

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☒ 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.	☒
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>BCTGM ATLANTIC PROFIT SHARING FUND</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1998</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1998</u>					
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) <u>TRUSTEES OF LOCAL 6 & PARTICIPATING EMPLOYERS PROFIT SHARING PLAN</u> <u>601 DRESHER ROAD, STE 103</u> <u>HORSHAM, PA 19044</u> <u>1823 EAST FORT KING STREET</u> <u>SUITE 103</u> <u>OCALA, FL 34471</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>23-2972313</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>267-387-6383</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>311800</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>23-2972313</u>	2c Plan Sponsor's telephone number <u>267-387-6383</u>	2d Business code (see instructions) <u>311800</u>	
2b Employer Identification Number (EIN) <u>23-2972313</u>					
2c Plan Sponsor's telephone number <u>267-387-6383</u>					
2d Business code (see instructions) <u>311800</u>					

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.	07/29/2022	HANK MCKAY
	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	Filed with authorized/valid electronic signature.	07/29/2022	PHILIP PATURZO
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor TRUSTEES OF LOCAL 6 & PARTICIPATING EMPLOYERS PROFIT SHARING PLAN 601 DRESHER ROAD SUITE 103 HORSHAM, PA 19044-2007		3b Administrator's EIN 23-2972313		
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		3c Administrator's telephone number 267-387-6383		
5 Total number of participants at the beginning of the plan year		4b EIN 4d PN		
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).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">5</td> <td style="width: 90%; text-align: right;">2217</td> </tr> </table>	5	2217
5	2217			
a(1) Total number of active participants at the beginning of the plan year.....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6a(1)</td> <td style="width: 90%; text-align: right;">1183</td> </tr> </table>	6a(1)	1183
6a(1)	1183			
a(2) Total number of active participants at the end of the plan year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6a(2)</td> <td style="width: 90%; text-align: right;">1095</td> </tr> </table>	6a(2)	1095
6a(2)	1095			
b Retired or separated participants receiving benefits.....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6b</td> <td style="width: 90%; text-align: right;">28</td> </tr> </table>	6b	28
6b	28			
c Other retired or separated participants entitled to future benefits		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6c</td> <td style="width: 90%; text-align: right;">1328</td> </tr> </table>	6c	1328
6c	1328			
d Subtotal. Add lines 6a(2) , 6b , and 6c		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6d</td> <td style="width: 90%; text-align: right;">2451</td> </tr> </table>	6d	2451
6d	2451			
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6e</td> <td style="width: 90%; text-align: right;">12</td> </tr> </table>	6e	12
6e	12			
f Total. Add lines 6d and 6e		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6f</td> <td style="width: 90%; text-align: right;">2463</td> </tr> </table>	6f	2463
6f	2463			
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6g</td> <td style="width: 90%; text-align: right;">2324</td> </tr> </table>	6g	2324
6g	2324			
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6h</td> <td style="width: 90%; text-align: right;">171</td> </tr> </table>	6h	171
6h	171			
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">7</td> <td style="width: 90%; text-align: right;">20</td> </tr> </table>	7	20
7	20			
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J				
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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan BCTGM ATLANTIC PROFIT SHARING FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LOCAL 6 & PARTICIPATING EMPLOYERS PROFIT SHARING PLAN	D Employer Identification Number (EIN) 23-2972313	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
TRANSAMERICA RETIREMENT SOLUTIONS	6400 C STREET SW - MAIL STOP E1 CR CEDAR RAPIDS, IA 52499
13-3689044	

(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)

TRANSAMERICA RETIREMENT SOLUTIONS

6400 C STREET SW - MAIL STOP E1 CR
CEDAR RAPIDS, IA 52499

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORD KEEPER	162353	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CADARET GRANT & COMPANY

ONE LINCOLN CENTER, 14TH FLOOR
SYRACUSE, NY 31202

22-2361254

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISOR	86432	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SERVICES

333 W 34TH STREET
NEW YORK, NY 10001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50		32332	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)

ABATO, RUBENSTEIN AND ABATO, P.A.

