

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>AGGREKO, LLC EMPLOYEES' SAVINGS & INVESTMENT RETIREMENT PLAN</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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1991</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>72-0692213</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>281-985-8226</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>532400</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>04/01/1991</u>		2b Employer Identification Number (EIN) <u>72-0692213</u>		2c Plan Sponsor's telephone number <u>281-985-8226</u>		2d Business code (see instructions) <u>532400</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan <u>04/01/1991</u>											
2b Employer Identification Number (EIN) <u>72-0692213</u>											
2c Plan Sponsor's telephone number <u>281-985-8226</u>											
2d Business code (see instructions) <u>532400</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>AGGREKO, LLC</u> <u>4607 WEST ADMIRAL DOYLE DRIVE</u> <u>NEW IBERIA, LA 70560</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.	10/10/2022	DIANNE PREJEAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1593
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	1208
a(2) Total number of active participants at the end of the plan year		6a(2)	1238
b Retired or separated participants receiving benefits.....		6b	13
c Other retired or separated participants entitled to future benefits		6c	399
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1650
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	1651
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1641
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	106
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
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 2K 2S 2T 3D 3H			
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) ☐ <u>0</u> 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 AGGREKO, LLC EMPLOYEES' SAVINGS & INVESTMENT RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 AGGREKO, LLC	D Employer Identification Number (EIN) 72-0692213	

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

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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)

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64 15	RECORDKEEPER	201950	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

HIGHLAND CONSULTING ASSOCIATES INC

159 CROCKER PARK BLVD STE 350
CLEVELAND, OH 44145

(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	INVESTMENT ADVISOR	91136	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADVISED ASSETS GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	57809	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)

CASTAING HUSSEY & LOLAN LLC

PO BOX 14240
NEW IBERIA, LA 70562-4240

(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	AUDITOR	19000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QDRO CONSULTANTS CO LLC

3071 PEARL ROAD
MEDINA, OH 44256

(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?
99	OTHER	900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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
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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)

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
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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 AGGREKO, LLC EMPLOYEES' SAVINGS & INVESTMENT RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 AGGREKO, LLC	D Employer Identification Number (EIN) 72-0692213	

Part I	Asset and Liability Statement
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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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2131957	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	3310654	3154935
(9) Value of interest in common/collective trusts	1c(9)	15685573	13805442
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	170536372	197923626
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	191664556	214884003

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	21800	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	21800	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	191642756	214884003
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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)	3673848	
(B) Participants	2a(1)(B)	9368371	
(C) Others (including rollovers).....	2a(1)(C)	407091	
(2) Noncash contributions.....	2a(2)	0	13449310
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	156153	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		156153
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	17760698	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		17760698
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		219108
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		9945631
c Other income.....	2c		2699
d Total income. Add all income amounts in column (b) and enter total.....	2d		41533599
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	17982201	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		17982201
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		150818
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	158433	
(4) Other.....	2i(4)	900	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		159333
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		18292352
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		23241247
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: CASTAING, HUSSEY & LOLAN, LLC

(2) EIN: 72-0389608

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		X	
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?		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

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 AGGREKO, LLC EMPLOYEES' SAVINGS & INVESTMENT RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 AGGREKO, LLC	D Employer Identification Number (EIN) 72-0692213

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-1455663		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

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

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 _____

REPORT

**AGGREKO LLC
EMPLOYEES' SAVINGS AND
INVESTMENT RETIREMENT PLAN**

DECEMBER 31, 2021 AND 2020

REPORT
AGGREKO LLC
EMPLOYEES' SAVINGS AND
INVESTMENT RETIREMENT PLAN
DECEMBER 31, 2021 AND 2020

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**Castaing,
Hussey &
Lolan, LLC**

— Certified Public Accountants

Samuel R. Lolan, CPA
Lori D. Percle, CPA
Debbie B. Taylor, CPA
Katherine H. Armentor, CPA
Robin G. Freyou, CPA

Charles E. Castaing, CPA (1930-2019)

Roger E. Hussey, CPA *Retired*

Independent Auditor's Report

To the Board of Directors
Aggreko LLC Employees' Savings & Investment Retirement Plan
New Iberia, LA

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

We have performed an audit of the accompanying financial statements of Aggreko LLC Employees' Savings & Investment Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Aggreko LLC Employees' Savings and Investment Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule of Assets Held at End of Year as of the year ended December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Castaigne Hussey & Lolan, LLC

