Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2020** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/30/1966

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES OF PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION

187 WOODLAWN AVENUE
NORWALK, OH 44857

2b Employer Identification Number (EIN) 23-7404110

2c Plan Sponsor's telephone number 419-492-3030

2d Business code (see instructions) 238220

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/29/2021	DENISE MANN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

BOARD OF TRUSTEES OF PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION

187 WOODLAWN AVENUE
NORWALK, OH 44857

3b Administrator's EIN
23-7404110

3c Administrator's telephone number
419-492-3030

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	598
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	224
a(2) Total number of active participants at the end of the plan year	**6a(2)**	221
b Retired or separated participants receiving benefits	**6b**	226
c Other retired or separated participants entitled to future benefits	**6c**	68
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	515
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	79
f Total. Add lines **6d** and **6e**.	**6f**	594
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	44

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

1B

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE MB (Form 5500)	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2020** **This Form is Open to Public Inspection**

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

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

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

A Name of plan
PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES OF PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION

D Employer Identification Number (EIN)
23-7404110

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

1a Enter the valuation date: Month 07 Day 01 Year 2020

b Assets		
(1) Current value of assets	**1b(1)**	57483435
(2) Actuarial value of assets for funding standard account	**1b(2)**	58345649
c (1) Accrued liability for plan using immediate gain methods	**1c(1)**	64455708
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	**1c(2)(a)**	
(b) Accrued liability under entry age normal method	**1c(2)(b)**	
(c) Normal cost under entry age normal method	**1c(2)(c)**	
(3) Accrued liability under unit credit cost method	**1c(3)**	64455708
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2) "RPA '94" information:		
(a) Current liability	**1d(2)(a)**	115726349
(b) Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	2665684
(c) Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	4604097
(3) Expected plan disbursements for the plan year	**1d(3)**	4807637

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

Date

THOMAS CLIFFEL, FSA

20-06012

Type or print name of actuary

Most recent enrollment number

HORIZON ACTUARIAL SERVICES, LLC

678-317-4162

Firm name

Telephone number (including area code)

5005 ROCKSIDE ROAD, SUITE 600, INDEPENDENCE, OH 44131

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	57483435
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		321	62085998
(2) For terminated vested participants		65	11414173
(3) For active participants:			
(a) Non-vested benefits			3437700
(b) Vested benefits			38788478
(c) Total active		224	42226178
(4) Total		610	115726349
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	49.67 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
01/01/2021	2110001				
			Totals ► **3(b)**	2110001	**3(c)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	90.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability				**6a**	2.68 %
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	11P20		11P20	
(2) Females	**6c(2)**	11FP20		11FP20	
d Valuation liability interest rate	**6d**	7.00 %		7.00 %	
e Expense loading	**6e**	20.2 %	☐ N/A	%	☒ N/A
f Salary scale	**6f**	%	☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date				**6g**	6.6 %
h Estimated investment return on current value of assets for year ending on the valuation date				**6h**	4.1 %

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	350913	36008
4	1536054	157617

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any		**9a**	
b Employer's normal cost for plan year as of valuation date		**9b**	1131171
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	24154357	3235017
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	305633
e Total charges. Add lines 9a through 9d		**9e**	4671821

Credits to funding standard account:

f Prior year credit balance, if any			**9f**	5388260
g Employer contributions. Total from column (b) of line 3			**9g**	2110001
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	12656038		1714150
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	571019

j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	14429473		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	47755293		
(3) FFL credit			**9j(3)**	0
k (1) Waived funding deficiency			**9k(1)**	0
(2) Other credits			**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	9783430
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	5111609
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	

9 o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2020 plan year	**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	0
(3) Total as of valuation date	**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. ☒ Yes ☐ No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A Name of plan
PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION

D Employer Identification Number (EIN)
23-7404110

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).. . . . . [X] 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

THE VANGUARD GROUP INC

23-1945930

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

PIMCO

33-0629048

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

AFL-CIO HOUSING INVESTMENT TRUST

52-6220193

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

NEWTOWER TRUST COMPANY

30-0872552

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

CHEVY CHASE TRUST COMPANY

52-2037618

(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)

HORIZON ACTUARIAL SERVICES, LLC

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 17 50	NONE	53453	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK

94-3112180

(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?
21 24 28 50 51	NONE	50929	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 27	NONE	48000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DENISE MANN

23-7404110

(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	41452	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD WATTERSON ASSET MANAGEMENT,LLC

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	38125	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRANDYWINE GLOBAL INVESTMENT MGMT

51-0412248

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	17793	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CLIFTONLARSONALLEN LLP

41-0746749

(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	14642	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHUMAKER, LOOP & KENDRICK, LLP

34-4439491

(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	9616	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A Name of plan
PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION

D Employer Identification Number (EIN)
23-7404110

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACK ROCK EX - US ALPHA TILTS FUND

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

c EIN-PN 32-0009970-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11449311

a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY

c EIN-PN 27-3350609-010 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28429577

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-EMPLOYER PROPERTY TRUST

b Name of sponsor of entity listed in (a): NEW TOWER TRUST COMPANY

c EIN-PN 52-6218800-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3193316

a Name of MTIA, CCT, PSA, or 103-12 IE: BRANDYWINE GLOBAL INVESTMENT TRUST

b Name of sponsor of entity listed in (a): BRANDYWINE GLOBAL INVESTMENT MANAGEMENT, LLC

c EIN-PN 51-0412248-017 | **d** Entity code E | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3902456

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

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b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection**

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A Name of plan
PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION

D Employer Identification Number (EIN)
23-7404110

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	322250	346143
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	134131	207100
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	63202	58556
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	2889397	3152635
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	34116071	43072204
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	3464729	3902456
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16521483	19120759
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	57511263	69859853
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	27828	32369
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	27828	32369
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	57483435	69827484

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2110001	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2110001
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	771110	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		771110
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	186294	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		186294
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4236267	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1971738	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		2264529
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	133521	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		133521

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		10698501
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		450615
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		501044
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		17115615

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4500608	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4500608
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	84730	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	97155	
(4) Other	2i(4)	89073	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		270958
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4771566

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		12344049
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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)** [X] 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: CLIFTONLARSONALLEN LLP **(2)** EIN: 41-0746749

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4343331.

