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 01/01/2021 and ending 12/31/2021

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

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
PLUMBING & HEATING WHOLESALERS RETIREMENT INCOME PLAN FOR THE BENEFIT OF SHOPMEN'S DIVISION OF PIPE FITTERS' ASSOCIATION, LOCAL 597

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1972

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)
SHOPMENS DIVISION LOCAL 597 JOINT BOARD OF TRUSTEES

45 NORTH OGDEN AVENUE
CHICAGO, IL 60607

2b Employer Identification Number (EIN) 36-6511016

2c Plan Sponsor's telephone number 312-633-0597

2d Business code (see instructions) 238220

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	CHRISTOPHER HERNADEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	JANETH VILLALOBOS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	532
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)**	122
a(2) Total number of active participants at the end of the plan year	**6a(2)**	130
b Retired or separated participants receiving benefits	**6b**	144
c Other retired or separated participants entitled to future benefits	**6c**	226
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	500
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	37
f Total. Add lines **6d** and **6e**	**6f**	537
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	3

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

1B

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	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)	[X]	**R** (Retirement Plan Information)
(2)	[X]	**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)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ] ___	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[X]	**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 MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

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

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

A Name of plan
PLUMBING & HEATING WHOLESALERS RETIREMENT INCOME PLAN FOR THE BENEFIT OF SHOPMEN'S DIVISION OF PIPE FITTERS' ASSOCIATION, LOCAL 597

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SHOPMENS DIVISION LOCAL 597 JOINT BOARD OF TRUSTEES

D Employer Identification Number (EIN)
36-6511016

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

1a Enter the valuation date: Month 01 Day 01 Year 2021

b	Assets		
(1)	Current value of assets	**1b(1)**	15584820
(2)	Actuarial value of assets for funding standard account	**1b(2)**	14352773
c (1)	Accrued liability for plan using immediate gain methods	**1c(1)**	15298576
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	15298576
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	32177331
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	682070
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	925223
(3)	Expected plan disbursements for the plan year	**1d(3)**	1055223

Statement by Enrolled Actuary

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

SIGN HERE

	09/29/2022
Signature of actuary	Date
GEOFF BRIDGES, FSA, MAAA	20-06597
Type or print name of actuary	Most recent enrollment number
SEGAL	312-984-8500
Firm name	Telephone number (including area code)
101 N. WACKER DR., SUITE 500, CHICAGO, IL 60606-1724	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	15584820
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		163	10871672
(2) For terminated vested participants		235	12497874
(3) For active participants:			
(a) Non-vested benefits			933764
(b) Vested benefits			7874021
(c) Total active		122	8807785
(4) Total		520	32177331
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	48.43 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/01/2021	371895				

	Totals ►	**3(b)**	371895	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	93.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

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

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

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

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

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

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

i ☐ Other (specify):

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability				**6a**	2.43 %
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	6P		6P	
(2) Females	**6c(2)**	6FP		6FP	
d Valuation liability interest rate	**6d**	7.30 %		7.30 %	
e Expense loading	**6e**	60.2 %	☐ N/A	%	☒ N/A
f Salary scale	**6f**	%	☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date				**6g**	10.2 %
h Estimated investment return on current value of assets for year ending on the valuation date				**6h**	14.6 %

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-322493	-33627

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	**8a**	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☒ Yes ☐ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☒ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☒ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	**8e**	0

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	333128
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	3169337	438341
(2) Funding waivers	**9c(2)**		
(3) Certain bases for which the amortization period has been extended	**9c(3)**		
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	56317
e Total charges. Add lines 9a through 9d		**9e**	827786

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	1265744
g	Employer contributions. Total from column (b) of line 3		**9g**	371895
		Outstanding balance		
h	Amortization credits as of valuation date	**9h** 957790		134784
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	115813
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)** 2730436		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)** 15144012		
	(3) FFL credit		**9j(3)**	0
k	**(1)** Waived funding deficiency		**9k(1)**	
	(2) Other credits		**9k(2)**	
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	1888236
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	1060450
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	

9o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	**9o(1)**	
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	0
	(3) Total as of valuation date	**9o(3)**	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
PLUMBING & HEATING WHOLESALERS RETIREMENT INCOME PLAN FOR THE BENEFIT OF SHOPMEN'S DIVISION OF PIPE FITTERS' ASSOCIATION, LOCAL 597

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SHOPMENS DIVISION LOCAL 597 JOINT BOARD OF TRUSTEES

D Employer Identification Number (EIN)
36-6511016

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ROBERT W. BAIRD & CO. INC.
777 EAST WISCONSIN AVENUE
MILWAUKEE, WI 53202

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

AMERICAN FUNDS SERVICE COMPANY
333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

LOOMIS SAYLES & COMPANY LP
ONE FINANCIAL CENTER
BOSTON, MA 02111

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

T. ROWE PRICE ASSOCIATES, INC
100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BLVD
MALVER, PA 19355

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

HARDING LOEVNER FUNDS, INC

P.O. BOX 4766
CHICAGO, IL 60680

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

BARON CAPITAL, INC

767 FIFTH AVENUE, 48TH FLOOR
NEW YORK, NY 10153

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

FIDELITY INVESTMENTS

P.O. BOX 770002
CINCINNATI, OH 45277

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

MFS INSTITUTIONAL ADVISORS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

(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)

THE SEGAL COMPANY

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	33000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STRATEGIC CAPITAL INVESTMENT ADV.

36-4268991

(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	29563	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COMERICA

42-1741646

(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 72	NONE	10238	Yes [X] No [ ]	Yes [X] No [ ]	0	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)

JOHNSON & KROL, LLC

36-4342024

(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	9701	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	7500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: DAVID STROM
b EIN: 13-1975125
c Position: ENROLLED ACTUARY
d Address: 101 NORTH WACKER DRIVE, SUITE 500
CHICAGO, IL 60606-1724
e Telephone: 312-984-8500

Explanation: DUE TO RETIREMENT, A NEW ACTUARY AT SEGAL WAS DESIGNATED TO SIGN THE SCHEDULE MB ATTACHED TO THE CURRENT YEAR 5500 FILING.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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
PLUMBING & HEATING WHOLESALERS RETIREMENT INCOME PLAN FOR THE BENEFIT OF SHOPMEN'S DIVISION OF PIPE FITTERS' ASSOCIATION, LOCAL 597

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SHOPMENS DIVISION LOCAL 597 JOINT BOARD OF TRUSTEES

D Employer Identification Number (EIN)
36-6511016

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: COMERICA SHORT TERM FUND

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

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)
47-7305132-001	C	221652

a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON CAPITAL MASTER TRUST

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

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)
91-1163419-001	E	1139380

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
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
PLUMBING & HEATING WHOLESALERS RETIREMENT INCOME PLAN FOR THE BENEFIT OF SHOPMEN'S DIVISION OF PIPE FITTERS' ASSOCIATION, LOCAL 597

