

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
---	---	---

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>PLUMBERS' & PIPEFITTERS' LOCAL 562 SUPPLEMENTAL PENSION PLAN & TRUST</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, PLUMBERS' & PIPEFITTERS' LOCAL SUPPLEMENTAL PENSION PLAN & T</u> <u>3640 CORPORATE TRAIL DRIVE</u> <u>EARTH CITY, MO 63045</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1995</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>43-6577917</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>314-355-1000</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>238220</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/1995</u>		2b Employer Identification Number (EIN) <u>43-6577917</u>		2c Plan Sponsor's telephone number <u>314-355-1000</u>		2d Business code (see instructions) <u>238220</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>06/01/1995</u>											
2b Employer Identification Number (EIN) <u>43-6577917</u>											
2c Plan Sponsor's telephone number <u>314-355-1000</u>											
2d Business code (see instructions) <u>238220</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.	10/06/2022	MARK J. COLLOM
	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 3579
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 3579 6a(2) 3378 6b 6c 6d 3378 6e 6f 3378 6g 3378 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 175

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

2E

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 PLUMBERS' & PIPEFITTERS' LOCAL 562 SUPPLEMENTAL PENSION PLAN & TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES, PLUMBERS' & PIPEFITTERS' LOCAL SUPPLEMENTAL PENSION PLAN & T	D Employer Identification Number (EIN) 43-6577917	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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)

P&P WELFARE EDUCATIONAL FUND

43-0657966

(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 99	AFFILATE	167252	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMMERCE BANK

43-0356370

(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?
19 28 51	CUSTODIAL	51130	Yes ☒ No ☐	Yes ☐ No ☒	72469	Yes ☐ No ☐

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

ANDERS MINKLER HUBER & HELM LLP

43-0831507

(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 16 70	NONE	90030	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)

HARTNETT REYES-JONES, LLC

43-1205253

(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 70	NONE	82703	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEWTOWER TRUST COMPANY

30-0872552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	58487	Yes ☐ No ☐

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

FIDELITY INVESTMENTS

1524 S. LINDBERGH BLVD.
ST. LOUIS, MO 63131

04-2647786

(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 65	NONE	56121	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)

SYSTEM DESIGN ASSOCIATES

900 S. HWY DRIVE SUITE 102
FENTON, MO 63026

(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?
49	NONE	49210	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREENSFELDER, HEMKER & GALE

43-1313567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	30845	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARQUETTE ASSOCIATES

36-3485298

(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	NONE	30000	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)

GREAT LAKES ADVISORS LLC

80-0292839

(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 51	NONE	17168	Yes ☒ No ☐	Yes ☐ No ☒	9258	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 ☐

(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
COMMERCE BANK	59	72078
(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.	
COMMERCE - UNALLOCATED FEES 922 WALNUT STREET KANSAS CITY, MO 64106	SHAREHOLDER SERVICING FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

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

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
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan PLUMBERS' & PIPEFITTERS' LOCAL 562 SUPPLEMENTAL PENSION PLAN & TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES, PLUMBERS' & PIPEFITTERS' LOCAL SUPPLEMENTAL PENSION PLAN & T	D Employer Identification Number (EIN) 43-6577917	

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	2121154	1292790
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1884726	2631395
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	566120	1132260
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	13927854	43088
(2) U.S. Government securities	1c(2)	15500464	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	32628049	649
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7505978	0
(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)		
(9) Value of interest in common/collective trusts	1c(9)	18619136	7558932
(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)	242009909	361024870
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	4266893	

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	339030283	373683984

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	66565	270022
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	11668	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	78233	270022

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	338952050	373413962
---	-----------	-----------	-----------

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)	23632922	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		23632922
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	443	
(B) U.S. Government securities	2b(1)(B)	109385	
(C) Corporate debt instruments	2b(1)(C)	297110	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		406938
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	8848070	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8848070
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	870861713	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	793326884	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		77534829
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-51016586	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-51016586

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		59406173
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	24253533	
(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)		24253533
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	68298	
(4) Other.....	2i(4)	622430	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		690728
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		24944261
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		34461912
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: **ANDERS MINKLER HUBER & HELM LLP**