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A Name of plan
PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION

D Employer Identification Number (EIN)
23-7404110

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

Part II Funding Information

(If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs

(see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer LUCAS PLUMBING & HEATING

b EIN 34-0967099 **c** Dollar amount contributed by employer 289489

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 06 Day 30 Year 2024

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

(1) Contribution rate (in dollars and cents) 5.90

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

a Name of contributing employer WILKES & COMPANY

b EIN 34-4470701 **c** Dollar amount contributed by employer 216256

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 06 Day 30 Year 2024

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

(1) Contribution rate (in dollars and cents) 5.90

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

a Name of contributing employer MAGNUM MANAGEMENT CORP.

b EIN 34-6525545 **c** Dollar amount contributed by employer 189312

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 06 Day 30 Year 2024

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

(1) Contribution rate (in dollars and cents) 5.90

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

a Name of contributing employer STANDARD PLUMBING

b EIN 34-0549900 **c** Dollar amount contributed by employer 160604

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 06 Day 30 Year 2024

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

(1) Contribution rate (in dollars and cents) 5.90

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

a Name of contributing employer GEM, INC.

b EIN 31-1036493 **c** Dollar amount contributed by employer 157978

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 06 Day 30 Year 2024

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

(1) Contribution rate (in dollars and cents) 5.90

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

a Name of contributing employer SPP MECHANICAL, INC.

b EIN 34-1709188 **c** Dollar amount contributed by employer 91609

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 06 Day 30 Year 2024

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

(1) Contribution rate (in dollars and cents) 5.90

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	4
b The plan year immediately preceding the current plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	7
c The second preceding plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	7

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	0.57
b The corresponding number for the second preceding plan year	**15b**	0.57

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
[ ] 0-3 years [ ] 3-6 years [ ] 6-9 years [ ] 9-12 years [ ] 12-15 years [ ] 15-18 years [ ] 18-21 years [ ] 21 years or more

c What duration measure was used to calculate line 19(b)?
[ ] Effective duration [ ] Macaulay duration [ ] Modified duration [ ] Other (specify):

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

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

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

[ ] Yes.

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

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

[ ] No. Other. Provide explanation_____

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Plumbers and Steamfitters Local No. 42 Pension Plan
Norwalk, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of Plumbers and Steamfitters Local No. 42 Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of June 30, 2021 and 2020, 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.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Board of Trustees
Plumbers and Steamfitters Local No. 42 Pension Plan

Opinion
In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of June 30, 2021 and 2020, and changes therein for the years then ended, and its financial status as of June 30, 2020, and changes therein for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information
Our audits of the Plan's financial statements as of and for the years ended June 30, 2021 and 2020 were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of June 30, 2021 is presented for the purpose 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 the Employee Retirement Income Security Act of 1974. The supplemental schedules of administrative expenses for the years ended June 30, 2021 and 2020 are presented for the purpose of additional analysis and are not a required part of the financial statements. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.

CliftonLarsonAllen LLP

Toledo, Ohio
November 15, 2021

Schedule MB Attachments
Statement by Enrolled Actuary

Plan Sponsor	Board of Trustees of Plumbers and Steamfitters Local No. 42 Pension Plan
EIN / PN	23-7404110 / 001
Plan Year	Beginning July 1, 2020 and ending June 30, 2021
Plan Name	Plumbers and Steamfitters Local No. 42 Pension Plan
Enrolled Actuary	Thomas Cliffel
Enrollment Number	20-06012

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

Census data and financial information: The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the participant census data and financial information furnished by the Plan administrator and the auditor. The enrolled actuary has not made a rigorous check of the accuracy of this information but has reviewed it and concluded it to be reasonable for the purpose of this actuarial valuation. The amount of contributions shown in Line 3 of Schedule MB was listed in reliance on information provided by Clifton Larson Allen, LLP for the period beginning July 1, 2020 and ending June 30, 2021. There were no withdrawal liability payments.

Attached as separate exhibits are:

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

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Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

Plan Name	**Plumbers and Steamfitters Local No. 42 Pension Plan**
Plan Sponsor	The Board of Trustees of the Plumbers and Steamfitters Local No. 42 Pension Plan
EIN / PN	23-7404110/001
Interest Rates	7.00% per annum, compounded annually, net of investment expense for determining costs and liabilities. This rate was chosen as reasonable based on the Plan's asset allocation, past experience, and the 2020, as well as historical, results of Horizon Actuarial Services' Survey of Capital Markets Assumptions. 2.68% per annum for determining Current Liability. This assumption is chosen based on statutory requirements.
Retirement Age	See table of sample rates. The weighted average retirement age for active participants is age 63. This average is based on the active population as of the valuation date. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.
Operating Expenses	For the Plan Year beginning July 1, 2020, operating expenses as of the beginning of the year are assumed to equal $190,000. Investment related fees are not included in assumed operating expenses. This assumption is derived based on reviewing prior year experience and expectations for the upcoming year.
Hours Worked	For the purpose of projecting future benefit accruals, hours worked are assumed to equal those worked for plan year ending June 30, 2020 for active employees who worked at least 400 hours in the plan year ending June 30, 2020. For employees who worked less than 400 hours in the prior plan year, zero hours are assumed.
Contribution Income	For the purpose of projecting total contributions, it is assumed that contribution income for future years will equal 350,000 (the PPA hours worked assumption) times the current contribution rate. The assumed hours worked assumption is based upon input from the Trustees.
Date of Benefit Eligibility	All dates of eligibility are based on projecting the current rate of credited service accrual or vesting service accrual, whichever is applicable.

Non-Disabled Mortality	RP-2000 Combined Healthy table with Blue Collar adjustment for males and females projected to 2020 using Scale BB. The mortality assumption was chosen upon review of available tables and projection scales, the underling demographic basis of those tables, and expectations regarding future mortality improvement. For the purpose of determining current liability, separate annuitant and non-annuitants mortality tables for the 2020 plan year set forth in regulations section 1.412(l)(7)-1.
Disabled Mortality	RP-2000 Disabled table for males and females projected to 2015 using Scale BB. The disabled mortality assumption was chosen upon review of available tables and projection scales, the underling demographic basis of those tables, the Plan's definition of disabled, and expectations regarding future mortality improvement.
Disability	82% of the 1985 Class 3 rates. See table of sample rates. This assumption was selected based on professional judgement.
Withdrawal	10% of SOA 2003 Age table. See table of sample rates. This assumption was selected based on professional judgement.
Form of Payment	All participants are assumed to elect payment in the form of a single life annuity. To estimate the value of the ROC (Return of Contributions), a 4 years certain and life benefit is assumed for retirement and withdrawal. All forms of payment provided by the plan are based on actuarial equivalence.
Marriage	85% of non-retired participants are assumed to be married.
Spouse Ages	Males are assumed to be 4 years older than their spouses.