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SHOPMENS DIVISION LOCAL 597 JOINT BOARD OF TRUSTEES

D Employer Identification Number (EIN)
36-6511016

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	89259	74534
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	24360	27586
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	23062	23891
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	281966	217269
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	174947	221652
(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)	611910	1139380
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14671621	15435007
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	15877125	17139319
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	10339	11239
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	281966	228130
k	Total liabilities (add all amounts in lines 1g through1j)	1k	292305	239369
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	15584820	16899950

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)	371895	
	(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)		371895
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	333391	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		333391
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		24
(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)		36105
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1616794
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2358209
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	863467	
(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)		863467
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)	54973	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	44191	
(4) Other	2i(4)	80448	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		179612
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1043079
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1315130
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: LEGACY PROFESSIONALS LLP **(2)** EIN: 32-0043599

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		100000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 431684.

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
PLUMBING & HEATING WHOLESALERS RETIREMENT INCOME PLAN FOR THE BENEFIT OF SHOPMEN'S DIVISION OF PIPE FITTERS' ASSOCIATION, LOCAL 597

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SHOPMENS DIVISION LOCAL 597 JOINT BOARD OF TRUSTEES

D Employer Identification Number (EIN)
36-6511016

Part I Distributions

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

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

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

EIN(s): _____ _____

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

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

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

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

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

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

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

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer CHICAGO TUBE AND IRON COMPANY

b EIN 36-0910890 **c** Dollar amount contributed by employer 215102

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 05 Day 31 Year 2025

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) 1.40
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer COLUMBIA PIPE AND SUPPLY

b EIN 36-0935230 **c** Dollar amount contributed by employer 97866

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 05 Day 31 Year 2025

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) 1.40
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer PORTER PIPE & SUPPLY CO.

b EIN 36-3198538 **c** Dollar amount contributed by employer 58927

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 05 Day 31 Year 2025

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) 1.40
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	0
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**	0
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**	0

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**	98.90
b The corresponding number for the second preceding plan year	**15b**	95.60

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

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

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

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

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

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

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

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

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

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

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? [ ] Yes [X] 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_____

PLUMBING AND HEATING WHOLESALERS RETIREMENT INCOME PLAN FOR THE BENEFIT OF SHOPMEN'S DIVISION OF PIPE FITTERS' ASSOCIATION LOCAL UNION 597

FINANCIAL STATEMENTS

DECEMBER 31, 2021

PLUMBING AND HEATING WHOLESALERS RETIREMENT INCOME PLAN FOR THE BENEFIT OF SHOPMEN'S DIVISION OF PIPE FITTERS' ASSOCIATION LOCAL UNION 597

FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION

DECEMBER 31, 2021 AND 2020

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REPORT OF INDEPENDENT AUDITORS

To the Participants and Trustees of
Plumbing and Heating Wholesalers
Retirement Income Plan for the Benefit
of Shopmen's Division of Pipe Fitters'
Association Local Union 597

Opinion

We have audited the financial statements of Plumbing and Heating Wholesalers Retirement Income Plan for the Benefit of Shopmen's Division of Pipe Fitters' Association Local Union 597 (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of 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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Plumbing and Heating Wholesalers Retirement Income Plan for the Benefit of Shopmen's Division of Pipe Fitters' Association Local Union 597 as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2020, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

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Responsibilities of Management for the Financial Statements (continued)
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 the Plan'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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if 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 GAAS, 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 the Plan's internal control. Accordingly, no such opinion is expressed;
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements; and
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan'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.

Legacy Professionals LLP

Westchester, Illinois

October 3, 2022

Plumbing and Heating Wholesalers Retirement Income Plan for the Benefit of Shopmen's Division of Pipe Fitters' Association Local Union 597

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	2021	2020
Assets		
Investments - at fair value		
Mutual funds	$ 15,435,007	$ 14,671,621
Mortgage income fund	1,139,380	611,910
Common collective trust	221,652	174,947
Short-term investment fund	217,269	281,966
Total investments	17,013,308	15,740,444
Receivables		
Employer contributions	27,586	24,360
Due from related organization	-	12,878
Accrued interest and dividends	13,758	2
Total receivables	41,344	37,240
Prepaid expenses	10,133	10,182
Cash	74,534	89,259
Total assets	17,139,319	15,877,125
Liabilities and Net Assets		
Liabilities		
Due to broker	217,269	281,966
Accounts payable	11,239	10,339
Due to related organization	10,861	-
Total liabilities	239,369	292,305
Net assets available for benefits	$ 16,899,950	$ 15,584,820

See accompanying notes to financial statements.

PLUMBING AND HEATING WHOLESALERS
RETIREMENT INCOME PLAN FOR THE BENEFIT OF
SHOPMEN'S DIVISION OF PIPE FITTERS'
ASSOCIATION LOCAL UNION 597

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	$ 1,652,899	$ 1,714,071
Interest and dividends	333,415	354,420
	1,986,314	2,068,491
Less investment expenses	(44,191)	(40,619)
Investment income - net	1,942,123	2,027,872
Employer contributions	371,895	282,471
Total additions	2,314,018	2,310,343
DEDUCTIONS		
Pension benefits	863,467	866,474
Administrative expenses		
Actuarial fees	33,000	39,250
Audit and accounting fees	12,272	8,325
Insurance	11,845	13,223
Legal fees	9,701	7,357
Other	709	2
Plan termination insurance	16,492	15,960
Printing	772	901
Shared administrative expenses	50,630	46,625
Total deductions	998,888	998,117
NET INCREASE	1,315,130	1,312,226
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	15,584,820	14,272,594
End of year	$ 16,899,950	$ 15,584,820

See accompanying notes to financial statements.

PLUMBING AND HEATING WHOLESALERS
RETIREMENT INCOME PLAN FOR THE BENEFIT OF
SHOPMEN'S DIVISION OF PIPE FITTERS' ASSOCIATION
LOCAL UNION 597

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements of Plumbing and Heating Wholesalers Retirement Income Plan for the Benefit of Shopmen's Division of Pipe Fitters' Association Local Union 597 (the Plan) have been prepared using the accrual basis of accounting.

Investments - The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex dividend date. Interest income is recorded on the accrual basis.

