASH			<b><u>1,582,872</u></b>	<b><u>1,582,872</u></b>	
<b>TOTAL</b>			<b><u>\$ 13,230,770</u></b>	<b><u>\$ 15,927,200</u></b>	

\*PARTY-IN-INTEREST