Cost Method	Liabilities and contributions shown in this report are computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service. Typically, when this method is introduced, there will be an initial liability for benefits credited for service prior to that date, and to the extent that the liability is not covered by assets of the plan, there is an unfunded liability to be funded over a stipulated period in accordance with an amortization schedule. A detailed description of the calculation follows: ▪ An individual's accrued liability is the present value of the benefits credited for service as of the beginning of the plan year, and an individual's normal cost is the present value of the benefit deemed to accrue in the plan year. If multiple decrements are used, the accrued liability and the normal cost for an individual are the sum of the component accrued liabilities and normal costs associated with the various anticipated separation dates. The plan's normal cost is the sum of the individual normal costs, and the plan's accrued liability is the sum of the accrued liabilities for all participants under the plan.
Asset Valuation Method	The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last five years at the rate of 20% per year. The investment loss for the 2008 Plan Year is recognized over ten years (instead of five years) in accordance with the provisions of the Pension Relief Act of 2010, as elected by the Trustees. Expected investment return is calculated using the net market value of assets as of the beginning of the plan year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.
Participant Data	Plan participant data as of July 1, 2020 was submitted by the Plan Administrator. Horizon Actuarial Services has reviewed the data in accordance with Actuarial Standards of Practice No. 23. Horizon has not verified or audited any of the data or information provided.
Financial Information	Audited financial information was submitted by Clifton Larson Allen LLP, the Plan's auditor, as of July 1, 2020.

Nature of Actuarial Calculations

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

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

Changes in Assumptions

Since the prior valuation, the following assumptions have been changed:

Funding:

- The valuation interest rate was reduced from 7.25% to 7.00%.
- The expense assumption was changed to $190,000 from $210,000.

Current Liability:

- The Current Liability interest rate was updated from 3.07% to 2.68% in accordance with the change in the IRS prescribed rates.
- The Current Liability mortality table was also changed to comply with IRS regulations for 2020.

Table of Sample Rates

	Percentage							
	Non-Disabled Mortality		Disability		Withdrawal		Retirement	
Age	Male	Female	Male	Female	Male	Female	Male	Female
20	.03	.02	.12	.07	1.75	1.75	N/A	N/A
25	.04	.02	.18	.12	1.85	1.85	N/A	N/A
30	.07	.03	.25	.21	1.22	1.22	N/A	N/A
35	.10	.05	.35	.32	.88	.88	N/A	N/A
40	.13	.08	.49	.45	.70	.70	N/A	N/A
45	.17	.13	.68	.64	.62	.62	N/A	N/A
50	.23	.18	1.00	.98	.56	.56	N/A	N/A
55	.40	.25	1.74	1.61	.29	.29	3.5	3.5
56	.47	.27	1.93	1.74	.23	.23	.50	.50
57	.52	.29	2.12	1.84	.21	.21	.50	.50
58	.58	.32	2.30	1.86	.21	.21	2.0	2.0
59	.64	.36	2.48	1.89	.23	.23	1.5	1.5
60	.72	.40	2.66	1.91	.22	.22	3.0	3.0
61	.80	.46	2.84	1.93	.23	.23	6.5	6.5
62	.90	.53	N/A	N/A	N/A	N/A	50.0	50.0
63	1.01	.63	N/A	N/A	N/A	N/A	30.0	30.0
64	1.11	.72	N/A	N/A	N/A	N/A	40.0	40.0
65	1.22	.82	N/A	N/A	N/A	N/A	50.0	50.0
66	1.35	.93	N/A	N/A	N/A	N/A	40.0	40.0
67	1.47	1.04	N/A	N/A	N/A	N/A	60.0	60.0
68	1.60	1.16	N/A	N/A	N/A	N/A	50.0	50.0
69	1.77	1.29	N/A	N/A	N/A	N/A	50.0	50.0
70	1.98	1.46	N/A	N/A	N/A	N/A	100.0	100.0

Schedule MB, Line 6
Summary of Plan Provisions

This appendix summarizes the major provisions of the Plan that were reflected in the actuarial valuation. This summary of provisions is not intended to be a comprehensive statement of all provisions of the Plan.

Plan Name	**Plumbers and Steamfitters Local No. 42 Pension Plan**
Plan Sponsor	The Board of Trustees of the Plumbers and Steamfitters Local No. 42 Pension Plan
EIN / PN	23-7404110 / 001
Effective Date and Most Recent Amendment	Original plan: June 10, 1966 Restated plan: July 1, 2009, most recently amended effective July 1, 2015
Plan Year	The twelve-month period beginning July 1 and ending June 30.
Participating Employees	All journeymen and apprentices covered by collective bargaining agreements between an employer or employers and the union and all journeymen and apprentices working within the jurisdiction of the union.
Eligibility	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Credited Service	**Past Service:** The actual number of continuous and completed months for which the member has paid dues prior to June 10, 1966 (for prior members of Local No. 830) and prior to July 1, 1974 (for prior members of Locals No. 224, 637 and 736) up to a maximum of fifteen years. **Future Service:** One year of service for each twelve (12) month computation period (plan year) during which he completes 400 hours of service.
Vesting	Five years of vesting service.