Contributions Receivable - Employer contributions due and unpaid prior to year end are recorded as contributions receivable. Employer contributions due as determined by payroll compliance audits are recorded as income when collected. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Revenue Recognition - Revenue is primarily derived from employer contributions and is recognized in the period in which covered work is performed, based on the compensation earned in covered employment and the contribution rate currently in effect, as set forth in the collective bargaining agreement. Employers are required to remit contributions monthly to the Plan. The Plan carries out its purpose described in Note 2 within a jurisdiction located in certain counties of the states of Illinois and Indiana.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service which participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Expenses - Certain investment related expenses are included in net appreciation in fair value of investments.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through October 3, 2022, which is the date the financial statements were available to be issued.

NOTE 2. DESCRIPTION OF THE PLAN

The Plan was established on June 1, 1972, as a result of a collective bargaining agreement between Shopmen's Division of Pipe Fitters' Association Local Union 597 and the members of the Plumbing and Heating Wholesalers Credit Bureau. The Plan is primarily funded by employer contributions as specified in the collective bargaining agreement. Participant contributions are not permitted under the Plan. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Under current provisions of the Plan, individuals who engage in covered employment become a participant on the date they first perform an hour of work.

A participant earns one year of pension credit in which they perform 1,500 or more hours of work in covered employment (or fractional credit for at least 500 hours, but less than 1,500 hours). Additionally, participants earn one year of vesting service for each calendar year in which they are credited with 500 or more hours in covered employment. Participants become fully vested after five years of service.

Eligible participants receive benefits in the following forms of payment:

- Regular Pension at age 65 or older with at least five years of participation, including 500 hours worked in covered employment in the 24 month period preceding the date of retirement;

- Early Retirement Pension at age 55 or older with at least 15 years of vesting service with 10 future service pension credits, including 500 hours worked in covered employment in the 24 month period preceding the date of retirement;

- Deferred Pension at age 65 with five years of vesting service; or

- Disability Pension at age 45 or older with at least 10 years of vesting service, including 500 hours worked in covered employment during the 24 month period preceding disability and met requirements of total and permanent definition of disablement.

In addition, the Plan provides for pre-retirement and post-retirement death benefits.

Participants should refer to the summary plan description for more complete information.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, participants and their beneficiaries. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 4. TAX STATUS

The Plan latest determination letter is dated May 11, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of Section 401(a) of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan 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 tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by Segal Consulting as of December 31, 2020. Information in the report included the following:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	$ 7,403,330
Other	7,528,668
Total vested benefits	14,931,998
Nonvested benefits	366,578
Total actuarial present value of accumulated plan benefits	$ 15,298,576

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2020 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		$ 14,844,929
Increase (decrease) during the year attributable to:		
Benefits accumulated, net experience gain or loss and changes in data	$ 270,703	
Benefits paid	(866,474)	
Interest	1,049,418	
Net increase		453,647
Actuarial present value of accumulated plan benefits at end of year		$ 15,298,576

The actuarial valuation was made using the unit credit actuarial cost method. Normal cost and actuarial accrued liabilities are calculated on an individual basis. Some of the more significant actuarial assumptions used in the valuation were as follows:

- Mortality rates:
  - Healthy:
    - RP-2014 Blue Collar Employee (for actives) and RP-2014 Blue Collar Healthy Annuitant (for non-actives), both projected generationally using Scale MP-2016
  - Disabled annuitants:
    - RP-2014 Disabled Retiree Mortality Table, projected generationally using Scale MP-2016

- Retirement:
  - Varies from age 55 to 70

- Net investment return:
  - 7.30%, net of administrative expenses of .80%

NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since information on the accumulated plan benefits at December 31, 2021 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2021 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2021. The complete financial status is presented as of December 31, 2020.

For the Plan year beginning January 1, 2022, the Plan's actuary has certified that the Plan is in neither critical nor endangered status (green zone), within the meaning of the Pension Protection Act of 2006, as amended.

NOTE 6. FUNDING POLICY

The participating employers contribute such amounts as specified in their collective bargaining agreements. The hourly contribution rate in effect during the years ended December 31, 2021 and 2020 ranged from $1.10 to $1.40. In addition, the Plan was imposing a 5% surcharge to contributions due to the Plan being previously certified in critical status. This surcharge was equal to 10% effective January 1, 2020, and ended on May 31, 2020, when the Plan was certified to be in neither critical nor endangered status.

The Plan's actuary has advised that the minimum funding requirements of ERISA are being met as of January 1, 2021.

NOTE 7. FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

The methods used to measure fair value may produce an amount 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 tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2021 and 2020. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

		Fair Value Measurements at 12/31/21 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 15,435,007	$ 15,435,007	$ -	$ -
Short-term investment fund	217,269	-	217,269	-
	15,652,276	$ 15,435,007	$ 217,269	$ -
Investments measured at net asset value:				
Mortgage income fund	1,139,380			
Common collective trust	221,652			
Total	$ 17,013,308			

		Fair Value Measurements at 12/31/20 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 14,671,621	$ 14,671,621	$ -	$ -
Short-term investment fund	281,966	-	281,966	-
	14,953,587	$ 14,671,621	$ 281,966	$ -
Investments measured at net asset value:				
Mortgage income fund	611,910			
Common collective trust	174,947			
Total	$ 15,740,444			

Level 1 Measurements

The fair values of the mutual funds are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value on the last business day of each period presented.

Level 2 Measurements

The short-term investment fund is valued at cost, which approximates its fair value.

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liability. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The following tables summarize investments measured at fair value based on net value per share as of December 31, 2021 and 2020:

December 31, 2021					
		Underlying Assets		Redemption	
Description	Fair Value	Type	Concentration	Frequency	Notice Period
Mortgage income fund	$ 1,139,380	Real estate investments	68%	Monthly	15 days
		Fixed income securities	27%		
		Cash and equivalents	5%		
Common collective trust	$ 221,652	Short-term obligations	100%	Daily	None

December 31, 2020					
		Underlying Assets		Redemption	
Description	Fair Value	Type	Concentration	Frequency	Notice Period
Mortgage income fund	$ 611,910	Real estate investments	74%	Monthly	15 days
		Fixed income securities	22%		
		Cash and equivalents	4%		
Common collective trust	$ 174,947	Short-term obligations	100%	Daily	None

At December 31, 2021, the Plan had an unfunded commitment to the mortgage income fund of approximately $247,000.

NOTE 8. RISKS AND UNCERTAINTIES

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

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

NOTE 9. RELATED ORGANIZATIONS

Identification of Related Organizations

The Plan has a number of related organizations including a local union, a welfare plan, a pension plan, a training fund, an industry fund and a 401(k) plan, all of which are tax-exempt.