809 GLENEAGLES COURT, SUITE 320
BALTIMORE, MD 21286

52-0904713

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MADISON CONSULTING GROUP

118 NORTH BEDFORD ROAD, SUITE 100
MOUNT KISCO, NY 10549

06-1637187

(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?
15 50	ADMINISTRATOR	13016	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WAGNER & ZWERMAN LLP

201 OLD COUNTRY ROAD, SUITE 202
MELVILLE, NY 11747

11-2836481

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	10000	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)

GRAND HYATT BAHAMAS

ONE BAHAMAS BLVD PO BOX SP 64254
CABLE BEACH, NEW PROVIDENCE BS

(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 50	PLAN ADMINISTRATOR	8433	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL FINANCIAL SERVICES

245 SUMMER STREET V4C
BOSTON, MA 02210

04-3523567

(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?
33 71	SECURITIES BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

MID ATLANTIC CAPITAL CORPORATION

1251 WATERFRONT PLACE SUITE 510
PITTSBURGH, PA 15222

25-1409618

(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?
71	SECURITIES BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
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(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:

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
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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
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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
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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
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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**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan BCTGM ATLANTIC PROFIT SHARING FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LOCAL 6 & PARTICIPATING EMPLOYERS PROFIT SHARING PLAN	D Employer Identification Number (EIN) 23-2972313	

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 158895	197527
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1) 41339	52888
(2) Participant contributions.....		1b(2) 27819	38744
(3) Other		1b(3) 14524	22815
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1) 69668	8396
(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)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8) 1294775	1156329
(9) Value of interest in common/collective trusts		1c(9) 5578482	5342320
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13) 32516306	35782887
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	39701808	42601906

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	32774	38148
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	32774	38148

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	39669034	42563758
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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)	967224	
(B) Participants	2a(1)(B)	791492	
(C) Others (including rollovers).....	2a(1)(C)	73590	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1832306
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)	59565	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		59565
(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)	407936	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		407936
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		90795
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		4782854
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7173456
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3924029	
(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)		3924029
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		31263
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	28500	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	88085	
(4) Other.....	2i(4)	206855	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		323440
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4278732
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		2894724
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **GETTRY MARCUS CPA P.C.**

(2) EIN: **13-3418879**

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:

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.).....

	Yes	No	Amount
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?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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		X	
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan BCTGM ATLANTIC PROFIT SHARING FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LOCAL 6 & PARTICIPATING EMPLOYERS PROFIT SHARING PLAN	D Employer Identification Number (EIN) 23-2972313

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3689044		
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	90

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.)
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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
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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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

BCTGM ATLANTIC PROFIT SHARING FUND
FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
YEARS ENDED DECEMBER 31, 2021 AND 2020

BCTGM Atlantic Profit Sharing Fund

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Years Ended December 31, 2021 and 2020

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Independent Auditor's Report

To the Board of Trustees of the
BCTGM Atlantic Profit Sharing Fund
601 Dresher Road, Suite 103
Horsham, PA 19044-2007

Opinion

We have audited the accompanying financial statements of BCTGM Atlantic Profit Sharing Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 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.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of BCTGM Atlantic Profit Sharing Fund as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Prior Period Financial Statements

The financial statements as of December 31, 2020, were audited by Wagner & Zwerman LLP, who merged with Gettry Marcus CPA, P.C. as of January 1, 2022, and whose report dated July 14, 2021, expressed an unmodified opinion on those statements.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of included on pages 14 through 16, referred to as "supplemental information" are presented for purposes of additional analysis and are not a required part of the financial statements; however the schedule on pages 15 through 16 is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying

accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

A handwritten signature in cursive script that reads "Gettry Marcus CPA P.C.".