Retirement Dates	**Normal:** Eligibility: Age 62 **Deferred:** Eligibility: Five (5) years of Credited Service **Early:** Eligibility: Age fifty-five (55) and ten (10) years of Credited Service **Disability:** Eligibility: Total and permanent disability after five (5) years of Credited Service.
Monthly Retirement Benefit	**Accrued Benefit**: $7.70 times the years of past service plus future service accruals at various rates for various years. Effective July 1, 2015, the rate of accrual for any member earning at least 400 hours in a plan year is $53.50 per 1,000 hours, with accruals based on all hours worked. See **Appendix F** for more details. **Early Retirement Benefit:** Accrued benefit commencing at age sixty-two or an immediate benefit reduced 4/10 of 1% for each month early retirement date precedes normal retirement date. **Disability Benefit:** Larger of accrued benefit at date of disability or $50.
Death Benefit	**Pre-Retirement Death**: Eligibility: Entry Date Benefit: Prior to first vesting date or unmarried - Refund of aggregate contributions made to the fund on behalf of the member. After first vesting date - Larger of the monthly benefit that can be provided from the aggregate contributions made to the fund on his behalf or the amount the spouse would have received had he retired on the date of his death with a joint and 50% survivor benefit. In addition, a $5,000 funeral expense benefit is paid to the beneficiary of active participants. **Post-Retirement Death**: Retired under life annuity benefit - larger of $3,500 or excess of aggregate contributions made to the fund on his behalf over actual pension payments received prior to his death. Retired under joint and survivor form of payment- 50%, 75% or 100% (based on benefit elected at retirement) of his benefit paid to his spouse for life plus $3,500 paid to the beneficiary named on his application for retirement.

Hourly Contribution Rate

The current rate effective July 1, 2020 is $5.90/hour. Previously it was $5.60/hour. Historical contribution rates are as follows:

Effective Date	Amount per Hour	Effective Date	Amount per Hour
6/10/1966	$0.10	7/1/2001	$2.25
6/10/1970	$0.20	7/1/2002	$2.50
6/10/1971	$0.30	7/1/2003	$2.75
6/10/1972	$0.40	7/1/2004	$3.10
7/1/1977	$0.44	7/1/2005	$3.57
7/1/1979	$0.50	1/1/2006	$3.44
7/1/1980	$0.55	7/1/2006	$3.54
7/1/1981	$0.60	7/1/2007	$3.79
7/1/1982	$0.75	7/22/2009	$4.04
7/1/1985	$0.85	7/1/2010	$4.29
7/1/1986	$0.95	7/1/2011	$4.65
9/1/1991	$1.25	7/1/2012	$4.80
7/1/1996	$1.50	7/1/2013	$5.20
7/1/1997	$1.75	8/1/2014	$5.45
7/1/1998	$1.85	7/1/2015	$5.60
7/1/1999	$2.00	7/1/2020	$5.90

Forms of Payment

Unmarried Participants: Life annuity

Married Participants: 50% J&S

Optional Forms: Life annuity, 50% J&S, 75% J&S, 100% J&S and Pre-65 $150 supplement options if retiring at age 62 or later from active status (Life, 50% J&S, 100% J&S). The J&S options are only available to married participants.

Optional form conversion factors:
All options except pre-65 supplement options:

- Unisex RP2000 mortality table projected to 2010 blue collar combined table and 7.0% interest rate.

Pre-65 supplement options:

- IRC 417(e) interest and mortality for current plan year.

Changes in Plan Provisions

None.

Schedule MB, Line 8b(1)
Schedule of Projection of Expected Benefit Payments

[Schedule MB, Line 8b(1)]

Plan Year Beginning July 1	Expected Annual Benefit Payments
2020	4,617,637
2021	4,743,529
2022	4,901,102
2023	5,070,320
2024	5,202,517
2025	5,340,444
2026	5,412,497
2027	5,467,596
2028	5,430,531
2029	5,376,301

Notes

- Expected benefit payments above assume no additional accruals, no future new entrants to the Plan, and experience consistent with the valuation assumptions.

Schedule MB, Line 8b(2)
Schedule of Active Participant Data

Measurement Date: July 1, 2020 [Schedule MB, Line 8b(2)]

Years of Vesting Service

Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	-	10	2	-	-	-	-	-	-	-	12
25 - 29	-	13	8	-	-	-	-	-	-	-	21
30 - 34	-	6	12	6	2	-	-	-	-	-	26
35 - 39	-	6	13	8	5	-	-	-	-	-	32
40 - 44	-	7	7	8	6	3	-	-	-	-	31
45 - 49	-	1	8	9	6	4	1	-	-	-	29
50 - 54	-	1	2	5	4	9	2	1	-	-	24
55 - 59	-	4	2	4	3	6	3	10	4	1	37
60 - 64	-	-	1	3	2	2	1	-	-	3	12
65 - 69	-	-	-	-	-	-	-	-	-	-	-
70 +	-	-	-	-	-	-	-	-	-	-	-
Total	-	48	55	43	28	24	7	11	4	4	224

Schedule MB, Lines 9c and 9h
Schedule of Funding Standard Account Bases

Charges [Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	*Outstanding at 7/1/2020* Period	Balance	Annual Payment
Amendment	7/1/1981	40.00	$ 25,096	1.00	$ 1,799	$ 1,799
Amendment	7/1/1991	30.00	1,761,980	1.00	136,626	136,626
Assumption	7/1/1993	30.00	249,719	3.00	54,291	19,334
Amendment	7/1/1995	30.00	436,614	5.00	148,042	33,744
Amendment	7/1/1996	30.00	1,905,555	6.00	750,553	147,162
Amendment	7/1/1997	30.00	1,898,272	7.00	844,710	146,485
Amendment	7/1/1998	30.00	1,207,997	8.00	595,137	93,146
Amendment	7/1/1999	30.00	1,004,925	9.00	539,778	77,429
Assumption	7/1/2000	30.00	160,118	10.00	92,641	12,327
Exper Loss	7/1/2006	15.00	1,536,710	1.00	161,411	161,411
ENIL (2008)	7/1/2009	29.00	4,381,579	18.00	3,628,859	337,154
Assumption	7/1/2009	15.00	342,815	4.00	129,683	35,781
Exper Loss	7/1/2010	15.00	2,932,037	5.00	1,339,921	305,415
ENIL (2008)	7/1/2011	27.00	3,213,290	18.00	2,720,535	252,762
Assumption	7/1/2011	15.00	1,458,082	6.00	773,113	151,585
ENIL (2008)	7/1/2012	26.00	1,034,528	18.00	886,883	82,399
Exper Loss	7/1/2012	15.00	172,968	7.00	103,499	17,948
ENIL (2008)	7/1/2013	25.00	2,234,053	18.00	1,941,427	180,376
ENIL (2008)	7/1/2014	24.00	1,902,812	18.00	1,678,261	155,926
Exper Loss	7/1/2015	15.00	523,626	10.00	406,135	54,042
Assumption	7/1/2015	15.00	1,296,212	10.00	1,005,372	133,778
Exper Loss	7/1/2016	15.00	1,370,811	11.00	1,133,234	141,238
Exper Loss	7/1/2017	15.00	290,596	12.00	254,039	29,892
Assumption	7/1/2017	15.00	1,443,745	12.00	1,262,123	148,508
Exper Loss	7/1/2018	15.00	1,242,962	13.00	1,142,407	127,748
Exper Loss	7/1/2019	15.00	558,720	14.00	536,911	57,377
Exper Loss	7/1/2020	15.00	350,913	15.00	350,913	36,008
Assumption	7/1/2020	15.00	1,536,054	15.00	1,536,054	157,617
Total Charges					$ 24,154,357	$ 3,235,017