Shared Administrative Expenses

The Plan shares office space and administrative expenses with Pipe Fitters' Welfare Fund, Local 597 (the Welfare Fund) on a direct and pro-rata basis. These expenses are initially paid by the Welfare Fund and are allocated periodically to the Plan based on estimated time spent and costs incurred. Shared administrative expenses allocated for the years ended December 31, 2021 and 2020 totaled $50,630 and $46,625 respectively. As of December 31, 2021, the Plan owed the Welfare Fund $10,861 for these expenses. As of December 31, 2020, the Welfare Fund owed the Plan $12,878 for overpayment of these expenses.

NOTE 10. MAJOR EMPLOYERS

All of the employer contributions received for the years ended December 31, 2021 and 2020 were from three employers. In the event one of these employers were to suspend contributions, the Plan would retain the risk of meeting current fixed administrative expenses.

NOTE 11. CONCENTRATION OF PLAN INVESTMENTS

As of December 31, 2021 and 2020, the Plan held units in the Vanguard Total Stock Market Fund with a fair value of $8,285,428 and $7,793,670 respectively, which represents approximately 49% and 50% respectively, of net assets available for benefits. If a significant decline in the fair value of this investment during the next year occurred, a change in the assumed rates of return used to calculate the present value of accumulated plan benefits would be needed.

NOTE 12. IMPACT OF COVID-19 AND NEWLY ENACTED LEGISLATION

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which are likely to negatively impact the Plan, though the potential impact and duration is unknown as of the date the financial statements were available to be issued.

Several major legislative relief packages were enacted in response to the coronavirus outbreak, containing numerous tax, emergency funding and other regulatory provisions affecting retirement plans. The Plan continues to evaluate the impact of newly enacted legislation on its provisions, operations and cash flows.

LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
Plumbing and Heating Wholesalers
Retirement Income Plan for the Benefit
of Shopmen's Division of Pipe Fitters'
Association Local Union 597

We have audited the financial statements of Plumbing and Heating Wholesalers Retirement Income Plan for the Benefit of Shopmen's Division of Pipe Fitters' Association Local Union 597 (the Plan) as of and for the years ended December 31, 2021 and 2020, and our report thereon dated October 3, 2022, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Legacy Professionals LLP

Westchester, Illinois

October 3, 2022

PLUMBING AND HEATING WHOLESALERS RETIREMENT INCOME PLAN FOR THE BENEFIT OF SHOPMAN'S DIVISION OF LOCAL UNION 597

ACCOUNT STATEMENT

Statement Period 01/01/2021 through 12/31/2021
Account Number 004

Schedule Of Assets Held

UNITS	ASSET DESCRIPTION	COST	UNIT PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	YIELD AT MARKET
	DEBT SECURITIES					
	OPEN END MF - FIXED INC TAX					
223,513.559	BAIRD INTERMEDIATE BOND INST CL 057071805	2,429,381.94	11.27	2,518,997.81	89,615.87	1.579

PLUMBING AND HEATING WHOLESALERS RETIREMENT INCOME PLAN FOR THE BENEFIT OF SHOPMAN'S DIVISION OF LOCAL UNION 597

ACCOUNT STATEMENT

Statement Period 01/01/2021 through 12/31/2021
Account Number 004

Schedule Of Assets Held

UNITS	ASSET DESCRIPTION	COST	UNIT PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	YIELD AT MARKET
158,024.591	FIDELITY INCOME FD ADVISOR TOTAL BOND FUND Z 31617L798	1,750,326.58	11.05	1,746,171.73	4,154.85-	2.100
105,710.324	NATIXIS LOOMIS SAY CORE PLUS BOND FUND 63872R574	1,415,342.57	13.57	1,434,489.10	19,146.53	2.609
	TOTAL OPEN END MF - FIXED INC TAX	5,595,051.09		5,699,658.64	104,607.55	
	EQUITY SECURITIES					
	OPEN END MF - EQUITY					
7,445.607	BARON INTERNATIONAL GROWTH FUND-R6 06828M777	208,180.64	33.86	252,108.25	43,927.61	2.094
3,621.191	EUROPAC GROWTH FD AMERICAN 298706821	161,777.99	64.73	234,399.69	72,621.70	1.829
7,693.335	ADVISOR INTERNATIONAL CAPITAL APPRECIATION FUND-Z 315920157	204,603.97	31.87	245,186.59	40,582.62	0.000
8,409.906	HARDING LOEVNER FDS INC INTERNATIONAL EQUITY PORTFOLIO-INST Z 412295719	182,547.66	30.06	252,801.77	70,254.11	1.497
7,426.661	MFS INSTL TR 552966806	209,859.74	33.45	248,421.81	38,562.07	2.057
2,575.384	T ROWE PRICE INTL DISC-I 77956H377	156,812.06	84.26	217,001.86	60,189.80	0.190
70,466.308	VANGUARD TOTAL STK MKT INDEX FD 922908801	2,543,990.38	117.58	8,285,428.49	5,741,438.11	1.213
	TOTAL OPEN END MF - EQUITY	3,667,772.44		9,735,348.46	6,067,576.02	
	SHORT TERM INVESTMENTS					
	SHORT TERM INVESTMENTS					
221,651.51	COMERICA SHORT TERM FUND 20035Y102	221,651.51	1.00	221,651.51	0.00	0.120
7,055.5800	WA CAP JMT MORTGAGE INCOME FD	1,103,275.08	89.5097	1,139,378.73	36,103.65	
281,965.57	INVESCO STIT GOV & AGENCY 1901	217,269.92	1.00	217,269.92	0.00	

PLUMBING AND HEATING WHOLESALERS RETIREMENT INCOME PLAN FOR THE BENEFIT OF SHOPMAN'S DIVISION OF LOCAL UNION 597

ACCOUNT STATEMENT

Statement Period 01/01/2021 through 12/31/2021

Account Number 004

Report Of 5% Transactions

BY ASSET **VALUATION** **14,846,568.90** **THRESHOLD** **742,328.45**

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSES	COST OF ASSET PREV ANNLMKT	NET GAIN/LOSS
CUSIP # 20035Y102 COMERICA SHORT TERM FUND	BUY	11/02/2021 800,000.000	800,000.00		800,000.00 800,000.00	
CUSIP # 20035Y102 COMERICA SHORT TERM FUND	SEL	11/04/2021 825,000.000	825,000.00		825,000.00 825,000.00	
CUSIP # 31617L798 FIDELITY INCOME FD ADVISOR TOTAL BOND FUND Z	BUY	11/03/2021 72,137.060	800,000.00		800,000.00 800,000.00	
CUSIP # 31617L798 FIDELITY INCOME FD ADVISOR TOTAL BOND FUND Z	BUY	11/04/2021 74,525.745	825,000.00		825,000.00 825,000.00	
CUSIP # 4812C0134 JP MORGAN CORE PLUS BOND FUND	SEL	11/02/2021 94,007.051	800,000.00		765,044.18 819,427.21	19,427.21-
CUSIP # 4812C0134 JP MORGAN CORE PLUS BOND FUND	SEL	11/03/2021 100,341.724	855,914.91		816,596.74 874,644.39	18,729.48-