New Iberia, Louisiana
October 10, 2022



**Castaing,
Hussey &
Lolan, LLC**

— Certified Public Accountants

Samuel R. Lolan, CPA
Lori D. Percle, CPA
Debbie B. Taylor, CPA
Katherine H. Armentor, CPA
Robin G. Frey, CPA

Charles E. Castaing, CPA (1930-2019)
Roger E. Hussey, CPA Retired

Independent Auditor's Report

To the Board of Directors
Aggreko LLC Employees' Savings & Investment Retirement Plan
New Iberia, LA

We were engaged to audit the accompanying statement of net assets available for benefits of Aggreko LLC Employees' Savings and Investment Retirement Plan as of December 31, 2020, and the related statement of changes in net assets available for benefits and the related notes to the financial statement.

Management's Responsibility for the Financial Statement

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

Auditor's Responsibility

Our responsibility is to express an opinion on the 2020 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Great-West Life & Annuity Insurance Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2020, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statements. Accordingly, we do not express an opinion on the 2020 financial statements.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2020 Financial Statement

The form and content of the information included in the 2020 financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Castaing Hussey & Lolan, LLC

New Iberia, Louisiana
October 10, 2022

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

**STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS**

DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments at fair value	\$ 211,729,068	\$ 186,221,945
Receivables:		
Notes Receivable from Participants	3,472,885	3,544,691
Employer Contributions Receivable	<u>0</u>	<u>2,131,957</u>
TOTAL RECEIVABLES	<u>3,472,885</u>	<u>5,676,648</u>
TOTAL ASSETS	215,201,953	191,898,593
LIABILITIES		
Accrued Fees	<u>0</u>	<u>21,800</u>
TOTAL LIABILITIES	<u>0</u>	<u>21,800</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u><u>215,201,953</u></u>	\$ <u><u>191,876,793</u></u>

The accompanying notes are an integral part of these financial statements.

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020	
	<u>2021</u>	<u>2020</u>
ADDITIONS		
Investment Income:		
Net appreciation in fair value of investments	\$ 10,164,739	\$ 20,298,754
Dividends	17,760,698	6,839,082
	<u>27,925,437</u>	<u>27,137,836</u>
Total Investment Income		
	<u>165,341</u>	<u>169,643</u>
Contributions:		
Participants	9,368,371	8,833,467
Employer	3,673,848	5,797,570
Rollovers	407,091	397,049
	<u>13,449,310</u>	<u>15,028,086</u>
Total Contributions		
	<u>41,540,088</u>	<u>42,335,565</u>
TOTAL ADDITIONS		
	<u>18,056,361</u>	<u>17,615,196</u>
DEDUCTIONS		
Benefits paid to participants	159,333	105,321
Administrative and other plan expenses		
	<u>18,215,694</u>	<u>17,720,517</u>
TOTAL DEDUCTIONS		
	<u>23,324,394</u>	<u>24,615,048</u>
NET INCREASE DURING YEAR		
	<u>766</u>	<u>0</u>
TRANSFERS FROM OTHER PLANS		
	<u>191,876,793</u>	<u>167,261,745</u>
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year		
	<u>\$ 215,201,953</u>	<u>\$ 191,876,793</u>
End of Year		

The accompanying notes are an integral part of these financial statements.

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS**DECEMBER 31, 2021 AND 2020****NOTE 1 - PLAN DESCRIPTION:**

The following description of the Aggreko LLC Employees' Savings and Investment Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established in 1991 and is a defined contribution plan covering generally all employees of Aggreko LLC (the Company) who have one month of service. Employees must be age 18 or older to receive matching and other employer contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and is designed to comply with the applicable sections of the Internal Revenue Code.

Plan Administration

The Plan is administered by the Company. The Company has a Retirement and Investment Review Committee, which is comprised of employees of Aggreko LLC. The trustee of the Plan is Great-West Life & Annuity Insurance Company and is directed by the Plan Administrator for the investment, reinvestment, control and disbursements of the funds of the Plan.