Schedule MB, Lines 9c and 9h (cont.)
Schedule of Funding Standard Account Bases

Credits [Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	*Outstanding at 7/1/2020* Period	Balance	Annual Payment
Assumption	7/1/2002	30.00	$ 2,430,669	12.00	$ 1,588,151	$ 186,870
Assumption	7/1/2006	30.00	1,556,907	16.00	1,202,536	118,970
Exper Gain	7/1/2007	15.00	657,861	2.00	133,392	68,951
Assumption	7/1/2007	30.00	1,027,969	17.00	819,449	78,441
Exper Gain	7/1/2008	15.00	495,106	3.00	145,407	51,783
Amendment	7/1/2008	15.00	603	3.00	178	63
Exper Gain	7/1/2009	15.00	1,030,062	4.00	389,657	107,512
Method	7/1/2009	30.00	3,225,071	19.00	2,714,351	245,441
ENIL (2008)	7/1/2010	28.00	1,201,182	18.00	1,005,382	93,409
Exper Gain	7/1/2011	15.00	2,811,967	6.00	1,490,976	292,337
Exper Gain	7/1/2013	15.00	1,867,151	8.00	1,235,600	193,386
Exper Gain	7/1/2014	15.00	2,679,124	9.00	1,930,959	276,987
Total Credits					$ 12,656,038	$ 1,714,150
Net Total					**$ 11,498,319**	**$ 1,520,867**

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit base

Schedule MB, Line 11
Justification for Change in Actuarial Assumptions

Justification for Changes in Assumptions and Methods	The changes in the interest rate and mortality tables used to determine the RPA '94 current liability were mandated legislative changes. Other changes in the actuarial assumptions, not prescribed by law, were made to better reflect anticipated Plan experience.

PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

YEARS ENDED JUNE 30, 2021 AND 2020

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PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION PLAN
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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Plumbers and Steamfitters Local No. 42 Pension Plan
Norwalk, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of Plumbers and Steamfitters Local No. 42 Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of June 30, 2021 and 2020, 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.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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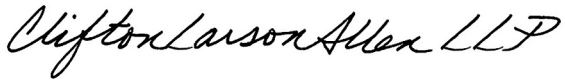
Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of June 30, 2021 and 2020, and changes therein for the years then ended, and its financial status as of June 30, 2020, and changes therein for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits of the Plan's financial statements as of and for the years ended June 30, 2021 and 2020 were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of June 30, 2021 is presented for the purpose 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 the Employee Retirement Income Security Act of 1974. The supplemental schedules of administrative expenses for the years ended June 30, 2021 and 2020 are presented for the purpose of additional analysis and are not a required part of the financial statements. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.



CliftonLarsonAllen LLP

Toledo, Ohio
November 15, 2021

PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2021 AND 2020

	2021	2020
ASSETS		
INVESTMENTS (at Fair Value)		
Common and Collective Trust Funds	$ 43,072,204	$ 34,116,071
Mutual Funds	17,478,606	14,881,324
103-12 Investment Entity	3,902,456	3,464,729
Real Estate Investment Trust Limited Partnership	3,152,635	2,889,397
AFL-CIO Housing Investment Trust	1,642,153	1,640,159
Total Investments (at Fair Value)	69,248,054	56,991,680
RECEIVABLES		
Employer Contributions	207,100	134,131
Contributions Due from Other Plans	49,805	54,316
Plumbers and Steamfitters Local No. 42 Retirement Plan and Health and Welfare Plan	3,781	4,118
Total Receivables	260,686	192,565
CASH	346,143	322,250
PREPAID EXPENSES	4,970	4,768
Total Assets	69,859,853	57,511,263
LIABILITIES		
Accrued Professional Service Fees	20,668	21,556
Accrued Payroll Taxes	2,934	2,982
Contributions Owed to Other Plans	8,767	3,290
Total Liabilities	32,369	27,828
NET ASSETS AVAILABLE FOR BENEFITS	$ 69,827,484	$ 57,483,435

See accompanying Notes to Financial Statements.

PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2021 AND 2020

	2021	2020
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	$ 14,048,210	$ 1,807,754
Interest and Dividends	957,404	631,513
Total Investment Income	15,005,614	2,439,267
Less: Investment Expenses	49,155	60,253
Net Investment Income	14,956,459	2,379,014
EMPLOYER CONTRIBUTIONS, Net of Reciprocal Transfers to Other Plans Amounting to $7,995 in 2021 and $49,699 in 2020	1,649,431	1,812,386
Reciprocal Transfers from Other Plans	460,570	438,702
Total Employer Contributions	2,110,001	2,251,088
Total Additions	17,066,460	4,630,102
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS OR THEIR BENEFICIARIES		
Pension	4,292,738	4,112,428
Disability	162,370	302,513
Death	45,500	111,854
Total Benefits Paid	4,500,608	4,526,795
ADMINISTRATIVE EXPENSES	221,803	237,576
Total Deductions	4,722,411	4,764,371
NET INCREASE (DECREASE)	12,344,049	(134,269)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	57,483,435	57,617,704
End of Year	$ 69,827,484	$ 57,483,435

See accompanying Notes to Financial Statements.

NOTE 1 SIGNIFICANT ACCOUNTING POLICIES

Significant accounting policies followed in preparing the financial statements of Plumbers and Steamfitters Local No. 42 Pension Plan (the Plan) are presented below.

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Short-term and long-term capital gains distributions are generally reported as interest and dividend income. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation in fair value of investments includes investments purchased, sold, and held during the year. Purchases and sales of investments are recorded on a trade-date basis.

Payment of Benefits

Benefit payments to participants or their beneficiaries are recorded when paid.