3 PURCHASES FOR 2,425,000.00 3 SALES FOR 2,480,914.91 ISSUE AGGREGATE TOTAL 4,905,914.91

PLUMBING AND HEATING WHOLESALERS RETIREMENT INCOME PLAN FOR THE BENEFIT OF SHOPMAN'S DIVISION OF LOCAL UNION 597

ACCOUNT STATEMENT

Statement Period 01/01/2021 through 12/31/2021

Account Number 004

Report Of 5% Transactions

AGGREGATE BY ASSET **VALUATION** **14,846,568.90** **THRESHOLD** **742,328.45**

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSES	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
CUSIP # 20035Y102						
COMERICA SHORT TERM FUND	BUY	01/04/2021	0.61		0.61	
		0.610			0.61	
	SEL	01/08/2021	2,551.00		2,551.00	
		2,551.000			2,551.00	
	SEL	01/28/2021	50,000.00		50,000.00	
		50,000.000			50,000.00	
	BUY	02/01/2021	3.45		3.45	
		3.450			3.45	
	BUY	02/01/2021	2,568.00		2,568.00	
		2,568.000			2,568.00	
	SEL	02/26/2021	85,000.00		85,000.00	
		85,000.000			85,000.00	
	BUY	03/01/2021	0.97		0.97	
		0.970			0.97	
	BUY	03/31/2021	168,036.18		168,036.18	
		168,036.180			168,036.18	
	BUY	04/01/2021	0.80		0.80	
		0.800			0.80	
	SEL	04/01/2021	50,000.00		50,000.00	
		50,000.000			50,000.00	
	SEL	04/07/2021	2,568.00		2,568.00	
		2,568.000			2,568.00	
	SEL	04/30/2021	60,000.00		60,000.00	
		60,000.000			60,000.00	
	BUY	05/03/2021	2.38		2.38	
		2.380			2.38	
	BUY	05/04/2021	2,551.00		2,551.00	
		2,551.000			2,551.00	
	SEL	05/28/2021	45,000.00		45,000.00	
		45,000.000			45,000.00	
	BUY	06/01/2021	1.37		1.37	
		1.370			1.37	
	BUY	06/22/2021	250,000.00		250,000.00	
		250,000.000			250,000.00	
	SEL	06/30/2021	60,000.00		60,000.00	
		60,000.000			60,000.00	
	BUY	07/01/2021	1.74		1.74	
		1.740			1.74	
	SEL	07/16/2021	2,551.00		2,551.00	
		2,551.000			2,551.00	
	SEL	07/30/2021	55,000.00		55,000.00	
		55,000.000			55,000.00	
	BUY	08/02/2021	2.97		2.97	
		2.970			2.97	
	BUY	08/03/2021	2,568.00		2,568.00	
		2,568.000			2,568.00	

PLUMBING AND HEATING WHOLESALERS RETIREMENT INCOME PLAN FOR THE BENEFIT OF SHOPMAN'S DIVISION OF LOCAL UNION 597

ACCOUNT STATEMENT

Statement Period 01/01/2021 through 12/31/2021

Account Number 004

Report Of 5% Transactions

AGGREGATE BY ASSET **VALUATION** **14,846,568.90** **THRESHOLD** **742,328.45**

DESCRIPTION	TRAN TYPE	SETTLE DATE / SHARES / UNITS	PURCHASE / SALE PROCEEDS	BROKER COMMISSION / OTH EXPENSES	COST OF ASSET / PREV ANNL MKT	NET GAIN / LOSS
CUSIP # 20035Y102						
COMERICA SHORT TERM FUND						
	SEL	08/05/2021	2,568.00		2,568.00	
		2,568.000			2,568.00	
	SEL	08/31/2021	35,000.00		35,000.00	
		35,000.000			35,000.00	
	BUY	09/01/2021	2.37		2.37	
		2.370			2.37	
	SEL	09/30/2021	60,000.00		60,000.00	
		60,000.000			60,000.00	
	BUY	10/01/2021	2.37		2.37	
		2.370			2.37	
	SEL	10/29/2021	45,000.00		45,000.00	
		45,000.000			45,000.00	
	BUY	11/01/2021	1.19		1.19	
		1.190			1.19	
	BUY	11/02/2021	800,000.00		800,000.00	
		800,000.000			800,000.00	
	BUY	11/03/2021	55,914.91		55,914.91	
		55,914.910			55,914.91	
	SEL	11/04/2021	825,000.00		825,000.00	
		825,000.000			825,000.00	
	BUY	11/09/2021	2,551.00		2,551.00	
		2,551.000			2,551.00	
	BUY	11/15/2021	700,000.00		700,000.00	
		700,000.000			700,000.00	
	SEL	11/16/2021	700,000.00		700,000.00	
		700,000.000			700,000.00	
	SEL	11/29/2021	40,000.00		40,000.00	
		40,000.000			40,000.00	
	BUY	12/01/2021	2.66		2.66	
		2.660			2.66	
	BUY	12/30/2021	182,731.01		182,731.01	
		182,731.010			182,731.01	
22 PURCHASES FOR	2,166,942.98	17 SALES FOR	2,120,238.00	ISSUE AGGREGATE TOTAL	4,287,180.98	
CUSIP # 31617L798						
FIDELITY INCOME FD ADVISOR TOTAL BOND FUND Z	BUY	11/03/2021	800,000.00		800,000.00	
		72,137.060			800,000.00	
	BUY	11/04/2021	825,000.00		825,000.00	
		74,525.745			825,000.00	
	BUY	11/16/2021	220,000.00		220,000.00	
		19,909.502			220,000.00	
	BUY	12/06/2021	2,833.52		2,833.52	
		255.502			2,833.52	
	BUY	12/07/2021	834.14		834.14	
		75.013			834.14	