(2) EIN: **43-0831507**

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		1000000
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.)	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.		X	
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.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan PLUMBERS' & PIPEFITTERS' LOCAL 562 SUPPLEMENTAL PENSION PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES, PLUMBERS' & PIPEFITTERS' LOCAL SUPPLEMENTAL PENSION PLAN & T	D Employer Identification Number (EIN) 43-6577917

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): 43-6334070		
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 _____



PLUMBERS' AND PIPEFITTERS'

Local 562 Supplemental Pension Plan and Trust

Financial Statements with Supplementary Information and
Additional Information and Independent Auditors' Report

YEARS ENDED DECEMBER 31, 2021 AND 2020



Contents

	<u>Page</u>
Independent Auditors' Report	1 - 3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 - 13
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	14 - 15
Schedule H, Line 4j - Schedule of Reportable Transactions	16
Additional Information	
Schedules of Operating Expenses	17

Independent Auditors' Report

Board of Trustees
Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust
Earth City, Missouri

Opinion

We have audited the accompanying financial statements of Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust (the "Plan"), an employee benefit plan subject to the Employment 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, information regarding Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust's net assets available for benefits as of December 31, 2021 and 2020, and changes therein for the years then ended and its financial status as of December 31, 2021 and 2020, and changes therein 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust's ability to continue as a going concern within one year after the date that 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.

Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust'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 Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust'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 Assets (Held at End of Year) and Reportable Transactions are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("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 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 auditing standards generally accepted in the United States of America.

In forming our opinion on the supplemental schedules, we evaluated whether the supplementary 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.

Report on Additional Information

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



October 6, 2022

Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

Assets		<u>2021</u>	<u>2020</u>
Cash		\$ 1,292,790	\$ 2,121,154
Investments, at Fair Value		<u>368,627,539</u>	<u>334,458,283</u>
Receivables			
Employer contributions		2,631,395	1,884,726
Dividends and interest		-	536,945
Due from Plumbers' and Pipefitters' Welfare Educational Fund		<u>1,132,260</u>	<u>29,175</u>
Total Receivables		<u>3,763,655</u>	<u>2,450,846</u>
Total Assets		<u>373,683,984</u>	<u>339,030,283</u>
Liabilities			
Accounts Payable		270,022	66,565
Due to Plumbers' and Pipefitters' Local Union 562 Pension Plan and Trust		<u>-</u>	<u>11,668</u>
Total Liabilities		<u>270,022</u>	<u>78,233</u>
Net Assets Available for Benefits		<u>\$ 373,413,962</u>	<u>\$ 338,952,050</u>

Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions to Net Assets:		
Investment Income		
Interest	\$ 406,938	\$ 1,404,380
Dividends	8,848,070	6,225,213
Net appreciation in fair value of investments	<u>26,518,243</u>	<u>21,812,416</u>
	35,773,251	29,442,009
Less investment expense	<u>(68,298)</u>	<u>(161,818)</u>
Net Investment Income	35,704,953	29,280,191
Employer Contributions	<u>23,632,922</u>	<u>21,456,828</u>
Total Additions	<u>59,337,875</u>	<u>50,737,019</u>
Deductions from Net Assets:		
Pension Benefit Payments	24,253,533	16,689,558
Operating Expenses	<u>622,430</u>	<u>1,865,554</u>
Total Deductions	<u>24,875,963</u>	<u>18,555,112</u>
Net Increase	34,461,912	32,181,907
Net Assets Available for Benefits, Beginning of Year	<u>338,952,050</u>	<u>306,770,143</u>
Net Assets Available for Benefits, End of Year	<u>\$373,413,962</u>	<u>\$338,952,050</u>

Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust
Notes to Financial Statements
December 31, 2021 and 2020

1. Description of the Plan

The following description of the Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust (the "Plan") provides only general information. Participants of the Plan should refer to the plan documents and summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined contribution profit sharing pension plan covering employees who are governed by collective bargaining agreements ("CBAs") entered into by participating employers (the "Employers") and Local Union No. 562 (the "Union"). The Plan also covers administrative employees who are not governed by a CBA. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Administration of the Plan is the responsibility of the Board of Trustees ("Trustees") and is governed by a joint board consisting of equal representation from Employers and the Union.