Gettry Marcus CPA P.C.
Melville, New York
July 28, 2022

BCTGM Atlantic Profit Sharing Fund
Statements of Net Assets Available for Benefits
As of December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
<u>Assets</u>		
Investments		
Investments at fair value:		
Mutual funds	\$ 35,782,887	\$ 32,516,306
Stable value funds	5,342,320	5,578,482
Total investments at fair value	<u>41,125,207</u>	<u>38,094,788</u>
Receivables		
Employer contributions	52,888	41,339
Participant contributions	38,744	27,819
Notes receivable from participants - net	<u>1,156,329</u>	<u>1,294,775</u>
Total receivables	<u>1,247,961</u>	<u>1,363,933</u>
Cash and cash equivalents	205,923	228,563
Prepaid expenses and other current assets	<u>22,815</u>	<u>14,524</u>
Total assets	<u>42,601,906</u>	<u>39,701,808</u>
 <u>Liabilities</u>		
Accounts payable and accrued expenses	<u>38,148</u>	<u>32,774</u>
Net assets available for benefits	<u><u>\$ 42,563,758</u></u>	<u><u>\$ 39,669,034</u></u>

BCTGM Atlantic Profit Sharing Fund
Statement of Net Assets Available for Benefits
As of December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
<u>Additions to net assets attributed to:</u>		
Interest and dividend income - net	\$ 407,936	\$ 488,268
Net appreciation in the fair value of investments	<u>4,873,649</u>	<u>4,867,391</u>
Total investment income	5,281,585	5,355,659
Less: investment expenses	<u>88,085</u>	<u>76,147</u>
Net investment income	<u>5,193,500</u>	<u>5,279,512</u>
Contributions:		
Employers	967,224	949,174
Participants	791,492	764,186
Rollovers	73,590	-
	<u>1,832,306</u>	<u>1,713,360</u>
Interest income on notes receivable from participants	59,565	72,169
Other income	<u>-</u>	<u>41</u>
Total additions	<u>7,085,371</u>	<u>7,065,082</u>
<u>Deductions from net assets attributed to:</u>		
Benefits paid to participants	3,924,029	5,326,249
Deemed distributions	31,263	32,774
Administrative expenses	<u>235,355</u>	<u>215,721</u>
Total deductions	<u>4,190,647</u>	<u>5,574,744</u>
Net increase	2,894,724	1,490,338
Net assets available for benefits - beginning of year	<u>39,669,034</u>	<u>38,178,696</u>
Net assets available for benefits - end of year	<u><u>\$ 42,563,758</u></u>	<u><u>\$ 39,669,034</u></u>

BCTGM Atlantic Profit Sharing Fund
Notes to Financial Statements
December 31, 2021 and 2020

Note 1 – Description of Plan

The following brief description of the BCTGM Atlantic Profit Sharing Fund (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined contribution plan covering eligible employees of participating employers who have a collective bargaining agreement (“CBA”) with the BCTGM Local 6 (the “Union”) or with BCTGM Union Local 102. The Plan and related trust were established on July 1, 1998 as a result of collective bargaining agreements between employers and the Union. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. The operation and administration of the Plan is the responsibility of the appointed Board of Trustees consisting of representation from the participating employers and the Union. The CBAs expire at various times through September 2023.

Effective March 6, 2020, the Board of Trustees amended the Trust Agreement and changed the name of the Plan to the BCTGM Atlantic Profit Sharing Fund from the BCTGM Local 6 and Participating Employers Profit Sharing Fund.

Contributions

Employers contribute on behalf of a participant to the Plan pursuant to rates established under collective bargaining agreements. In addition to employer contributions, participants may contribute up to the annual limits set by the Internal Revenue Service (“IRS”). Participants direct the investment of contributions into various investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the contributions made on his/her behalf and is adjusted for allocations of the Plan earnings and administrative expenses. Allocations are based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately, 100% vested in their contributions and related earnings credited to their individual accounts. Vesting in employer contributions plus actual earnings thereon is based on years of service. A participant is 100% vested in employer contributions after three years of service.