Administrative Expenses

The Plan’s expenses are paid by the Plan as provided by the Plan document. Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through November 15, 2021, the date the financial statements were available to be issued.

NOTE 2 DESCRIPTION OF THE PLAN

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

NOTE 2 DESCRIPTION OF THE PLAN (CONTINUED)

General

The Plan, as amended, is a multiemployer defined benefit pension plan established effective June 10, 1966, as a result of a collective bargaining agreement and covers substantially all members of Plumbers and Steamfitters Local No. 42.

Subsequent amendments have been made to the Plan primarily to increase benefits and comply with law changes. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

All journeymen and apprentices of the participating employers who work under the jurisdiction of Plumbers and Steamfitters Local No. 42 are eligible to participate in the Plan.

Pension Benefits

Under the terms of the Plan, participants are eligible for normal retirement benefits upon reaching age 62. Normal retirement benefits are determined on the number of hours worked by the participant, years of credited service, and specified benefit rates as established by the Board of Trustees.

The Plan also provides early retirement benefits for participants upon reaching age 55 with at least 10 years of credited service. The amount of the early retirement monthly benefit is equal to the normal retirement benefit reduced by .4% for each month the early retirement date precedes the normal retirement date.

The retirement benefits to which a participant is entitled are payable in the form of a joint and 50% survivor benefit or any optional form of retirement benefit in accordance with Plan provisions.

Terminated participants who have at least one hour of service after June 30, 1997, who meet the eligibility requirements for normal retirement, and who have at least five years of vesting service (as defined) are 100% vested in their accrued benefits. Other participants who terminate employment with at least 10 years of vesting service (as defined) are 100% vested in their accrued benefits and thus will become eligible for retirement benefits at such time as retirement age is reached.

Death and Disability Benefits

A surviving spouse or the designated beneficiary of a deceased participant who elected the joint and 50% survivor benefit and who was receiving retirement benefits prior to death will receive 50% of the retirement benefit for life. A lump-sum death benefit of $3,500 will also be paid to the beneficiary.

A surviving spouse or other designated beneficiary of a deceased participant who elected to waive the joint and 50% survivor benefit will receive a lump-sum death benefit of $3,500 and, depending upon the form of benefit elected by the deceased participant, a lifetime monthly benefit.

NOTE 2 DESCRIPTION OF THE PLAN (CONTINUED)

Death and Disability Benefits (Continued)

If a participant was receiving retirement benefits under a single life annuity, a lump sum death benefit shall be payable to the participant's designated beneficiary in an amount equal to the greater of $3,500 or the difference between (i) the total contributions made to the Plan on behalf of the former participant since his or her most recent forfeiture of service and (ii) the amount of the monthly benefit payments made to the former participant prior to his or her death.

The surviving spouse or designated beneficiary of a deceased participant whose death occurs prior to early retirement eligibility will be entitled to a cash distribution of the aggregate contributions made to the Plan on behalf of the participant. If the surviving spouse is the beneficiary, such surviving spouse must first waive a delayed lifetime monthly benefit in order to receive such cash distribution. In addition, a $5,000 funeral expense benefit is paid to the designated beneficiary of active participants.

The surviving spouse or designated beneficiary of a deceased participant who was eligible for early retirement benefits will be entitled to a monthly benefit, lump-sum distribution, or both, dependent upon individual facts and in accordance with Plan provisions.

Employees having completed five years of service who become totally and permanently disabled receive monthly disability benefits equal to the larger of the retirement benefits which the disabled participant has accrued as of the date of disability or $50.

NOTE 3 CONTRIBUTIONS

The Plan is funded by employer contributions, as specified in the collective bargaining agreement, and investment performance. Effective July 1, 2020, the contribution rate is $5.90 per hour. Previously, the contribution rate had been $5.60 per hour since July 1, 2015.

Contributions received by the Plan for the years ended June 30, 2021 and 2020 were sufficient to meet the minimum funding requirements of ERISA.

NOTE 4 PLAN TAX STATUS

The Internal Revenue Service (IRS) has determined in a letter dated July 10, 2015, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code and qualifies as a tax-exempt plan. While the Plan has since been amended, the Plan administrator and legal counsel believe the Plan continues to qualify as a tax-exempt plan.

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

NOTE 5 RELATED PARTY TRANSACTIONS

The Plan was party to a Multiple Fund Expense Sharing Agreement with the Plumbers and Steamfitters Local No. 42 Retirement Plan (the Retirement Plan) and the Plumbers & Steamfitters Local No. 42 Health and Welfare Plan (the H & W Plan) regarding the sharing of certain administrative expenses that renewed for annual terms on a calendar year basis. Expenses allocated to the Retirement Plan amounted to $9,479 and $10,566 for the years ended June 30, 2021 and 2020, respectively. The Plan also pays Plumbers and Steamfitters Local No. 42 for the Plan's portion of office rent and service fees. Such reimbursements amounted to $2,276 and $2,332 in 2021 and 2020, respectively.

NOTE 6 FAIR VALUE OF INVESTMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at June 30, 2021 and 2020.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

NOTE 6 FAIR VALUE OF INVESTMENTS (CONTINUED)

Common and Collective Trust Funds Valued Daily and 103-12 Investment Entity: Valued at NAV of units held by the common and collective trust funds and 103-12 investment entity. NAV is a readily determinable fair value and is the basis for current transactions. If the Plan initiates a full redemption of the funds, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Common and Collective Trust Fund Valued at Practical Expedient: Valued at NAV used as a practical expedient, which is based on the observable prices of the underlying assets. This investment has no unfunded commitments and can be redeemed quarterly with a quarterly redemption notice period. Total amount of investments in this category is $3,193,316 and $2,966,645 at June 30, 2021 and 2020, respectively.

Real Estate Investment Trust Limited Partnership Valued at Practical Expedient: Valued at NAV used as a practical expedient based on the Plan's ownership interest in the fund. This investment can be redeemed at any time on a quarterly basis with a 60-day notice. There are no unfunded related to such investments. The Fund's investments are comprised of a diversified portfolio of real estate investments in commercial property, primarily in real estate leased to the U.S. federal government through either the General Services Administration or other federal government agencies, with the objective to generate attractive rates of return on capital. Total amount of investments in this category is $3,152,635 and $2,889,397 at June 30, 2021 and 2020, respectively.