In January 2021, the Trustees selected Fidelity Workplace Service LLC ("Fidelity") to provide defined contribution services to the Plan. Fidelity will be the recordkeeper for a majority of the assets of the Plan. On June 23, 2021, \$332,628,395 was transferred to Fidelity. The assets under this agreement will be valued on a daily basis and participants will have access to their account information via their website on July 1, 2021.

On July 1, 2021, the Plan Document and the Trust Agreement were separated into two separate documents. The Agreement and Declaration of Trust Establishing the Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust in its entirety and the Plan Document (As amended and restated effective July 1, 2021) were amended and restated by the Trustees to incorporate numerous changes adopted since the last restatement and to maintain the trust fund's tax qualified status.

Eligibility

An employee becomes a participant in the Plan on the first day of the Plan year that follows a Plan year in which the employee completes at least 250 hours of service.

Employer Contributions

Each Employer contributes to the Plan such amounts and at such times as required by the applicable provision of the CBA or such other agreements as are approved by the Trustees. Contributions are based on various hourly contribution rates for each participant's hours of service. Contributions are made on a monthly basis throughout the year. Participants are not required or permitted to contribute to the Plan.

Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust
Notes to Financial Statements
December 31, 2021 and 2020

Participant Accounts

Contributions to the Plan for any Plan year are allocated to participants who were active participants in the Plan year based on hourly contribution rates paid by Employers. The value of the trust fund is determined daily as of July 1, 2021. Each participant's account is credited with contributions, allocations of Plan earnings, and gains and losses, and charged with an allocation of administrative expenses. Allocations are based on account balances, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

All participants are 100% vested in their accounts.

Payment of Benefits

On termination of service, benefits may be paid as directed to the participant. Participants receive benefits on or after their normal retirement date, early retirement date, or disability retirement date. Upon the death of a participant, the Plan distributes benefits to the surviving spouse or designated beneficiary. Benefits can be paid as a lump sum payment, rollover, in certain circumstances joint and survivor annuity, or qualified optional survivor annuity. Participants may also elect to defer the distribution of their accounts to a later date, but not later than April 1 following the end of the calendar year in which the participant reaches age 70 1/2 if prior to January 1, 2021 and age 72 for those that reach the age of 72 after January 1, 2021.

A participant (with the consent of their spouse, if applicable) who has an account with the Plan for one year or more may apply to the Trustees for a hardship withdrawal of not less than \$1,000 and not more than one-half (50%) of the participant's accrued benefit to cover a financial hardship (amounts accrued under the Plumbers' Plan are not eligible for withdrawal under this provision).

2. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Plan have been prepared in accordance with the provisions of the Financial Accounting Standards Board ("FASB"), Accounting Standards Codification (the "FASB ASC"), which is the source of authoritative, non-governmental accounting principles generally accepted in the United States of America ("GAAP"). All references to authoritative accounting guidance contained in our disclosures are based on the general accounting topics within the FASB ASC.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan's management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly actual results could differ from those estimates.

Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust
Notes to Financial Statements
December 31, 2021 and 2020

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the amount 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 investments 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 in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Fair Value Measurements

The Plan follows guidance issued by the FASB on fair value measurements, which establishes a framework for measuring fair value, clarifies the definition of fair value within that framework, and expands disclosures about the use of fair value measurements. This guidance applies whenever fair value is the applicable measurement. The three general valuation techniques used to measure fair value are the market approach, cost approach, and income approach.

Employer Contributions Receivable

Employer contributions receivable are determined at December 31, 2021 and 2020, based on hours worked reports submitted by contributing Employers that are due, but not received by year-end. The allowance for doubtful accounts is based on a historical average percentage written off plus, when necessary, an additional specific reserve.

The Plan writes off contributions receivable when collection enforcement efforts have failed to produce payments and additional efforts are not warranted. The Plan does charge interest on past due accounts.

Payments of Benefits

Benefit payments are recorded upon distribution.

Operating Expenses

The Plan permits the payment of Plan expenses from Plan assets. Plan expenses are allocated to participant accounts at the Valuation Date.

Subsequent Events

The Plan has evaluated subsequent events through October 6, 2022, the date on which the financial statements were available to be issued.

Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust
Notes to Financial Statements
December 31, 2021 and 2020

3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value into Levels 1, 2, and 3. 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 three levels of the fair value hierarchy are described as follows:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical instruments in active markets. |
| Level 2 | Inputs to the valuation method to include quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, inputs other than quoted prices that are observable for the instrument, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

The instruments' fair value measurement levels 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.

Following is a description of the valuation methodologies used for investments measured at fair value.

Level 1 investments consist of money market funds, common stocks, government obligations, and mutual funds. Money market funds, common stocks, and government obligations are valued at the closing price reported on the active market on which the individual securities are traded. Mutual fund shares are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended 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.

Level 2 investments consist of corporate obligations and government obligations. Corporate and government obligations are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Investments also include common collective trust funds and a real estate investment trust. The common collective trust funds are valued at the NAV of shares of the bank collective trusts held by the Plan at year-end. The NAV is based on the fair value of the underlying investments held by the trusts. The real estate investment trust is valued at the NAV of the real estate valuations held within the fund. The NAV is used as the practical expedient to estimate fair value.

Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust
Notes to Financial Statements
December 31, 2021 and 2020

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation 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 table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, as follows:

2021				
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market funds	\$ 43,088	\$ 43,088	\$ -	\$ -
Corporate obligations	649	-	649	-
Mutual funds	<u>361,024,870</u>	<u>361,024,870</u>	<u>-</u>	<u>-</u>
Total assets in fair value hierarchy	361,068,607	<u>\$ 361,067,958</u>	<u>\$ 649</u>	<u>\$ -</u>
Investments measured at NAV	<u>7,558,932</u>			
Total Investments	<u><u>\$368,627,539</u></u>			

2020				
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market funds	\$ 13,927,854	\$ 13,927,854	\$ -	\$ -
Common stocks	7,505,978	7,505,978	-	-
Corporate obligations	32,628,049	-	32,628,049	-
Government obligations	15,500,464	6,073,952	9,426,512	-
Mutual funds	<u>242,009,909</u>	<u>242,009,909</u>	<u>-</u>	<u>-</u>
Total assets in fair value hierarchy	311,572,254	<u>\$269,517,693</u>	<u>\$ 42,054,561</u>	<u>\$ -</u>
Investments measured at NAV	<u>22,886,029</u>			
Total Investments	<u><u>\$334,458,283</u></u>			

In accordance with Subtopic 820-10, certain investments that were measured at NAV per share have not been classified in the fair value hierarchy. The fair value amounts presented in the tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust
Notes to Financial Statements
December 31, 2021 and 2020

Investments measured at fair value based on NAV per share practical expedient as of December 31, are as follows:

	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
<u>December 31, 2021:</u>				
Common Collective Trust Funds:				
AFL-CIO Building Investment Trust	\$ 7,558,932	N/A	Quarterly	N/A
<u>December 31, 2020:</u>				
Common Collective Trust Funds:				
MultiEmployer Property Trust	\$ 9,636,142	N/A	Annually	1 year
AFL-CIO Building Investment Trust	\$ 8,982,994	N/A	Quarterly	N/A
Real Estate Investment Trust:				
Morgan Stanley Prime Property Fund	\$ 4,266,893	N/A	Quarterly	N/A

Participant Directed Investments

The Plan's participant directed investments are held by Fidelity Investments in various self-directed participant accounts. Individual account owners can invest in various cash, debt and equity mutual funds and have the authority to change the investment allocation within their own account.

Trustee Directed Investments (Non-Participant Directed)

The Plan's Trustee directed investments are held by Commerce Trust Company and PNC Bank under terms of custody Agreements.

Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust
Notes to Financial Statements
December 31, 2021 and 2020

4. Related Party Transactions

In accordance with Department of Labor proposals, certain assets and expenses are allocated between the Plumbers' and Pipefitters' Pension Fund, Supplemental Pension Fund, Welfare Educational Fund, and the Local Union, related through common governance.

Effective January 1, 2014, the Plan entered into a lease agreement and an administrative services agreement with the Plumbers' and Pipefitters' Welfare Educational Fund. Per the lease agreement, the Plan agreed to pay annual rent based on square footage used. Rent expense for the years ended December 31, 2021 and 2020 was \$12,150 and \$10,159, respectively. Per the administrative services agreement, the the Plan agreed to reimburse the Plumbers' and Pipefitters' Welfare Educational Fund for the services listed in the agreement. Total administrative expenses for the years ended December 31, 2021 and 2020 were \$223,940 and \$196,856, respectively. At December 31, 2021 and 2020, the amount due from the Plumbers' and Pipefitters' Welfare Educational Fund was \$1,132,260 and \$29,175, respectively.