Eligibility

Participants are eligible to participate in the Plan if they are employed by a participating employer and if they work in a job classification for which the CBA between BCTGM Local 6 and their employer or the participation agreement between their employer and the Plan (1) requires their employer to make contributions on their behalf; or (2) requires the participant to make 401(k) deferrals; or (3) provides for both types of contributions.

Forfeited Accounts

Participants who have a break in service from all participating employers may forfeit any non-vested employer contributions upon distribution. The administrator shall apply forfeitures to restore a participant's forfeited amount if that participant received a voluntary distribution of their vested account and they perform an hour of service for the participating employer within

BCTGM Atlantic Profit Sharing Fund
Notes to Financial Statements
December 31, 2021 and 2020

Note 1 – Description of Plan (continued)

Forfeited Accounts (continued)

five years from a break in service, to restore amounts forfeited due to disability, to pay any administrative expenses, or to remaining accounts on a pro-rata basis attributable to employer contributions, only. For the years ended December 31, 2021 and 2020, forfeitures of non-vested accounts totaled \$37,423 and \$83,874, respectively. For the years ended December 31, 2021 and 2020, administrative expense paid from forfeitures totaled \$98,547 and \$38,088, respectively. At December 31, 2021 and 2020, the balance in forfeited non-vested accounts totaled \$3,466 and \$64,590, respectively.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the vested balance of the participant's account and bear interest at prime plus 1%. Principal and interest is paid through a series of installment payments as defined by the Plan. Failure to make a scheduled payment within the terms of the Plan will cause the loan to be deemed defaulted, resulting in a deemed distribution equal to the entire outstanding loan balance at the end of the calendar year.

Payment of Benefits

The plan provides for various methods of distributing benefits, whether prior to retirement, at retirement, upon death of the participant or termination of services. Distributions are permitted under the following circumstances:

- (1) A participant attains age 65 and is retired from employment with all participating employers;
- (2) A participant retires from employment with all participating employer after reaching age 55 and is 100% vested in employer contributions;
- (3) A participant has a break in service with all participating employers;
- (4) A participant becomes disabled under the terms of the Plan;
- (5) Hardship distributions.

Plan regulations require that the distribution of individual accounts commence once a participant attains the age of 70 ½ or in the year of retirement, whichever occurs later.

A participant may elect to receive his or her interest in the Plan in one of the following ways:

- (1) A direct rollover to another qualified plan or IRA;
- (2) A single lump sum, monthly, quarterly, or semi-annual payment;
- (3) A series of installments over a period not to exceed 10 years.

If the total value of the vested portion of a participant's contribution account is \$1,000 or less, the distribution of such account will be in one lump sum payment.

BCTGM Atlantic Profit Sharing Fund
Notes to Financial Statements
December 31, 2021 and 2020

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of income and expenses during the reporting period. Accordingly, actual results may differ from those estimates.

Cash and Cash Equivalents

The Plan considers all highly liquid instruments with original maturities of three months or less when purchased to be cash equivalents.

Benefits

Benefits are recorded when paid.

Expenses

Fees related to administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses.

Investment Valuation and Income Recognition

The Plan's investments are stated 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. Purchases and sales of securities are recorded on a trade-date-basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold during the year and on investments held at the end of the year.

Employer and Participant Contributions Receivable

Contributions receivable are stated at the amount the Plan expects to collect from participants and employers pursuant to collective bargaining agreements. The allowance for doubtful accounts is based on the Plan's review of outstanding receivables, collections experience and other circumstances that may affect the ability of the employers to pay their obligations to the Plan. Contributions receivable are written off when they are determined to be uncollectible. As of December 31, 2021 and 2020, there was no allowance for doubtful accounts.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid balance plus any accrued interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

BCTGM Atlantic Profit Sharing Fund
Notes to Financial Statements
December 31, 2021 and 2020

Note 2 - Summary of Significant Accounting Policies (continued)

Tax Status

The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 401 (a) of the Internal Revenue Code ("IRC"), and, accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained a favorable tax determination letter from the Internal Revenue Service, and the Plan sponsor believes that the Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the IRC.