AFL-CIO Housing Investment Trust: Valued monthly using net asset value of units, which are based on the observable market prices for the underlying assets, held by the Plan at year-end. The Investment Trust is a common law trust registered under the Investment Company Act of 1940, as a no-load open-end investment company. The investment has no unfunded commitments and can be redeemed monthly. The investment strategy focuses on investing in high credit quality securities, particularly multifamily mortgage backed securities.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value (there were no liabilities) as of June 30:

NOTE 6 FAIR VALUE OF INVESTMENTS (CONTINUED)

	2021			
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual Funds	$ 17,478,606	$ -	$ -	$ 17,478,606
Common and Collective Trust Funds	-	39,878,888	-	39,878,888
AFL-CIO Housing Investment Trust	-	1,642,153	-	1,642,153
103-12 Investment Entity	-	3,902,456	-	3,902,456
Total Investment in the Fair Value Hierarchy	$ 17,478,606	$ 45,423,497	$ -	62,902,103
Investments Measured at Net Asset Value				6,345,951
Total Investments at Fair Value				$ 69,248,054

	2020			
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual Funds	$ 14,881,324	$ -	$ -	$ 14,881,324
Common and Collective Trust Funds	-	31,149,426	-	31,149,426
AFL-CIO Housing Investment Trust	-	1,640,159	-	1,640,159
103-12 Investment Entity	-	3,464,729	-	3,464,729
Total Investment in the Fair Value Hierarchy	$ 14,881,324	$ 36,254,314	$ -	51,135,638
Investments Measured at Net Asset Value				5,856,042
Total Investments at Fair Value				$ 56,991,680

NOTE 7 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable, under the Plan's provisions, to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated participants or their beneficiaries, beneficiaries of participants who have died, and present participants or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to participant service rendered to the valuation date.

NOTE 7 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The actuarial present value of accumulated plan benefits is determined by an actuary engaged by the Plan and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuarial cost method used is the unit credit cost method. Significant assumptions underlying the actuarial calculations as of June 30, 2020 (the most recent valuation) include:

- Life expectancy of participants based on RP-2000 Combined Healthy table with Blue Collar adjustment for males and females projected to 2020 using Scale BB;
- Normal retirement age of 62;
- Annual administrative expenses of $190,000; and
- Assumed rate of return on investments of 7.00% for funding and present value of accumulated plan benefits purposes.

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

Based on the latest actuarial information available, which is as of June 30, 2020, the actuarial present value of accumulated plan benefits is summarized as follows:

Actuarial Present Value of Accumulated Plan Benefits:	
Vested Benefits:	
Participants Currently Receiving Payments	$ 40,755,201
Other Participants	21,514,744
Total Vested Benefits	62,269,945
Nonvested Benefits	2,185,763
Total Actuarial Present Value of Accumulated Plan Benefits	$ 64,455,708

Changes in the actuarial present value of accumulated plan benefits since June 30, 2019, are summarized as follows:

Actuarial Present Value of Accumulated Plan Benefits - June 30, 2019	$ 62,131,782
Increase (Decrease) During the Year Attributable to:	
Changes to Actuarial Assumptions	1,536,054
Benefits Accumulated and Actuarial Gains and Losses	909,105
Interest due to Decrease in the Discount Period	4,405,562
Benefits Paid to Participants or Their Beneficiaries	(4,526,795)
Actuarial Present Value of Accumulated Plan Benefits - June 30, 2020	$ 64,455,708

NOTE 7 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Under federal pension law, a plan generally will be considered to be in "endangered" status if, at the beginning of the plan year, the funded percentage of the plan is less than 80% or in "critical" status if the percentage is less than 65%.

On September 16, 2021, the Plan's enrolled actuary issued a letter of certification that the Plan was neither endangered nor critical status as of July 1, 2021, based on a funded ratio of 95%. On July 30, 2020, the Plan's enrolled actuary issued a letter of certification that the Plan was neither endangered nor critical status as of July 1, 2020, based on a funded ratio of 93%.

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Certain of the Plan's assets are invested in funds of the custodians holding such assets. Consequently, fees paid to these custodians qualify as party-in-interest and amounted to $49,155 and $60,253 for the years ended June 30, 2021 and 2020, respectively.

NOTE 9 PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits of former employees or their beneficiaries that have been receiving benefits for at least three years, or that employees eligible to retire for that three-year period would have been receiving benefits if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. governmental agency, up to specified limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

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

NOTE 9 PLAN TERMINATION (CONTINUED)

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

NOTE 10 RISKS AND UNCERTAINTIES

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

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

The Plan maintains its checking and savings accounts at a single financial institution. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to specified limits. Periodically throughout the year, the Plan's cash balances may exceed this FDIC insurance coverage limit; however, management does not anticipate nonperformance by the institutions.

PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION PLAN
E.I.N. 23-7404110 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Mutual Funds:		
	PIMCO Total Return Fund	Mutual Fund, 1,260,839 Units	$ 13,470,283	$ 13,087,508
	Vanguard Extended Market Index Signal	Mutual Fund, 30,666 Units	880,560	4,391,098
		Total Mutual Funds	14,350,843	17,478,606
		Common and Collective Trust Funds:		
*	AFL-CIO Equity Index Fund	Common and Collective Trust Fund, 717,395 Units	12,826,205	28,429,577
*	Blackrock EX-US Alpha Tilts Fund	Common and Collective Trust Fund, 258,329 Units	6,370,546	11,449,311
*	Multi-Employer Property Trust	Common and Collective Trust Fund, 252 Units	1,396,877	3,193,316
		Total Common and Collective Trust Funds	20,593,628	43,072,204
*	Boyd Watterson GSA Fund LP	Real Estate Investment Trust Limited Partnership, 2,571 Units	2,796,751	3,152,635
*	Brandywine Global Management Opportunities Fixed Income	103-12 Investment Entity, 72,758 Units	2,906,751	3,902,456
*	AFL-CIO Housing Investment Trust	Other, 1,421 Units	1,468,717	1,642,153
		Total Assets (Held at End of Year)	$ 42,116,690	$ 69,248,054

* *Party-in-interest, account of custodian*
(c) *Units are rounded to the nearest whole unit*

PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION PLAN
SCHEDULES OF ADMINISTRATIVE EXPENSES
YEARS ENDED JUNE 30, 2021 AND 2020