At December 31, 2020, \$11,668 was due to the Plumbers' and Pipefitters' Local Union 562 Pension Plan and Trust.

Contributions received from the Plumbers' and Pipefitters' Educational Welfare Fund, on behalf of the Welfare Fund's employees, were \$490,314 and \$462,590 for the years ended December 31, 2021 and 2020, respectively.

The Plan paid certain expenses relate to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

5 Plan Amendments

On September 2, 2021, the Trustess amended the Plan Document effective July 1, 2021 to allow lifetime installment payments and limited hardship withdrawals in one plan year to not exceed 50% of the participants accrued benefit during that plan year. A participant can take up to 50% of their accrued benefit each plan year for eligible hardship withdrawals.

During 2020, the Plan was amended to allow for lump sum distributions of balances less than \$1,000 when there had been no contributions made on the participant's behalf for at least twelve (12) months. The Plan was also amended to give temporary relief for allowing claimants additional time for the appeal process for an adverse benefit determination during the pandemic. The Plan was amended for changes in the law due to the SECURE Act.

In February 2020, the Trustees approved an amendment to the Plan to replace the definition of employee in the Plan Document effective January 1, 2020.

Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust
Notes to Financial Statements
December 31, 2021 and 2020

6. Plan Termination

Although it has not expressed any intent to do so, the Trustees have the right under the Plan to terminate the Plan. Upon such termination, the Trustees shall have the accounts settled and shall apply or distribute the Plan's assets in accordance with the provisions of ERISA, as amended.

7. Tax Status of Plan

The Internal Revenue Service has determined and informed the Plan by a letter dated July 28, 2015, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). This letter considered the 2014 cumulative list of changes in Plan Qualification requirements and expires on January 31, 2020. Although the Plan has been amended since receiving the determination letter, Plan management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

In accordance with GAAP, the Plan's management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan's management 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 disclosure in the financial statements. The Plan's management believes the Plan is no longer subject to income tax examinations for years prior to 2018. The Plan is also subject to routine audits by the Department of Labor, generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

8. Risks and Uncertainties

Financial instruments that subject the Plan to concentrations of credit and market risk consist of cash, investments, and receivables. The Plan places all of its cash with major financial institutions. The accounts in those institutions are insured by the Federal Deposit Insurance Corporation up to \$250,000 per participant. At December 31, 2021, all cash balances were fully insured.

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

The majority of receivables are from contractors concentrated in the pipefitting and plumbing industries. The Plan generally does not require collateral, but in some cases can require a performance bond. The Plan maintains adequate reserves for potential losses and such losses have been minimal and within management's estimates.

SUPPLEMENTARY INFORMATION

**Plumbers' and Pipefitters' Local 562
Supplemental Pension Plan and Trust**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

**December 31, 2021
EIN 43-6577917 Plan # 001**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>			<u>(d)</u>	<u>(e)</u>
	Identity of Issue	Description of Investment			Cost	Fair Value
	Money Market Funds					
	FINANCIAL SQUARE TR GOVERNMENT	43,088	shares		\$ 43,088	\$ 43,088
	Total Money Market Funds				<u>\$ 43,088</u>	<u>\$ 43,088</u>
		Face Value	Interest Rate	Due Date	Cost	Fair Value
	Corporate Obligations					
	COUNTRYWIDE ALTERNATIVE LOAN TRUST	\$ 408	5.25%	9/25/2019	\$ 412	\$ 412
	RESIDENTIAL ASSET SECURITIZATION TRUST	227	5.00%	8/25/2021	192	237
	Total Corporate Obligations				<u>\$ 604</u>	<u>\$ 649</u>
		Description of Investment				
	Mutual Fund Obligations					
	FIDELITY 500 INDEX	32,024	shares		\$ 4,940,074	\$ 5,294,241
	FIDELITY FREEDOM INDEX 2005 IPR	53	shares		753	739
	FIDELITY FREEDOM INDEX 2010 IPR	246	shares		3,578	3,507
	FIDELITY FREEDOM INDEX 2015 IPR	147,505	shares		2,288,244	2,302,559
	FIDELITY FREEDOM INDEX 2020 IPR	802,615	shares		13,716,238	13,853,137
	FIDELITY FREEDOM INDEX 2025 IPR	2,937,759	shares		56,588,320	57,521,314
	FIDELITY FREEDOM INDEX 2030 IPR	3,101,346	shares		62,973,709	64,166,858
	FIDELITY FREEDOM INDEX 2035 IPR	2,724,030	shares		61,567,667	63,143,015
					<u>\$ 202,078,583</u>	<u>\$ 206,285,370</u>