Uncertain Tax Positions

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, there are currently no audits for any tax periods in process. Additionally, Plan management believes that the Plan's returns for the years prior to the year ended December 31, 2018 are no longer open to examination, based on the statutory period for years subject to audit.

Accounting Standard Updates ("ASU")

The Plan has reviewed ASU's issued by Financial Accounting Standards Board ("FASB") and based on that review, has determined that those ASU's, with the exceptions below, will not have a significant effect on the Plan's financial statements.

In May 2014, the FASB issued ASU No. 2014-09, Revenue from Contracts with Customers (Topic 606). This ASU, which was subsequently amended, replaces most existing revenue recognition guidance in U.S. GAAP. The core principle of Topic 606 is that an entity should recognize revenue to depict the transfer of goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. This ASU is effective for the fiscal years beginning after December 15, 2020 for non-public entities (i.e. for the Plan's fiscal year ended December 31, 2021), with early adoption permitted under certain circumstances. The Plan administrator has determined that adoption of this ASU did not have a material impact on the financial statements.

In February 2016 FASB issued ASU No. 2016-02, Leases (Topic 842). This ASU replaces virtually all current lease U.S. GAAP guidance on this topic. The FASB issued this update to increase transparency and comparability among organizations by requiring the recognition of lease assets and lease liabilities on the Statement of Net Assets. This ASU is effective for the fiscal years beginning after December 15, 2021 for non-public entities (i.e., for the Plan's fiscal year ended December 31, 2022), with early adoption permitted. The Plan administrator has determined that adoption of this ASU will not have a material impact on the financial statements because the Plan does not have any leases.

In August 2018, FASB issued ASU No. 2018-13, Fair Value Measurement (Topic 820) Disclosure Framework-Changes to the Disclosure Requirements for Fair Value Measurement. The amendments in this update modify the disclosure requirements on fair value measurements in Topic 820. This ASU is effective for the fiscal years beginning after December 15, 2019 for all entities. The Plan administrator adopted this ASU effective January 1, 2020 whereas such adoption did not have a material impact on the reporting and disclosure related to the Plan.

BCTGM Atlantic Profit Sharing Fund
Notes to Financial Statements
December 31, 2021 and 2020

Note 2 - Summary of Significant Accounting Policies (continued)

Subsequent Events

The Plan has evaluated events and transactions that occurred through July 28, 2022, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

Note 3 – Investments

Except for its investment in stable value fund, which is in Reliance Trust Company Stable Value Fund, Collective Investment Trust, Series 25157, the Plan's investments are held in bank-administered trust funds. All of the Plan's investments are managed by professional investment advisors.

Note 4 – Related Party Transactions

The Plan reimburses the Union for certain administrative expenses paid on the Plan's behalf by the Union. For the years ended December 31, 2021 and 2020, the Union paid administrative expenses totaling \$5,403 and \$4,680, respectively, on behalf of the Plan. At December 31, 2021 and 2020, the amount due from the Union was \$6,649 and \$14,524, respectively. The amount due from the Union is included in prepaid expenses and other current assets on statements of net assets available for benefits.

Note 5 – Fair Value Measurements

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).

Investments that are measured at fair value using NAV as a practical expedient, have not been classified in the fair value hierarchy. When the Plan believes that the reported NAV of an investment is not representative of fair value, the Plan categorizes the investment in accordance with the fair value framework.

The three levels of the fair value hierarchy are described as follows:

- | | |
|----------------|---|
| <u>Level 1</u> | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets. |
| <u>Level 2</u> | Inputs to the valuation methodology include: <ul style="list-style-type: none">• 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.

BCTGM Atlantic Profit Sharing Fund
Notes to Financial Statements
December 31, 2021 and 2020

Note 5 – Fair Value Measurements (continued)

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

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

Below is a description of the valuation methodologies used for assets measured at fair value.