	2021	2020
Wages and Employee Benefits	$ 41,452	$ 42,308
Payroll Taxes	2,417	2,881
Consulting Fees:		
Actuary	53,453	56,197
Investment Consultant	48,000	48,000
Pension Benefit Guaranty Corporation and Fidelity Bond Premiums	30,992	30,241
International Foundation of Employee Benefit Plans - Dues and Conference Expenses	860	18,570
Legal	9,998	18,386
Audit, Including Payroll Audits	16,834	16,402
Office Rent and Service Fees	2,276	2,332
Office Supplies and Equipment	338	762
Printing and Postage	4,696	2,575
Telephone	431	429
Trustees' Meetings	2,125	1,840
Miscellaneous	7,931	(3,347)
Total Administrative Expenses	$ 221,803	$ 237,576

Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor. CLA is an independent member of Nexia International, a leading, global network of independent accounting and consulting firms. See nexia.com/member-firm-disclaimer for details. **CliftonLarsonAllen LLP**

A member of Nexia International

PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION PLAN
E.I.N. 23-7404110 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Mutual Funds:		
	PIMCO Total Return Fund	Mutual Fund, 1,260,839 Units	$ 13,470,283	$ 13,087,508
	Vanguard Extended Market Index Signal	Mutual Fund, 30,666 Units	880,560	4,391,098
		Total Mutual Funds	14,350,843	17,478,606
		Common and Collective Trust Funds:		
*	AFL-CIO Equity Index Fund	Common and Collective Trust Fund, 717,395 Units	12,826,205	28,429,577
*	Blackrock EX-US Alpha Tilts Fund	Common and Collective Trust Fund, 258,329 Units	6,370,546	11,449,311
*	Multi-Employer Property Trust	Common and Collective Trust Fund, 252 Units	1,396,877	3,193,316
		Total Common and Collective Trust Funds	20,593,628	43,072,204
*	Boyd Watterson GSA Fund LP	Real Estate Investment Trust Limited Partnership, 2,571 Units	2,796,751	3,152,635
*	Brandywine Global Management Opportunities Fixed Income	103-12 Investment Entity, 72,758 Units	2,906,751	3,902,456
*	AFL-CIO Housing Investment Trust	Other, 1,421 Units	1,468,717	1,642,153
		Total Assets (Held at End of Year)	$ 42,116,690	$ 69,248,054

* *Party-in-interest, account of custodian*
(c) *Units are rounded to the nearest whole unit*

SCHEDULE MB (Form 5500)	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information	OMB No. 1210-0110 2020
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**This Form is Open to Public Inspection**

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

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

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

A Name of plan
PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES OF PLUMBERS AND STEAMFITTERS LOCAL NO. 42 PENSION

D Employer Identification Number (EIN)
23-7404110

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

1a Enter the valuation date: Month 7 Day 1 Year 2020

b Assets		
(1) Current value of assets	1b(1)	57,483,435
(2) Actuarial value of assets for funding standard account	1b(2)	58,345,649
c (1) Accrued liability for plan using immediate gain methods	1c(1)	64,455,708
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	64,455,708
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	115,726,349
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	2,665,684
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	4,604,097
(3) Expected plan disbursements for the plan year	1d(3)	4,807,637

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date 12/28/2021

THOMAS CLIFFEL, FSA
Type or print name of actuary

20-06012
Most recent enrollment number

HORIZON ACTUARIAL SERVICES, LLC
Firm name

(678)317-4162
Telephone number (including area code)

5005 ROCKSIDE ROAD
SUITE 600
INDEPENDENCE OH 44131
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions) **2a** 57,483,435

b "RPA '94" current liability/participant count breakdown:

	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	321	62,085,998
(2) For terminated vested participants	65	11,414,173
(3) For active participants:		
(a) Non-vested benefits		3,437,700
(b) Vested benefits		38,788,478
(c) Total active	224	42,226,178
(4) Total	610	115,726,349

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage **2c** 49.67%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	c) Amount paid by employees
01/01/2021	2,110,001				
			Totals ► 3(b)	2,110,001	3(c) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) ..... **4a** 90.5 %

b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 ..... **4b** N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ..... ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ..... ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date **4e**

f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge.
If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐ **4f**

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method **5j**

k Has a change been made in funding method for this plan year? ..... ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ..... ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

Line 3(a): Contributions were made continuously throughout the Plan Year.

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.68 %

		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:					
(1) Males	6c(1)	11P20		11P20	
(2) Females	6c(2)	11FP20		11FP20	
d Valuation liability interest rate	6d	7.00 %		7.00 %	
e Expense loading	6e	20.2%	☐ N/A	%	☒ N/A
f Salary scale	6f	%	☒ N/A		

g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	4.1 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	350,913	36,008
4	1,536,054	157,617

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any		9a	
b Employer's normal cost for plan year as of valuation date		9b	1,131,171
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	24,154,357	3,235,017
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c		9d	305,633
e Total charges. Add lines 9a through 9d		9e	4,671,821

Credits to funding standard account:

f Prior year credit balance, if any			9f	5,388,260
g Employer contributions. Total from column (b) of line 3			9g	2,110,001
		Outstanding balance		
h Amortization credits as of valuation date	9h	12,656,038		1,714,150
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			9i	571,019
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	9j(1)	14,429,473		
(2) "RPA '94" override (90% current liability FFL)	9j(2)	47,755,293		
(3) FFL credit			9j(3)	0
k (1) Waived funding deficiency			9k(1)	0
(2) Other credits			9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			9l	9,783,430
m Credit balance: If line 9l is greater than line 9e, enter the difference			9m	5,111,609
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			9n	

9 o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2020 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. ☒ Yes ☐ No

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning and ending

A Name of plan	**B** Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	4
b The plan year immediately preceding the current plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	7
c The second preceding plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	7

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	0.57
b The corresponding number for the second preceding plan year	**15b**	0.57

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
[ ] 0-3 years [ ] 3-6 years [ ] 6-9 years [ ] 9-12 years [ ] 12-15 years [ ] 15-18 years [ ] 18-21 years [ ] 21 years or more

c What duration measure was used to calculate line 19(b)?
[ ] Effective duration [ ] Macaulay duration [ ] Modified duration [ ] Other (specify):

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

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

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

[ ] Yes.

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

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

[ ] No. Other. Provide explanation_____