See independent auditors' report.

**Plumbers' and Pipefitters' Local 562
Supplemental Pension Plan and Trust**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

**December 31, 2021
EIN 43-6577917 Plan # 001**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	Identity of Issue	Description of Investment	Cost	Fair Value
	Mutual Fund Obligations (continued)			
	FIDELITY FREEDOM INDEX 2040 IPR	2,130,164 shares	\$ 48,908,354	\$ 50,399,675
	FIDELITY FREEDOM INDEX 2045 IPR	1,756,182 shares	41,860,005	43,149,400
	FIDELITY FREEDOM INDEX 2050 IPR	1,251,691 shares	29,893,827	30,804,128
	FIDELITY FREEDOM INDEX 2055 IPR	709,294 shares	13,948,006	14,356,101
	FIDELITY FREEDOM INDEX 2060 IPR	420,063 shares	7,003,375	7,199,885
	FIDELITY FREEDOM INDEX 2065 IPR	80,679 shares	1,095,187	1,117,399
	FIDELITY FREEDOM INDEX INCOME IPR	13,521 shares	172,652	171,306
	FIDELITY MID-CAP INDEX	64,263 shares	2,042,857	2,055,783
	FIDELITY SMALL-CAP INDEX	32,044 shares	913,106	883,140
	FIDELITY TOTAL INTERNATIONAL INDEX	105,551 shares	1,550,665	1,513,603
	FIDELITY US BOND INDEX	129,668 shares	1,572,114	1,556,034
	MIP CL 2	1,535,654 shares	1,533,046	1,533,046
			<u>\$ 150,493,194</u>	<u>\$ 154,739,500</u>
	Total Mutual Fund Obligations		<u>\$ 352,571,777</u>	<u>\$ 361,024,870</u>
	Common Collective Trust Funds			
	AFL-CIO BUILDING INVESTMENT TRUST	884 shares	\$ 5,129,518	\$ 7,558,932
	Total Common Collective Trust Funds		<u>\$ 5,129,518</u>	<u>\$ 7,558,932</u>
	Total Investments		<u>\$ 357,744,987</u>	<u>\$ 368,627,539</u>

See independent auditors' report.

**Plumbers' and Pipefitters' Local 562
Supplemental Pension Plan and Trust**

Schedule H, Line 4j - Schedule of Reportable Transactions

**Year Ended December 31, 2021
EIN 43-6577917 Plan # 001**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>	<u>(f)</u>	<u>(g)</u>
Identity of Party Involved	Description of Investment	Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
<u>Individual Transactions in Excess of 5%</u>						
	Nuveen Floating Rate Income Fund	1	\$ -	\$ 31,120,119	\$ 32,396,512	\$ (1,276,393)
	Vanguard Total Bond Market Index	1	-	94,660,229	92,129,406	2,530,822
	Vanguard Developed Markets Index Fund	1	-	26,155,586	19,646,844	6,508,742
	Vanguard High Yield Corporate Fund	1	31,406,940.19	-	31,406,940	-
	Vanguard High Yield Corporate Fund	1	-	32,006,668	31,633,444	373,224
	Vanguard Institutional Index Fund	1	-	81,462,234	42,690,467	38,771,767
	Vanguard Mid-Cap Growth Index Fund	1	-	24,510,659	11,214,383	13,296,276
	Vanguard Small Cap Value Index	1	-	19,271,712	14,496,294	4,775,419
<u>Series of Transactions in Excess of 5%</u>						
	Financial Square Tr Government	144	\$ 428,932,412	\$ -	\$ -	\$ 428,932,412
	Financial Square Tr Government	54	-	435,107,178		435,107,178
	Nuveen Floating Rate Income Fund	2		31,195,463	32,471,935	(1,276,472)
	Vanguard Total Bond Market Index	2		94,752,825	92,221,352	2,531,473
	Vanguard Developed Markets Index Fund	2		26,369,657	19,812,385	6,557,272
	Vanguard High Yield Corporate Fund	5	31,707,609			31,707,609
	Vanguard High Yield Corporate Fund	2		32,080,957		32,080,957
	Vanguard Total Bond Market Index	9	35,080,000	-		35,080,000
	Loomis Sayles Fund			31,406,940		31,406,940