Contributions

A participant contributes to the Plan by electing to defer up to 50% of his or her salary that would otherwise be payable to the employee during any such calendar period. Employees are automatically enrolled with a 3% deferral unless the participant elects a different or zero percent. The automatic deferral percentage will increase 1% annually until the percentage reaches a max deferral percentage of 10%. The increase in automatic deferral percentage will be effective on the first day of the plan year, beginning with the first Plan Year following the date deferrals were first automatically withheld. Participants are entitled to elect employee contributions to be on a pre-tax or as a Roth 401(k) contribution. Participant contributions are subject to maximum amounts established under the Internal Revenue Code. Participants age 50 and older may elect to defer additional amounts (called "catch-up contributions"), also subject to maximum amounts established under the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified plans.

The Plan provides for a safe harbor matching contribution. The Company will make a safe harbor matching contribution equal to 100% of the elective contribution up to 1% of eligible compensation plus 50% of elective contributions between 1% and 6% of eligible employee compensation. The Company may contribute a discretionary percentage of each participant's compensation for eligible employees who are employed with the Company at the end of the plan year. Contributions are subject to certain IRS limitations.

Participant Accounts

Individual accounts are maintained for each participant. Each participant's account is credited with the participant's contributions, the Company's matching contribution, discretionary Company contributions and plan earnings. Plan earnings are allocated based on the investments within each participant's account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Unallocated Assets

Pursuant to a plan expense account agreement between the Plan and Empower Retirement, a service organization of the trustee, Empower Retirement will pay to the Plan an Investment Option Credit, also referred to as revenue sharing credits, based on a share of the average net investments held by the Plan. The

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS**DECEMBER 31, 2021 AND 2020**

Plan determines the appropriate use of the amounts received and has paid Plan-level expenses from the amounts received.

Vesting

Participants are immediately vested in their deferral and rollover contributions, plus actual earnings thereon. Vesting in the employer's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant fully vests in the qualified automatic contribution arrangement (QACA) match after two years. A participant is fully vested in other discretionary contributions after attaining normal retirement age, disability, death or five years of credited service.

Investment Options

Upon enrollment in the Plan, a participant may direct contributions in various investment options. Contributions may be invested 100% in any of the investment options or split between the investment options in 5% increments. The Plan offers mutual funds and a collective trust fund (commonly referred to as a stable value fund) as investment options for participants. Automatically enrolled participants have their contributions invested in a designated targeted retirement fund until changed by the participant. Participants may change their investment options daily.

Notes Receivable from Participants

Eligible participants and beneficiaries may borrow from their fund accounts up to the lesser of \$50,000 or 50% of their vested account balance. Loan interest rates are 1% over the Prime Rate published in the Wall Street Journal and are fixed for the life of the loan. Outstanding loan terms range from one to five years or over a reasonable period for the purchase of a primary residence. The loans are secured by the balance in the participant's account. Principal and interest are paid ratably through payroll deductions. If a loan is not repaid when due, the loan balance is treated as a taxable distribution from the Plan.

On March 27, 2020, plan management adopted the certain provisions of the Coronavirus Aid, Relief and Economic Security Act (CARES Act) that was signed into law on March 27, 2020. As a result, qualifying participants could borrow up to the lesser of \$100,000 or 100% of the participant's vested account balance up to six months after the signing of the CARES Act. Additionally, the CARES Act allows existing loan repayments that are scheduled to occur between March 27, 2020, and December 31, 2020, to be delayed. Remaining loan payments beginning in 2021 were re-amortized, and the loan maturity date was extended to reflect those repayment delays plus accrued interest.

Payment of Benefits and Withdrawals

On termination of service due to death, disability, retirement or termination of employment, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments as defined by the Plan. Effective February 1, 2022, partial distributions may be requested following termination of employment.

Withdrawals from a participant's salary deferral account while such participant is employed by the Company will be permitted in the cases of a hardship or in-service withdrawal, as defined by the Plan, and qualified reservist distributions. Hardship withdrawals are limited to those funds deferred under the Plan. Income or earnings on such deferrals, as well as employer matching and discretionary contributions, are not eligible for hardship distribution.

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS**DECEMBER 31, 2021 AND 2020**

In-service withdrawals are limited to those funds deferred under the Plan and the participant's profit sharing and/or matching contributions once they reach age 59½. Rollover contributions are also eligible for in-service withdrawals.

On March 27, 2020, in connection with the CARES Act, plan management adopted the following provisions for benefit payments:

- Coronavirus-related distributions to qualified individuals can be made for the lesser of the vested portion of the participant's account balance or \$100,000 until December 31, 2020.
- Active employees may repay coronavirus-related distributions at any time during a three-year period beginning on the day after the distribution was received.