- *Mutual Funds*: Valued at the closing price reported in the active market in which the individual securities are traded. This is consistent with prior periods.
- *Stable Value Funds*: Valued at the net asset value ("NAV") of the units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the investments held by the fund less the liabilities of the fund. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. This is consistent with prior periods.

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:

Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 35,782,887	\$ -	\$ -	\$ 35,782,887
	<u>\$ 35,782,887</u>	<u>\$ -</u>	<u>\$ -</u>	35,782,887
Investments measured at NAV ¹				
Stable value funds				5,342,320
Total investments at Fair Value				<u>\$ 41,125,207</u>

BCTGM Atlantic Profit Sharing Fund
Notes to Financial Statements
December 31, 2021 and 2020

Note 5 – Fair Value Measurements (continued)

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 32,516,306	\$ -	\$ -	\$ 32,516,306
	<u>\$ 32,516,306</u>	<u>\$ -</u>	<u>\$ -</u>	<u>32,516,306</u>
Investments measured at NAV ¹				
Stable value funds				<u>5,578,482</u>
Total investments at Fair Value				<u>\$ 38,094,788</u>

¹ Investments that are measured at fair value using NAV (or its equivalent) practical expedient are not classified in the fair value hierarchy. The fair value amounts presented as “Investments reported at NAV” are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following tables set forth a summary of the Plan’s investments that are reported at net asset value per share:

Fair Value Using Net Asset Value per Share at December 31, 2021					
Description	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Stable Value Funds	\$ 5,342,320	\$ -	Daily	None	None

Fair Value Using Net Asset Value per Share at December 31, 2020					
Description	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Stable Value Funds	\$ 5,578,482	\$ -	Daily	None	None

Note 6 – Plan Termination

It is the intent of the Trustees to continue the Plan in full force and effect. However, the right to discontinue the Plan is reserved by the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the participants and beneficiaries. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations.

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 risks 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

BCTGM Atlantic Profit Sharing Fund
Notes to Financial Statements
December 31, 2021 and 2020

Note 6 – Plan Termination (continued)

participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 7 – Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risks 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

The impact of the coronavirus pandemic continues to evolve. Due to the general uncertainties in the economy and restrictions placed on businesses, employees at covered employers worked fewer hours and thus, this had a negative impact on the Plan in 2021 and 2020. At this point, the extent to which COVID-19 may impact the Plan's financial condition or results of operations in 2022 is uncertain.

The Plan's cash is held in bank accounts which are subject to the Federal Depository Insurance Corporation ("FDIC") limit of \$250,000. From time to time the Plan's cash held in bank accounts is in excess of the FDIC insured limit. The Plan does not believe the risk is significant.

Supplemental Information

BCTGM Atlantic Profit Sharing Fund
Supplemental Information
Schedule of Administrative Expenses
For the Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
<u>Administrative expenses:</u>		
Administrative fees	\$ 175,369	\$ 168,574
Audit fees	13,500	13,500
Conferences and meetings	15,320	832
Legal fees	15,000	16,250
Insurance	<u>16,166</u>	<u>16,565</u>
Total administrative expenses	<u><u>\$ 235,355</u></u>	<u><u>\$ 215,721</u></u>

BCTGM Atlantic Profit Sharing Fund
EIN: 23-2972313
Plan Number: 001
Supplemental Information
As of December 31, 2021
Schedule H, Line 4I – Schedule of Assets (Held At End of Year)