See independent auditors' report.

ADDITIONAL INFORMATION

Plumbers' and Pipefitters' Local 562 Supplemental Pension Plan and Trust
Schedules of Operating Expenses
Years Ended December 31, 2021 and 2020

	2021	2020
Administrative expense	\$ 223,940	\$ 196,856
Bad debt expense	-	1,475,399
Insurance	32,305	29,980
Office expense	64,335	18,916
Professional fees	289,700	134,244
Rent	12,150	10,159
	<u>\$ 622,430</u>	<u>\$ 1,865,554</u>

**Plumbers' and Pipefitters' Local 562
Supplemental Pension Plan and Trust**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

**December 31, 2021
EIN 43-6577917 Plan # 001**

(a)	(b)	(c)			(d)	(e)
	Identity of Issue	Description of Investment			Cost	Fair Value
	Money Market Funds					
	FINANCIAL SQUARE TR GOVERNMENT	43,088	shares		\$ 43,088	\$ 43,088
	Total Money Market Funds				\$ 43,088	\$ 43,088
		Face Value	Interest Rate	Due Date	Cost	Fair Value
	Corporate Obligations					
	COUNTRYWIDE ALTERNATIVE LOAN TRUST	\$ 408	5.25%	9/25/2019	\$ 412	\$ 412
	RESIDENTIAL ASSET SECURITIZATION TRUST	227	5.00%	8/25/2021	192	237
	Total Corporate Obligations				\$ 604	\$ 649
		Description of Investment				
	Mutual Fund Obligations					
	FIDELITY 500 INDEX	32,024	shares		\$ 4,940,074	\$ 5,294,241
	FIDELITY FREEDOM INDEX 2005 IPR	53	shares		753	739
	FIDELITY FREEDOM INDEX 2010 IPR	246	shares		3,578	3,507
	FIDELITY FREEDOM INDEX 2015 IPR	147,505	shares		2,288,244	2,302,559
	FIDELITY FREEDOM INDEX 2020 IPR	802,615	shares		13,716,238	13,853,137
	FIDELITY FREEDOM INDEX 2025 IPR	2,937,759	shares		56,588,320	57,521,314
	FIDELITY FREEDOM INDEX 2030 IPR	3,101,346	shares		62,973,709	64,166,858
	FIDELITY FREEDOM INDEX 2035 IPR	2,724,030	shares		61,567,667	63,143,015
					\$ 202,078,583	\$ 206,285,370

See independent auditors' report.

**Plumbers' and Pipefitters' Local 562
Supplemental Pension Plan and Trust**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

**December 31, 2021
EIN 43-6577917 Plan # 001**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	Identity of Issue	Description of Investment	Cost	Fair Value
	Mutual Fund Obligations (continued)			
	FIDELITY FREEDOM INDEX 2040 IPR	2,130,164 shares	\$ 48,908,354	\$ 50,399,675
	FIDELITY FREEDOM INDEX 2045 IPR	1,756,182 shares	41,860,005	43,149,400
	FIDELITY FREEDOM INDEX 2050 IPR	1,251,691 shares	29,893,827	30,804,128
	FIDELITY FREEDOM INDEX 2055 IPR	709,294 shares	13,948,006	14,356,101
	FIDELITY FREEDOM INDEX 2060 IPR	420,063 shares	7,003,375	7,199,885
	FIDELITY FREEDOM INDEX 2065 IPR	80,679 shares	1,095,187	1,117,399
	FIDELITY FREEDOM INDEX INCOME IPR	13,521 shares	172,652	171,306
	FIDELITY MID-CAP INDEX	64,263 shares	2,042,857	2,055,783
	FIDELITY SMALL-CAP INDEX	32,044 shares	913,106	883,140
	FIDELITY TOTAL INTERNATIONAL INDEX	105,551 shares	1,550,665	1,513,603
	FIDELITY US BOND INDEX	129,668 shares	1,572,114	1,556,034
	MIP CL 2	1,535,654 shares	1,533,046	1,533,046
			<u>\$ 150,493,194</u>	<u>\$ 154,739,500</u>
	Total Mutual Fund Obligations		<u>\$ 352,571,777</u>	<u>\$ 361,024,870</u>
	Common Collective Trust Funds			
	AFL-CIO BUILDING INVESTMENT TRUST	884 shares	\$ 5,129,518	\$ 7,558,932
	Total Common Collective Trust Funds		<u>\$ 5,129,518</u>	<u>\$ 7,558,932</u>
	Total Investments		<u>\$ 357,744,987</u>	<u>\$ 368,627,539</u>