Forfeited Accounts

Nonvested employer matching and discretionary contributions are forfeited by participants upon their termination. These amounts are retained by the Plan and serve as a reduction to employer matching and discretionary contributions. Forfeited nonvested amounts totaled \$2,211 and \$4,714 at December 31, 2021 and 2020, respectively. Employer contributions were reduced by \$195,913 and \$148,386 from forfeited nonvested accounts during 2021 and 2020, respectively.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:**Basis of Accounting**

These financial statements are prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

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. The Plan Sponsor's 401(k) Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See note 4 for discussion of fair value measurements.

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 includes the plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid 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 or 2020.

Payment of Benefits

Benefits are recorded when paid.

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS**DECEMBER 31, 2021 AND 2020****Administrative and Participant-level Fees**

Advisory fees and administration costs are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

A quarterly administrative fee, loan origination, distribution processing, and other participant-level fees are charged to participant accounts.

NOTE 3 – SUMMARY OF FINANCIAL INFORMATION CERTIFIED BY TRUSTEE:

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and the ERISA–required supplemental schedule, including investments and notes receivable from participants held at December 31, 2021, and net appreciation in fair value of investments, interest, and dividends for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Great-West Trust Company LLC, Trustee of the Plan.

Pursuant to the provisions of Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA, the Plan's independent accountants did not perform any auditing procedures with respect to the information certified by Great-West Trust Company LLC, trustee for the year ended December 31, 2020, except for comparing such information to the related financial statements. All financial data included in the financial statements and the accompanying notes and supplementary schedule relating to investments and income from investments was obtained from the custodian's/trustee's certification and is unaudited.

The following is a summary of the Plan's financial information and data certified by the custodian/trustee as complete and accurate in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

	December 31,	
	2021	2020
Investments	\$ 211,729,068	\$ 186,221,945
Notes receivable from participants	3,472,885	3,544,691
Investment income:		
Income from investments	17,760,698	6,839,082
Net appreciation in value of investments	10,164,739	20,298,754
	27,925,437	27,137,836
Interest income on notes receivable	165,341	169,643

NOTE 4 – 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) and the lowest priority to unobservable inputs (Level 3). The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS**DECEMBER 31, 2021 AND 2020**

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan can access at the measurement date.

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

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

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

Level 3 Inputs that are unobservable inputs for the asset or liability.

In accordance with FASB ASC 820, the Plan determines fair value based on the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

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

Collective Trust Fund - The fair value of the Plan's investment in the Morley Stable Value Fund is valued at the net asset value (NAV) of units of the collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. 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. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level, within the fair value hierarchy, the plan's fair value measurements at December 31, 2021 and 2020:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
December 31, 2021				
Mutual Funds	\$ 197,923,626	\$ 197,923,626		
Total assets in the fair value hierarchy	197,923,626	197,923,626		
Investments measured at net asset value	<u>13,805,442</u>			
Total	\$ <u>211,729,068</u>	\$ <u>197,923,626</u>	<u>-</u>	\$ <u>-</u>

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS**DECEMBER 31, 2021 AND 2020**

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
December 31, 2020				
Mutual Funds	\$ <u>170,536,372</u>	\$ <u>170,536,372</u>		
Total assets in the fair value hierarchy	170,536,372	170,536,372		
Investments measured at net asset value	<u>15,685,573</u>			
Total	\$ <u><u>186,221,945</u></u>	\$ <u><u>170,536,372</u></u>	<u>-</u>	\$ <u><u>-</u></u>

For years ended December 31, 2021 and 2020, there were no significant transfers between Level 1 and 2 and no transfers in or out of Level 3.

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of December 31, 2021 and 2020, respectively.

Year	Type	Fair Value	Unfunded Commitments	Participant Redemption Frequency (if currently eligible)	Plan Level Redemption Notice Period
2021	Collective trust fund	\$13,805,442	n/a	Daily	12 months
2020	Collective trust fund	\$15,685,573	n/a	Daily	12 months

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS:

Participant loans may borrow from their individual account balances in the Plan. These transactions qualify as party-in-interest transactions under provisions of ERISA.