PLUMBING AND HEATING WHOLESALERS RETIREMENT INCOME PLAN FOR THE BENEFIT OF SHOPMAN'S DIVISION OF LOCAL UNION 597

ACCOUNT STATEMENT

Statement Period 01/01/2021 through 12/31/2021

Account Number 004

Report Of 5% Transactions

AGGREGATE BY ASSET **VALUATION** 14,846,568.90 **THRESHOLD** 742,328.45

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSES	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
CUSIP # 31617L798						
FIDELITY INCOME FD ADVISOR TOTAL BOND FUND Z						
	BUY	12/29/2021	2,169.74		2,169.74	
		196.179			2,169.74	
	SEL	12/30/2021	100,000.00		100,510.82	510.82-
		9,074.410			100,510.82	
6 PURCHASES FOR 1,850,837.40		1 SALES FOR	100,000.00	ISSUE AGGREGATE TOTAL	1,950,837.40	
CUSIP # 4812C0134						
JP MORGAN CORE PLUS BOND FUND	BUY	01/29/2021	3,064.40		3,064.40	
		352.635			3,064.40	
	BUY	02/26/2021	3,771.38		3,771.38	
		440.068			3,771.38	
	BUY	03/31/2021	3,644.47		3,644.47	
		430.788			3,644.47	
	BUY	04/30/2021	4,039.40		4,039.40	
		474.665			4,039.40	
	BUY	05/28/2021	3,396.90		3,396.90	
		398.230			3,396.90	
	BUY	06/30/2021	3,411.64		3,411.64	
		398.091			3,411.64	
	BUY	07/30/2021	3,366.67		3,366.67	
		389.661			3,366.67	
	BUY	08/31/2021	3,636.10		3,636.10	
		421.821			3,636.10	
	BUY	09/30/2021	3,533.73		3,533.73	
		413.786			3,533.73	
	BUY	10/29/2021	3,512.20		3,512.20	
		411.747			3,512.20	
	SEL	11/02/2021	800,000.00		765,044.18	19,427.21-
		94,007.051			819,427.21	
	SEL	11/03/2021	855,914.91		816,596.74	18,729.48-
		100,341.724			874,644.39	
10 PURCHASES FOR 35,376.89		2 SALES FOR	1,655,914.91	ISSUE AGGREGATE TOTAL	1,691,291.80	
CUSIP # 922908801						
VANGUARD TOTAL STK MKT INDEX FD	BUY	03/25/2021	26,897.41		26,897.41	
		273.876			26,897.41	
	SEL	03/31/2021	450,000.00		159,125.87	23,488.04
		4,500.900			426,511.96	
	SEL	06/22/2021	250,000.00		82,634.23	28,511.90
		2,337.322			221,488.10	
	BUY	06/24/2021	24,887.12		24,887.12	
		232.199			24,887.12	
	BUY	09/24/2021	26,762.84		26,762.84	
		239.639			26,762.84	

PLUMBING AND HEATING WHOLESALERS RETIREMENT INCOME PLAN FOR THE BENEFIT OF SHOPMAN'S DIVISION OF LOCAL UNION 597

ACCOUNT STATEMENT

Statement Period 01/01/2021 through 12/31/2021
Account Number 004

Report Of 5% Transactions

AGGREGATE BY ASSET **VALUATION** **14,846,568.90** **THRESHOLD** **742,328.45**

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSES	COST OF ASSET PREV ANNL MKT	NET GAIN/LOSS
CUSIP # 922908801						
VANGUARD TOTAL STK MKT INDEX FD						
	SEL	11/15/2021	700,000.00		213,011.76	135,833.10
		5,947.829			564,166.90	
	BUY	12/28/2021	29,363.81		29,363.81	
		251.553			29,363.81	
4 PURCHASES FOR	107,911.18	3 SALES FOR	1,400,000.00	ISSUE AGGREGATE TOTAL	1,507,911.18	

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

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

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

A Name of plan
PLUMBING & HEATING WHOLESALERS RETIREMENT INCOME PLAN FOR THE BENEFIT OF SHOPMENS DIVISION OF PIPE FITTERS ASSOCIATION, LOCAL UNION 597

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SHOPMENS DIVISION LOCAL 597 JOINT BOARD OF TRUSTEES

D Employer Identification Number (EIN)
36-6511016

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

1a	Enter the valuation date: Month 01 Day 01 Year 2021		
b	Assets		
	(1) Current value of assets	1b(1)	15,584,820
	(2) Actuarial value of assets for funding standard account	1b(2)	14,352,773
c	**(1)** Accrued liability for plan using immediate gain methods	1c(1)	15,298,576
	(2) Information for plans using spread gain methods:		
	(a) Unfunded liability for methods with bases	1c(2)(a)	
	(b) Accrued liability under entry age normal method	1c(2)(b)	
	(c) Normal cost under entry age normal method	1c(2)(c)	
	(3) Accrued liability under unit credit cost method	1c(3)	15,298,576
d	Information on current liabilities of the plan:		
	(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
	(2) "RPA '94" information:		
	(a) Current liability	1d(2)(a)	32,177,331
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	682,070
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	925,223
	(3) Expected plan disbursements for the plan year	1d(3)	1,055,223

Statement by Enrolled Actuary

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

SIGN HERE

Geoff Bridges GWB
Signature of actuary

09/29/2022
Date

GEOFF BRIDGES, FSA, MAAA
Type or print name of actuary

2006597
Most recent enrollment number

SEGAL
Firm name

312-984-8500
Telephone number (including area code)

101 N. WACKER DR., SUITE 500
CHICAGO IL 60606-1724
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	15,584,820
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		163	10,871,672
(2) For terminated vested participants		235	12,497,874
(3) For active participants:			
(a) Non-vested benefits			933,764
(b) Vested benefits			7,874,021
(c) Total active		122	8,807,785
(4) Total		520	32,177,331
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	48.43%

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/01/2021	371,895				

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability ..... **6a** 2.43 %

		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	6P		6P	
(2) Females	**6c(2)**	6FP		6FP	
d Valuation liability interest rate	**6d**	7.30 %		7.30 %	
e Expense loading	**6e**	60.2 %	☐ N/A	%	☒ N/A
f Salary scale	**6f**	%	☒ N/A		

g Estimated investment return on actuarial value of assets for year ending on the valuation date ..... **6g** 10.2 %

h Estimated investment return on current value of assets for year ending on the valuation date ..... **6h** 14.6 %

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-322,493	-33,627

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval **8a**

b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule. ..... ☒ Yes ☐ No

b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule. ..... ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ..... ☒ Yes ☐ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ..... ☒ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..... **8d(2)** 5

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ..... ☐ Yes ☒ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) ..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension ..... **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ..... ☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) **8e** 0

9 Funding standard account statement for this plan year:				
Charges to funding standard account:				
a Prior year funding deficiency, if any			9a	0
b Employer's normal cost for plan year as of valuation date			9b	333,128
c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	3,169,337		438,341
(2) Funding waivers	9c(2)			
(3) Certain bases for which the amortization period has been extended	9c(3)			
d Interest as applicable on lines 9a, 9b, and 9c			9d	56,317
e Total charges. Add lines 9a through 9d			9e	827,786
Credits to funding standard account:				
f Prior year credit balance, if any			9f	1,265,744
g Employer contributions. Total from column (b) of line 3			9g	371,895
		Outstanding balance		
h Amortization credits as of valuation date	9h	957,790		134,784
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			9i	115,813
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	9j(1)	2,730,436		
(2) "RPA '94" override (90% current liability FFL)	9j(2)	15,144,012		
(3) FFL credit			9j(3)	0
k (1) Waived funding deficiency			9k(1)	
(2) Other credits			9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			9l	1,888,236
m Credit balance: If line 9l is greater than line 9e, enter the difference			9m	1,060,450
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			9n	

9o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		☒ Yes ☐ No

Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2020.