See independent auditors' report.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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****Part I Annual Report Identification Information**For calendar plan year 2021 or fiscal plan year beginning **01/01/2021** and ending **12/31/2021**

- 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 PLUMBERS' & PIPEFITTERS' LOCAL 562 SUPPLEMENTAL PENSION PLAN & TRUST	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 06/01/1995
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, PLUMBERS' & PIPEFITTERS' LOCAL SUPPLEMENT 3640 CORPORATE TRAIL DRIVE EARTH CITY MO 63045	2b Employer Identification Number (EIN) 43-6577917 2c Plan Sponsor's telephone number 314-355-1000 2d Business code (see instructions) 238220

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

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

SIGN HERE 	10-6-22	MARK J. COLLOM
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**

3,579

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)**

3,579

a(2) Total number of active participants at the end of the plan year**6a(2)**

3,378

b Retired or separated participants receiving benefits**6b****c** Other retired or separated participants entitled to future benefits**6c****d** Subtotal. Add lines 6a(2), 6b, and 6c**6d**

3,378

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e****f** Total. Add lines 6d and 6e**6f**

3,378

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g**

3,378

h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested**6h****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7**

175

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:**2E****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 _____

**Plumbers' and Pipefitters' Local 562
Supplemental Pension Plan and Trust**

Schedule H, Line 4j - Schedule of Reportable Transactions

**Year Ended December 31, 2021
EIN 43-6577917 Plan # 001**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>	<u>(f)</u>	<u>(g)</u>
Identity of Party Involved	Description of Investment	Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
<u>Individual Transactions in Excess of 5%</u>						
	Nuveen Floating Rate Income Fund	1	\$ -	\$ 31,120,119	\$ 32,396,512	\$ (1,276,393)
	Vanguard Total Bond Market Index	1	-	94,660,229	92,129,406	2,530,822
	Vanguard Developed Markets Index Fund	1	-	26,155,586	19,646,844	6,508,742
	Vanguard High Yield Corporate Fund	1	31,406,940.19	-	31,406,940	-
	Vanguard High Yield Corporate Fund	1	-	32,006,668	31,633,444	373,224
	Vanguard Institutional Index Fund	1	-	81,462,234	42,690,467	38,771,767
	Vanguard Mid-Cap Growth Index Fund	1	-	24,510,659	11,214,383	13,296,276
	Vanguard Small Cap Value Index	1	-	19,271,712	14,496,294	4,775,419
<u>Series of Transactions in Excess of 5%</u>						
	Financial Square Tr Government	144	\$ 428,932,412	\$ -	\$ -	\$ 428,932,412
	Financial Square Tr Government	54	-	435,107,178		435,107,178
	Nuveen Floating Rate Income Fund	2		31,195,463	32,471,935	(1,276,472)
	Vanguard Total Bond Market Index	2		94,752,825	92,221,352	2,531,473
	Vanguard Developed Markets Index Fund	2		26,369,657	19,812,385	6,557,272
	Vanguard High Yield Corporate Fund	5	31,707,609			31,707,609
	Vanguard High Yield Corporate Fund	2		32,080,957		32,080,957
	Vanguard Total Bond Market Index	9	35,080,000	-		35,080,000
	Loomis Sayles Fund			31,406,940		31,406,940

See independent auditors' report.