Identity of Issuer, Borrower, Lessor or Similar Party			Units	Cost*	Market Value
Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value					
	Cash	State Street Bank Cash Reserve Account	197,527	\$	197,527
648018844	Mutual Fund	American Funds New Perspective Fund	79,972		5,221,341
131582785	Mutual Fund	Calvert US Large Cap Core Rspnb Idx A	59,131		3,598,212
24610B859	Mutual Fund	Delaware Small Cap Core Instl	86,392		461,736
233203785	Mutual Fund	DFA Emerging Markets I	3,185		100,473
26200Q105	Mutual Fund	Dreyfus S&P 500 Index	14,757		3,540,758
316389303	Mutual Fund	Fidelity Blue Chip Growth	31,637		5,809,163
315793505	Mutual Fund	Fidelity Freedom Index 2020 Investor	21,835		377,313
315793604	Mutual Fund	Fidelity Freedom Index 2025 Investor	30,529		597,753
315793703	Mutual Fund	Fidelity Freedom Index 2030 Investor	33,720		697,662
315793802	Mutual Fund	Fidelity Freedom Index 2035 Investor	28,910		670,417
315793885	Mutual Fund	Fidelity Freedom Index 2040 Investor	13,140		311,160
315793877	Mutual Fund	Fidelity Freedom Index 2045 Investor	21,033		516,993
315793869	Mutual Fund	Fidelity Freedom Index 2050 Investor	27,970		688,905
315793828	Mutual Fund	Fidelity Freedom Index 2055 Investor	38,130		771,372
315793695	Mutual Fund	Fidelity Freedom Index 2060 Investor	27,984		479,362
315792150	Mutual Fund	Fidelity Freedom Index Income Investor	1,865		23,664
316390475	Mutual Fund	Fidelity Select Medical Equip & Systems	928		77,204
353533698	Mutual Fund	Franklin Intl Growth Adv	7,145		153,188
355148503	Mutual Fund	Franklin Small Cap Value Adv	1,139		69,620
353496409	Mutual Fund	Franklin Utilities A	2,458		54,107
471023333	Mutual Fund	Janus Henderson Global Technology I	28,185		210,289
4812C0399	Mutual Fund	JPMorgan Government Bond A	64,598		306,652
4812C1710	Mutual Fund	JPMorgan Mid Cap Growth I	3,807		3,380,436
592905103	Mutual Fund	Metropolitan West Total Return Bond M	317,160		3,460,216

BCTGM Atlantic Profit Sharing Fund
EIN: 23-2972313
Plan Number: 001
Supplemental Information
As of December 31, 2021
Schedule H, Line 4I – Schedule of Assets (Held At End of Year)

Identity of Issuer, Borrower, Lessor or Similar Party			Units	Cost*	Market Value
Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value					
77957Y106	Mutual Fund	T. Rowe Price Mid Cap Value	49,427		1,662,230
81728B825	Mutual Fund	Touchstone Small Company Y	81,364		539,444
92204A835	Mutual Fund	Vanguard Financials Index Adm	426		20,624
922908645	Mutual Fund	Vanguard Mid Cap Index Adm	355		111,880
921908877	Mutual Fund	Vanguard REIT Index Adm	1,095		179,941
922031836	Mutual Fund	Vanguard Short Term Investment Grade Adm	156,989		1,690,772
	Total Mutual Funds				35,782,887
759522303	Stable Value Fund	Reliance/MetLife Stable 25157 Class 35	26,447		5,342,320
	Total Investments				\$ 41,125,207
**	Participants	Notes Receivable with interest rates of 4.25% to 6.50%			1,156,329
	Total Plan Assets				\$ 42,479,063