		Pension Credits							
Age	**Total**	**Less than 1**	**1 - 4**	**5 - 9**	**10 - 14**	**15 - 19**	**20 - 24**	**25 - 29**	**30 - 34**
Under 25	7	–	7	–	–	–	–	–	–
25 - 29	10	2	5	3	–	–	–	–	–
30 - 34	13	2	6	4	1	–	–	–	–
35 - 39	20	–	5	9	4	2	–	–	–
40 - 44	15	1	3	3	4	3	1	–	–
45 - 49	13	–	3	4	–	1	–	5	–
50 - 54	17	–	3	1	3	4	4	2	–
55 - 59	12	–	2	3	2	3	2	–	–
60 - 64	10	–	–	2	3	–	–	2	3
65 - 69	5	–	–	2	3	–	–	–	–
Total	**122**	**5**	**34**	**31**	**20**	**13**	**7**	**9**	**3**

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Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates

Non-retired participants: RP-2014 Blue Collar Employee mortality tables projected generationally with Scale MP-2016

Beneficiaries and non-disabled pensioners: RP-2014 Blue Collar Healthy Annuitant mortality tables projected generationally with Scale MP-2016

Disabled pensioners: RP-2014 Disabled Retiree mortality tables projected generationally with Scale MP-2016

The underlying mortality tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date for the respective group of participants. The mortality tables were then adjusted to future years using generational projections using the Scale MP-2016 to anticipate future mortality improvement.

The mortality rates were based on historical and current demographic data, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior years' assumption over the past 3 years.

Annuitant Mortality Rates

	Rate (%)[1]			
	Healthy		Disabled	
Age	Male	Female	Male	Female
55	0.56	0.39	2.17	1.39
60	0.82	0.57	2.57	1.68
65	1.23	0.84	3.09	2.01
70	1.87	1.30	3.84	2.62
75	2.92	2.12	5.04	3.78
80	4.78	3.55	7.07	5.68
85	8.05	6.12	10.51	8.51
90	13.70	10.59	16.18	12.55

[1] Mortality rates are projected on a generational basis using Scale MP-2016. Rates above are sample rates in 2021

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Termination Rates

	Rate (%)			
	Mortality[1]			
Age	Male	Female	Disability[2]	Withdrawal[3]
20	0.04	0.02	0.14	7.94
25	0.06	0.02	0.19	7.72
30	0.05	0.02	0.25	7.22
35	0.07	0.03	0.33	6.28
40	0.08	0.04	0.50	5.15
45	0.12	0.07	0.81	3.98
50	0.20	0.12	1.36	2.56
55	0.33	0.18	2.27	0.94
60	0.59	0.27	3.66	0.09

[1] Mortality rates are projected on a generational basis using Scale MP-2016. Rates above are sample rates in 2021

[2] Rates cut out at participant's Normal Retirement Age

[3] Rates cut out at participant's earliest retirement Age

The withdrawal rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of withdrawals and disability retirements and the projected number based on the prior years' assumption over the past 3 years.

Retirement Rates for Active and Inactive Vested Participants	<table><tr><th>Age</th><th>Annual Retirement Rates</th></tr><tr><td>55 – 57</td><td>1%</td></tr><tr><td>58 – 60</td><td>2%</td></tr><tr><td>61</td><td>5%</td></tr><tr><td>62</td><td>15%</td></tr><tr><td>63</td><td>5%</td></tr><tr><td>64</td><td>2%</td></tr><tr><td>65</td><td>60%</td></tr><tr><td>66 – 69</td><td>35%</td></tr><tr><td>70 & over</td><td>100%</td></tr></table> The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience, and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior years' assumption over the past 3 years.
Description of Weighted Average Retirement Age	Age 65, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2021 actuarial valuation.
Future Benefit Accruals	One pension credit per year The future benefit accruals were based on historical and current data, adjusted to reflect estimated future experience, and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the past 3 years.
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants	Active participants are defined as those with at least 500 hours in the most recent plan year, excluding those who have retired as of the valuation date.
Exclusion of Inactive Vested Participants	Inactive participants over age 72 are excluded from the valuation. The exclusion of inactive vested participants over age 72 was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.
Percent Married	85%

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Age and Gender of Spouse	Spouses are assumed to be 4 years younger than male participants and 4 years older than female participants. If not specified, spouses are assumed to be the opposite gender of the participants.
Benefit Election	Married participants are assumed to elect the 50% joint-and-survivor form of payment and non-married participants are assumed to elect the life only form of payment. The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment.
Delayed Retirement Factors	Active participants working past Normal Retirement Age are assumed to have timely received a suspension of benefits notice. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.
Net Investment Return	7.30% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation. Also, input from the Plan's Investment Advisor was considered.
Annual Administrative Expenses	$130,000 for the year beginning January 1, 2021 (equivalent to $125,158 payable at the beginning of the year) or 60.2% of Normal Cost. The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Actuarial Value of Assets	The market value of assets less unrecognized returns in prior years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized 20% per year over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value
Actuarial Cost Method	Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit L.
Current Liability Assumptions	*Interest:* 2.43%, within the permissible range prescribed under IRC Section 431(c)(6)(E) *Mortality:* Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally using scale MP-2019 (previously, RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2017.
Estimated Rate of Investment Return	*On actuarial value of assets (Schedule MB, line 6g):* 10.2%, for the Plan Year ending December 31, 2020 *On current (market) value of assets (Schedule MB, line 6h):* 14.6%, for the Plan Year ending December 31, 2020

Segal

Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Schedule of Projection of Expected Benefit Payments

(Schedule MB, Line 8b(1))

Plan Year	Expected Annual Benefit Payments
2021	$924,865
2022	962,749
2023	993,639
2024	1,014,259
2025	1,052,574
2026	1,089,579
2027	1,106,738
2028	1,145,491
2029	1,168,738
2030	1,187,409

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.