Pursuant to a plan expense account agreement between the Plan and Empower Retirement, a service organization of the trustee, Empower Retirement pays to the Plan an Investment Option Credit, also referred to as revenue sharing credits, based on a share of the average net investments held by the Plan. The Plan determines the appropriate use of the amounts received and has paid Plan-level expenses from the amounts received. The amounts received by the Plan totaled \$306,088 and \$241,876 for the years ended December 31, 2021 and 2020, respectively. The balance included in plan assets for the Investment Credit Option is \$80,044 and \$91,384 as of December 31, 2021 and 2020, respectively.

NOTE 6 – TAX STATUS:

The underlying prototype plan has received an opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020, stating that the form of the Plan is qualified under Section 401 of the Code, and therefore, the related trust is tax-exempt. The plan sponsor has determined that it is eligible to and has chosen to rely on the current IRS prototype plan opinion letter. The Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS**DECEMBER 31, 2021 AND 2020**

uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability 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.

NOTE 7 - PLAN TERMINATION:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become fully vested in their accounts.

NOTE 8 – RISKS AND UNCERTAINTIES:

The Plan provides for various investment options in mutual funds that hold stocks, bonds, fixed income securities and other investment securities. Investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with these investments, it is at least reasonably possible that changes in the values of investments will occur in the near term that such changes could materially affect participants' account balances, and the amounts reported in the Statement of Net Assets Available for Benefits.

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	December 31,	
	2021	2020
Net Assets Available for benefits per the financial statements	\$ 215,201,953	\$ 191,876,793
Current and Prior Year Deemed Distributions of Notes Receivable from Participants	(317,950)	(234,037)
Net assets available for benefits per Form 5500	<u>\$ 214,884,003</u>	<u>\$ 191,642,756</u>

	December 31,	
	2020	2020
Net Increase per the financial statements	\$ 23,324,394	\$ 24,615,048
Current Year Deemed Loan Distributions	(150,818)	(72,202)
Actual Distribution of Deemed Loan Distributions, net of related Interest Income and other changes	67,671	31,516
Net Income per Form 5500	<u>\$ 23,241,247</u>	<u>\$ 24,574,362</u>

A note receivable from participants is deemed distributed during the plan year under the provisions of IRC section 72(p) and Treasury Regulation section 1.72(p) if the note receivable is treated as a note receivable solely of the Participant's individual account and the Participant has discontinued payment of the note receivable as of the end of the year. For financial statement purposes, the note receivable balance is still considered as an outstanding note receivable until the note receivable obligation has been satisfied and is not

**AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

treated as an actual distribution until such time the participant separates from employment and the participant's vested account balance is fully distributed.

NOTE 10 – SUBSEQUENT EVENTS:

The plan has evaluated subsequent events through October 10, 2022, the date the statements were available to be issued.

SUPPLEMENTARY SCHEDULE

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN
72-0692213 Plan 002

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	American Beacon	American Beacon International EQ R6	\$	5,771,310
	American Funds	American Funds American Balanced R5E		8,625,482
	American Funds	American Funds Cap World Growth & Income R5		6,859,510
	Dodge and Cox	Dodge & Cox Stock Fund		11,675,972
	Fidelity	Fidelity Extended Market Index		9,967,868
	Invesco	Invesco Diversified Dividend R5		7,536,180
	JP Morgan	JP Morgan Mid Cap Value R6		6,036,204
	Mainstay	Mainstay Large Cap Growth		29,221,078
	Principal Global Investors Trust Company	Morley Stable Value Fund		13,805,442
	Pimco	Pimco Real Return Institutional		5,968,082
	Pimco	Pimco Total Return Institutional		15,618,588
	T Rowe Price	T Rowe Price Retirement 2005		9,012
	T Rowe Price	T Rowe Price Retirement 2010		399,065
	T Rowe Price	T Rowe Price Retirement 2015		473,949
	T Rowe Price	T Rowe Price Retirement 2020		2,693,479
	T Rowe Price	T Rowe Price Retirement 2025		2,231,404
	T Rowe Price	T Rowe Price Retirement 2030		9,636,809
	T Rowe Price	T Rowe Price Retirement 2035		6,512,465
	T Rowe Price	T Rowe Price Retirement 2040		7,364,903
	T Rowe Price	T Rowe Price Retirement 2045		6,798,911
	T Rowe Price	T Rowe Price Retirement 2050		10,385,625
	T Rowe Price	T Rowe Price Retirement 2055		7,619,898
	T Rowe Price	T Rowe Price Retirement 2060		538,527
	T Rowe Price	T Rowe Price Retirement 2065		106,905
	T Rowe Price	T Rowe Price QM US Small-Cap GR EQ I		6,288,547
	T Rowe Price	T Rowe Price Retirement Balanced Fund		151,866
	Vanguard	Vanguard Institutional Index Fund		16,055,926
	Vanguard	Vanguard International Growth ADM		9,514,134
	William Blair	William Blair Small Cap Value I		3,861,927
*	Participant Loans	Notes Receivable, ranging from interest rates of 4.25% to 6.50% and maturities of one to 30 years	-0-	3,472,885
	Total		\$	215,201,953

* Party-in-interest transactions as defined by ERISA
Cost is omitted for participant directed investments

This schedule was prepared from data certified by
Great-West Trust Company LLC

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
ITRRFX			8,945.31	9,011.78
ITRRAX			384,874.36	399,064.74
ITRRGX			449,359.63	473,949.24
ITRRBX			2,537,146.56	2,693,479.00
ITRRHX			2,005,207.37	2,231,404.12
ITRRCX			8,180,575.94	9,636,808.77
ITRRJX			5,586,829.39	6,512,465.54
ITRRDX			5,893,814.33	7,364,902.54
ITRRKX			5,469,343.08	6,798,910.73
ITRRMX			8,098,007.46	10,385,625.34
ITRRNX			6,127,573.09	7,619,898.22
ITRRLX			485,308.88	538,526.77
ITRSJX			101,894.66	106,904.90
ITRRIX			159,955.08	151,866.21
IAAERX			5,687,191.10	5,771,309.94
IRWIFX			5,296,612.35	6,859,510.20
IVWILX			7,870,566.79	9,514,134.28
ICSCX			3,283,219.86	3,861,927.36
ITQAIX			5,018,478.92	6,288,546.80
IFSMAX			7,660,654.05	9,967,867.97
IJMVYX			5,614,322.88	6,036,203.79
IDC-SF			8,194,310.83	11,675,971.88
IDDFIX			6,585,693.36	7,536,180.27
IMLAIX			24,111,644.92	29,221,077.66
INSIDX			11,043,252.09	16,055,925.82
IRLEFX			7,401,278.28	8,625,482.07
IPRRIX			5,628,971.11	5,968,081.89
IPI-TRT			0.01	0.01
IPTTRX			15,833,532.36	15,618,588.10
IMOR423			13,034,868.48	13,691,556.16
			177,753,432.53	211,615,182.10
PARTICIPANT LOANS				
	VARIOUS	4.250-6.500	3,154,807.62	3,154,935.03
FORFEITURES				
			111,501.35	113,885.83

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

ITRRFX	T. Rowe Price Retirement 2005 Fund	ITRRAX	T. Rowe Price Retirement 2010 Fund
ITRRGX	T. Rowe Price Retirement 2015 Fund	ITRRBX	T. Rowe Price Retirement 2020 Fund
ITRRHX	T. Rowe Price Retirement 2025 Fund	ITRRCX	T. Rowe Price Retirement 2030 Fund
ITRRJX	T. Rowe Price Retirement 2035 Fund	ITRRDX	T. Rowe Price Retirement 2040 Fund
ITRRKX	T. Rowe Price Retirement 2045 Fund	ITRRMX	T. Rowe Price Retirement 2050 Fund
ITRRNX	T. Rowe Price Retirement 2055 Fund	ITRRLX	T. Rowe Price Retirement 2060 Fund
ITRSJX	T. Rowe Price Retirement 2065 Fund	ITRRIX	T. Rowe Price Retirement Balanced Fund
IAAERX	American Beacon International Eq R6	IRWIFX	American Funds Capital World G/I R5
IVWILX	Vanguard International Growth Adm	ICSCX	William Blair Small Cap Value I
ITQAIX	T. Rowe Price QM US Small-Cap Gr Eq I	IFSMAX	Fidelity Extended Market Index
IJMVYX	JPMorgan Mid Cap Value R6	IDC-SF	Dodge & Cox Stock Fund
IDDFIX	Invesco Diversified Dividend R5	IMLAIX	Mainstay Winslow Large Cap Growth I
IINSIDX	Vanguard Institutional Index Fund	IRLEFX	American Funds American Balanced R5E
IPRRIX	PIMCO Real Return Instl	IPI-TRT	PIMCO Total Return Admin
IPTRRX	PIMCO Total Return Instl	IMOR423	Morley Stable Value Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year