BCTGM LOCAL 6 AND PARTICIPATING EMPLOYERS PROFIT SHARING PLAN

EIN: 23-2972313
PLAN NUMBER: 001

SUPPLEMENTAL INFORMATION
AS OF DECEMBER 31, 2021

SCHEDULE H, LINE 41 – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) (c)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party			
Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value			
		Units	Cost* Market Value
**	Cash	State Street Bank Cash Reserve Account	197,527 \$ 197,527
648018844	Mutual Fund	American Funds New Perspective Fund	79,972 5,221,341
131582785	Mutual Fund	Calvert US Large Cap Core Rspnb Idx A	59,131 3,598,212
24610B859	Mutual Fund	Delaware Small Cap Core Instl	86,392 461,736
233203785	Mutual Fund	DFA Emerging Markets I	3,185 100,473
26200Q105	Mutual Fund	Dreyfus S&P 500 Index	14,757 3,540,758
316389303	Mutual Fund	Fidelity Blue Chip Growth	31,637 5,809,163
315793505	Mutual Fund	Fidelity Freedom Index 2020 Investor	21,835 377,313
315793604	Mutual Fund	Fidelity Freedom Index 2025 Investor	30,529 597,753
315793703	Mutual Fund	Fidelity Freedom Index 2030 Investor	33,720 697,662
315793802	Mutual Fund	Fidelity Freedom Index 2035 Investor	28,910 670,417
315793885	Mutual Fund	Fidelity Freedom Index 2040 Investor	13,140 311,160
315793877	Mutual Fund	Fidelity Freedom Index 2045 Investor	21,033 516,993
315793869	Mutual Fund	Fidelity Freedom Index 2050 Investor	27,970 688,905
315793828	Mutual Fund	Fidelity Freedom Index 2055 Investor	38,130 771,372
315793695	Mutual Fund	Fidelity Freedom Index 2060 Investor	27,984 479,362
315792150	Mutual Fund	Fidelity Freedom Index Income Investor	1,865 23,664
316390475	Mutual Fund	Fidelity Select Medical Equip & Systems	928 77,204
353533698	Mutual Fund	Franklin Intl Growth Adv	7,145 153,188
355148503	Mutual Fund	Franklin Small Cap Value Adv	1,139 69,620
353496409	Mutual Fund	Franklin Utilities A	2,458 54,107
471023333	Mutual Fund	Janus Henderson Global Technology I	28,185 210,289
4812C0399	Mutual Fund	JPMorgan Government Bond A	64,598 306,652
4812C1710	Mutual Fund	JPMorgan Mid Cap Growth I	3,807 3,380,436
592905103	Mutual Fund	Metropolitan West Total Return Bond M	317,160 3,460,216
(a)	(b) (c)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party			
Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value			
		Units	Cost* Market Value
77957Y106	Mutual Fund	T. Rowe Price Mid Cap Value	49,427 1,662,230
81728B825	Mutual Fund	Touchstone Small Company Y	81,364 539,444
92204A835	Mutual Fund	Vanguard Financials Index Adm	426 20,624
922908645	Mutual Fund	Vanguard Mid Cap Index Adm	355 111,880
921908877	Mutual Fund	Vanguard REIT Index Adm	1,095 179,941
922031836	Mutual Fund	Vanguard Short Term Investment Grade Adm	156,989 1,690,772
	Total Mutual Funds		35,782,887
759522303	Stable Value Fund	Reliance/MetLife Stable 25157 Class 35	26,447 5,342,320
	Total Investments		\$ 41,125,207
**	Participants	Notes Receivable with interest rates of 4.25% to 6.50%	1,156,329
	Total Plan Assets		\$ 42,479,063

* Cost information is not presented as all investments are participant directed.

** A party in interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	CMB Nos. 1210 - 0110 1210 - 0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	☒
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐

Part II Basic Plan Information - enter all requested information											
1a Name of plan BCTGM ATLANTIC PROFIT SHARING FUND	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 30%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/1998</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 23-2972313</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 267-387-6383</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 311800</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 07/01/1998		2b Employer Identification Number (EIN) 23-2972313		2c Plan Sponsor's telephone number 267-387-6383		2d Business code (see instructions) 311800	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 07/01/1998											
2b Employer Identification Number (EIN) 23-2972313											
2c Plan Sponsor's telephone number 267-387-6383											
2d Business code (see instructions) 311800											
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) TRUSTEES OF LOCAL 6 & PARTICIPATING EMPLOYERS PROFI 601 DRESHER ROAD, STE 103 HORSHAM PA 19044											

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		07/29/2022	HANK MCKAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		07/29/2022	PHILIP PATURZO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		07/29/2022	PHILIP PATURZO
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624