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Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption Change	01/01/2009	$95,568	8	$15,090
Actuarial Loss	01/01/2009	1,556,456	8	245,755
Actuarial Loss	01/01/2014	342,166	13	38,807
Actuarial Loss	01/01/2016	129,195	10	17,382
Assumption Change	01/01/2017	159,060	11	20,065
Actuarial Loss	01/01/2018	320,449	12	38,204
Assumption Change	01/01/2019	321,748	13	36,491
Assumption Change	01/01/2020	7,196	14	781
Actuarial Loss	01/01/2020	237,499	14	25,766
Total		**$3,169,337**		**$438,341**

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Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial Gain	01/01/2010	$62,079	4	$17,196
Actuarial Gain	01/01/2011	78,212	5	17,920
Actuarial Gain	01/01/2012	66,784	6	13,179
Actuarial Gain	01/01/2013	32,906	7	5,750
Actuarial Gain	01/01/2015	61,176	9	8,863
Actuarial Gain	01/01/2017	27,702	11	3,495
Actuarial Gain	01/01/2019	306,438	13	34,754
Actuarial Gain	01/01/2021	322,493	15	33,627
Total		**$957,790**		**$134,784**

Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.95% to 2.43% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2021: ➢ Administrative expenses, previously $120,000 payable monthly.

FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 1 contribution date.
Schedule MB, line 11	Since the assumption change did not change the unfunded accrued liability, no Funding Standard Account base was established.
Change in Actuary	Currently, Geoff Bridges, FSA, MAAA, EA of Segal is engaged by the plan sponsor as the Enrolled Actuary for the plan. Formerly, David Strom, FSA, MAAA, EA of the same firm held that position. The change was made to due to the retirement of the prior actuary.

Summary of Plan Provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Year	January 1 through December 31
Pension Credit Year	January 1 through December 31
Plan Status	Ongoing plan
Regular Pension	• *Age Requirement:* 65 • *Service Requirement:* 5 years of participation including 500 hours in 24 month period preceding date of retirement • *Amount:* $10.00 per year of past service pension credit (service prior to June 1, 1972) plus $50.00 per year of future service pension credit (service after June 1, 1972). • *Delayed Retirement Amount:* Regular pension accrued at Normal Retirement Age (NRA), increased by 1.0% for each month greater than NRA, and 1.5% for each month greater than age 70.
Early Retirement Pension	• *Age Requirement:* 55 • *Service Requirement:* 15 vesting credits with 10 future service pension credits, including 500 hours in 24-month period immediately preceding date of retirement. • *Amount:* Regular pension accrued reduced by 6% for each year of age between ages 60 and 65 and 4% for each year between ages 55 and 60.
Disability Pension	• *Age Requirement:* 45 • *Service Requirement:* 10 Years of Vesting Service and worked in Covered Employment for at least 500 hours during the 24 calendar months immediately preceding disability. • *Amount:* Regular pension accrued
Deferred Pension	• *Age Requirement:* None • *Service Requirement:* 5 year of vesting service • *Amount:* Regular pension accrued at the benefit accrual rate in effect when participant last earned pension credit, multiplied by vesting percentage (if applicable) payable at Normal Retirement Age. Benefit may also be payable as early as age 55 subject to same adjustment for early commencement as the Early Retirement Pension if the participant has 10 future service pension credits and 15 vesting credits. • *Normal Retirement Age:* 65

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Spouse's Pre-Retirement Death Benefit	• *Age Requirement:* None • *Service Requirement:* 5 years of vesting service • *When Paid:* The later of immediately or the earliest early retirement age for the deceased participant. If the participant had not satisfied the service requirement for early retirement, payments commence at normal retirement date. • *Amount:* 50% of the benefit the employee would have received had he or she retired at date of death rather than died, elected the 50% joint and survivor form of payment and commenced payment on the date described above. Reductions are made to the accrued benefit for early commencement (if applicable) and form of payment. • *Charge for Coverage:* None
Post-Retirement Death Benefit	If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, and the spouse predeceases the employee, and the employee retired on January 1, 1999 or later, the employee's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected (pop-up provisions). If rejected, or if not married, benefits are payable for the life of the employee without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.
Optional Forms of Benefits	The following optional forms of payment are available: • 50%, 66 2/3%, 75% or 100% joint and survivor annuities, with pop-up provisions • Life annuity with five, ten or fifteen years certain
Participation	After completion of one hour during a calendar year

Pension Credit

- *For service prior to June 1, 1972*: Number of completed years of employment between date of hire and May 31, 1972, subject to a maximum of 15 pension credits
- *For service between June 1, 1972 and December 31, 1991*:

Hours	Pension Credit
500 to 699	0.3
700 to 899	0.4
900 to 1,099	0.5
1,100 to 1,299	0.6
1,300 to 1,499	0.7
1,500 to 1,699	0.8
1,700 to 1,899	0.9
1,900 and over	1.0

- *For service on or after January 1, 1992:*

Hours	Pension Credit
500 to 659	0.3
660 to 799	0.4
800 to 939	0.5
940 to 1,079	0.6
1,080 to 1,219	0.7
1,220 to 1,359	0.8
1,360 to 1,499	0.9
1,500 and over	1.0

Vesting Credit

One year of vesting service for each calendar year during the contribution period in which the employee works in covered employment for 500 hours or more

Contribution Rate

Effective	Contribution Rate
June 1, 2020	$1.20
June 1, 2021	1.40
June 1, 2022	1.60
June 1, 2023	1.80
June 1, 2024	2.00

Changes in Plan Provisions

There were no changes in plan provisions reflected in this actuarial valuation.

SCHEDULE H OTHER RECEIVABLES STATEMENT 1

DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST & DIVIDENDS	2.	13,758.
PREPAID EXPENSES	10,182.	10,133.
DUE FROM RELATED ORGANIZATION	12,878.	0.
TOTAL TO SCHEDULE H, LINE 1B(3)	23,062.	23,891.

SCHEDULE H OTHER PLAN LIABILITIES STATEMENT 2

DESCRIPTION	BEGINNING	ENDING
DUE TO BROKER	281,966.	217,269.
DUE TO RELATED ORGANIZATION	0.	10,861.
TOTAL TO SCHEDULE H, LINE 1J	281,966.	228,130.

SCHEDULE H OTHER ADMINISTRATIVE EXPENSES STATEMENT 3

DESCRIPTION	AMOUNT
INSURANCE	11,845.
OTHER	709.
PLAN TERMINATION INSURANCE	16,492.
SHARED ADMINISTRATIVE EXPENSES	50,630.
PRINTING	772.
TOTAL TO SCHEDULE H, LINE 2I(4)	80,448.

ACTIVE PARTICIPANT DATA

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB

JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTION

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB

SUMMARY OF PLAN PROVISIONS

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB

ACTUARIAL ASSUMPTION METHODS

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB