

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

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>PLUMBERS AND PIPEFITTERS LOCAL UNION 553 PENSION PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES OF THE PLUMBERS AND PIPEFITTERS LOCAL 553</u> <u>2 S WESLEY DR</u> <u>EAST ALTON, IL 62024-2097</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1965</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>37-6052808</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>618-259-4379</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>238220</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1965</u>		2b Employer Identification Number (EIN) <u>37-6052808</u>		2c Plan Sponsor's telephone number <u>618-259-4379</u>		2d Business code (see instructions) <u>238220</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>07/01/1965</u>											
2b Employer Identification Number (EIN) <u>37-6052808</u>											
2c Plan Sponsor's telephone number <u>618-259-4379</u>											
2d Business code (see instructions) <u>238220</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2022	BRAD BEST
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2022	HERBERT H. FROHOCK, III
	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

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Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 426
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 222 6a(2) 218 6b 166 6c 23 6d 407 6e 25 6f 432 6g 6h 5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 31

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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
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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 PLUMBERS AND PIPEFITTERS LOCAL UNION 553 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF THE PLUMBERS AND PIPEFITTERS LOCAL 553	D Employer Identification Number (EIN) 37-6052808

E Type of plan: (1) ☒ 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)	55874966
(2) Actuarial value of assets for funding standard account	1b(2)	51492402
c (1) Accrued liability for plan using immediate gain methods	1c(1)	67106690
(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)	67106690
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)	121452438
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	3059721
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	5251464
(3) Expected plan disbursements for the plan year.....	1d(3)	5251464

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	09/28/2022
Signature of actuary	Date
KEITH KOWALCZYK	20-02812
Type or print name of actuary	Most recent enrollment number
EKON BENEFITS	314-367-6555
Firm name	Telephone number (including area code)
4940 WASHINGTON BLVD., ST. LOUIS, MO 63108	
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 ☐

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Schedule MB (Form 5500) 2021
v. 201209

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	55874966
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	185	76641423
(2) For terminated vested participants	19	4068398
(3) For active participants:		
(a) Non-vested benefits.....		551672
(b) Vested benefits.....		40190945
(c) Total active	222	40742617
(4) Total	426	121452438
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	46.00 %

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
07/15/2021	3530715	0			
Totals ▶			3(b)	3530715	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	76.7 %
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)	9P20	9P20	
(2) Females	6c(2)	9FP20	9FP20	
d Valuation liability interest rate	6d	7.25 %	7.25 %	
e Expense loading	6e	12.3 % ☐ N/A	0.0 %	☐ N/A
f Salary scale	6f	0.00 % ☐ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	10.0 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	15.9 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	1561942	162434
1	-1766985	-183758

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	1054785
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)	23784603
(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	380448
e Total charges. Add lines 9a through 9d.....	9e	5628011

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	4541285
g Employer contributions. Total from column (b) of line 3.....	9g	3530715
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	3629030
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	488289
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	
(3) FFL credit	9j(3)	
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	9109584
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	3481573
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 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	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan PLUMBERS AND PIPEFITTERS LOCAL UNION 553 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE PLUMBERS AND PIPEFITTERS LOCAL 553	D Employer Identification Number (EIN) 37-6052808	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PNC BANK	815 CONNECTICIT AVE., NW SUITE 320 WASHINGTON, DC 20006
22-1146430	

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

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

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

BUSEY BANK

12300 OLIVE BLVD.
CREVE COEUR, MO 63141

37-0613731

(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?
18 28 51	NONE	63772	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLUMBERS 553 HEALTH & WELFARE FUND

2 SOUTH WESLEY DRIVE
EAST ALTON, IL 62024

37-0695761

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 99	AFFILIATE	36479	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EKON ADVISORS

4940 WASHINGTON BLVD.
ST. LOUIS, MO 63108

47-4491266

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	29632	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EKON BENEFITS

4940 WASHINGTON BLVD.
ST. LOUIS, MO 63108

43-1317863

(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 50 17	NONE	25010	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RSM US LLP

8182 MARYLAND AVENUE
SUITE 900
ST. LOUIS, ME 63105

42-0714325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	16880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORICE, LIST & ASSOCIATES, LLC

8700 MANCHESTER ROAD
ST. LOUIS, MO 63144

82-1514691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	10238	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HAMMOND AND SHINNERS, P.C.

7730 CARONDELET AVE.
SUITE 200
ST. LOUIS, ME 63105

43-1429257

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	5727	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 ☐

(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:	RSM US LLP	b EIN:	42-0714325
c Position:	PLAN ACCOUNTANT		
d Address:	8182 MARYLAND AVE. SUITE 900 ST. LOUIS, MO 63105	e Telephone:	314-835-4475

Explanation: THE PLAN ACCOUNTANT INFORMED THE FUND THAT THEY WERE NO LONGER PERFORMING AUDITS OF EMPLOYEE BENEFIT PLANS AND WERE REPLACED AS PART OF A BIDDING PROCESS.

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 PLUMBERS AND PIPEFITTERS LOCAL UNION 553 PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE PLUMBERS AND PIPEFITTERS LOCAL 553				D Employer Identification Number (EIN) 37-6052808	
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: AFL-CIO BUILDING INVESTMENT TRUST					
b Name of sponsor of entity listed in (a): PNC BANK, NATIONAL ASSOCIATION					
c EIN-PN 52-6328901-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3699377	
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)	
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			

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>PLUMBERS AND PIPEFITTERS LOCAL UNION 553 PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF THE PLUMBERS AND PIPEFITTERS LOCAL 553</u>	D Employer Identification Number (EIN) <u>37-6052808</u>	

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	603160	415842
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	476833	415378
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	87647	87980
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	779433	1421150
(2) U.S. Government securities	1c(2)	3537177	2911438
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2478559	2398493
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2478851	10190887
(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)	3282666	3699377
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	42299216	39133650
(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	56023542 60674195
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	566766 327818
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	144064 91647
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	710830 419465
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	55312712 60254730

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	3572823
	(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)	3572823
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1278
	(B) U.S. Government securities	2b(1)(B)	115724
	(C) Corporate debt instruments	2b(1)(C)	62881
	(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)	179883
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	100629
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1181701
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1282330
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3398527
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2384018
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	1014509
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	150779
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	150779

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		416712
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		4103434
c Other income.....	2c		1755
d Total income. Add all income amounts in column (b) and enter total.....	2d		10722225
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5576613	
(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)		5576613
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)	44787	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	93404	
(4) Other.....	2i(4)	65403	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		203594
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5780207
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		4942018
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ANDERS MINKLER HUBER & HELM LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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 430266 _____.			

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

A Name of plan PLUMBERS AND PIPEFITTERS LOCAL UNION 553 PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE PLUMBERS AND PIPEFITTERS LOCAL 553	D Employer Identification Number (EIN) 37-6052808

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 37-6052808		
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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer JJ WHITE, INC.

b EIN 23-1216160

c Dollar amount contributed by employer 1813975

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 12 Day 31 Year 2021

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) 7.50

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

a Name of contributing employer MADISON INDUSTRIAL

b EIN 20-0696261

c Dollar amount contributed by employer 1752104

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 12 Day 31 Year 2021

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) 7.50

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

a Name of contributing employer GRP WEGMAN COMPANY

b EIN 37-1032594

c Dollar amount contributed by employer 1063620

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 12 Day 31 Year 2021

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) 7.50

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

a Name of contributing employer SCHECK MECHANICAL CORP.

b EIN 36-3294759

c Dollar amount contributed by employer 798278

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 12 Day 31 Year 2021

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) 7.50

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

a Name of contributing employer GROSS MECHANICAL

b EIN 43-1375553

c Dollar amount contributed by employer 470718

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 12 Day 31 Year 2021

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) 7.50

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

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

1.01

b The corresponding number for the second preceding plan year.....

15b

0.99

- 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

0

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

PLUMBERS AND PIPEFITTERS LOCAL 553 PENSION PLAN

**FINANCIAL STATEMENTS WITH
SUPPLEMENTARY INFORMATION AND
ADDITIONAL INFORMATION
AND
INDEPENDENT AUDITORS' REPORT
YEARS ENDED DECEMBER 31, 2021 AND 2020**

Contents

	<u>Page</u>
Independent Auditors' Report	1 - 3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Accumulated Plan Benefits	6
Statements of Changes in Accumulated Plan Benefits	7
Notes to Financial Statements	8 - 18
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	19 - 24
Schedule H, Line 4j - Schedule of Reportable Transactions	25
Additional Information	
Schedule of Administrative Expenses	26

Independent Auditors' Report

Board of Trustees
Plumbers and Pipefitters Local 553 Pension Plan
East Alton, IL

Opinion

We have audited the accompanying financial statements of Plumbers and Pipefitters Local 553 Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statement of net assets available for benefits and of accumulated plan benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits and of changes in accumulated plan benefits for the year 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 and accumulated plan benefits of the Plan as of December 31, 2021, and the changes in its net assets available for 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 audit 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Prior Period Financial Statement

The 2020 financial statements of Plumbers and Pipefitters Local 553 Pension Plan were audited by predecessor auditors whose report dated October 14, 2021 expressed an unmodified opinion on those financial statements.

Responsibilities of Management for the Financial Statements

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

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

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

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.
- 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.

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Assets (Held at End of Year) and reportable Transactions are presented for 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Additional Information

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



October 11, 2022

Plumbers and Pipefitters Local 553 Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

Assets			
		<u>2021</u>	<u>2020</u>
Investments, at fair value		<u>\$ 59,754,995</u>	<u>\$ 54,855,902</u>
Receivables			
Employer contributions receivable		415,378	476,833
Accrued dividends and interest receivable		24,849	20,097
Due from broker for securities sold		53,547	52,859
Due from related parties		-	2,242
Total Receivables		<u>493,774</u>	<u>552,031</u>
Cash - Noninterest Bearing		415,842	603,160
Prepaid expenses		<u>9,584</u>	<u>12,449</u>
Total Assets		<u>60,674,195</u>	<u>56,023,542</u>
Liabilities			
Reciprocity payable		327,818	566,766
Accounts payable		13,600	27,328
Due to related party		<u>78,047</u>	<u>116,736</u>
Total Liabilities		<u>419,465</u>	<u>710,830</u>
Net Assets Available for Benefits		<u>\$ 60,254,730</u>	<u>\$ 55,312,712</u>

Plumbers and Pipefitters Local 553 Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions to Net Assets:		
Investment Income:		
Interest income	\$ 399,795	\$ 307,194
Dividend income	1,062,418	786,339
Net appreciation in fair value of investments	<u>5,685,434</u>	<u>6,279,796</u>
	7,147,647	7,373,329
Less: investment expense	<u>(93,404)</u>	<u>(78,897)</u>
Net Investment Income	7,054,243	7,294,432
Contributions:		
Employer contributions	<u>3,572,823</u>	<u>3,285,294</u>
Miscellaneous income	<u>1,755</u>	<u>3,661</u>
Total Additions	<u>10,628,821</u>	<u>10,583,387</u>
Deductions from Net Assets:		
Benefit Payments:		
Retirement benefits	5,534,775	5,279,878
Death benefits	<u>41,838</u>	<u>26,722</u>
Total Benefit Payments	5,576,613	5,306,600
Administrative Expenses	<u>110,190</u>	<u>187,370</u>
Total Deductions	<u>5,686,803</u>	<u>5,493,970</u>
Net Increase	4,942,018	5,089,417
Net Assets Available for Benefits, Beginning of Year	<u>55,312,712</u>	<u>50,223,295</u>
Net Assets Available for Benefits, End of Year	<u>\$ 60,254,730</u>	<u>\$ 55,312,712</u>

Plumbers and Pipefitters Local 553 Pension Plan
Statements of Accumulated Plan Benefits
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Actuarial Present Value of Accumulated Plan Benefits		
Vested Benefits		
Participants currently receiving payments	\$ 52,325,501	\$ 49,202,360
Terminated vested participants	1,983,453	1,665,771
Active participants	<u>12,353,889</u>	<u>16,110,111</u>
Total Vested Benefits	66,662,843	66,978,242
Non-Vested Benefits	<u>199,986</u>	<u>128,448</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 66,862,829</u>	<u>\$ 67,106,690</u>

Plumbers and Pipefitters Local 553 Pension Plan
Statements of Changes in Accumulated Plan Benefits
Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 67,106,690	\$ 65,881,035
Increase (decrease) during the year attributed to:		
Change in actuarial assumptions	-	1,561,942
Benefits accrued	991,832	753,047
Interest for the period	4,660,255	4,745,141
Benefits paid	(5,654,630)	(5,224,975)
Actuarial gain	<u>(241,318)</u>	<u>(609,500)</u>
Net increase (decrease)	<u>(243,861)</u>	<u>1,225,655</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Year	<u>\$ 66,862,829</u>	<u>\$ 67,106,690</u>

Plumbers and Pipefitters Local 553 Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

1. Description of the Plan

The following description of Plumbers and Pipefitters Local 553 Pension Plan (the "Plan") provides only general information. Participants of the Plan should refer to the plan document and summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit pension plan. The Plan was established in 1965, pursuant to a collective bargaining agreement ("CBA") between Plumbers and Pipefitters Local 553 (the "Union") and the participating employers (the "Employers") to provide retirement, death, and disability retirement benefits to eligible participants and beneficiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

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

Eligibility

To be eligible, an employee must be working for an Employer who is subject to the CBA or for an Employer subject to a trustee approved participation agreement. Additionally, pursuant to a participation agreement, office employees of the Plan are eligible to participate in the Plan. Participants are considered eligible on the first day of the month, coinciding with or the next, following the day, entered into covered employment.

Funding Policy

The Employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA or such other agreements and is subject to minimum funding requirements of ERISA and maximum deductibility of contributions by the Employers under the Internal Revenue Code ("IRC"). The hourly contribution rate was \$7.50 for both years ended December 31, 2021 and 2020. Contributions by participants are not permitted under the Plan. The Trustees design the benefit structure based on information from the actuarial consultants. The Plan's actuary has certified that the minimum funding requirements under ERISA have been met as of December 31, 2021 and 2020.

Plumbers and Pipefitters Local 553 Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

Pension Protection Act Funding Status

As required by ERISA under the Pension Protection Act of 2006 ("PPA"), the Plan's actuary has completed the Plan's actuarial funding certification as of December 31, 2021, in accordance with generally accepted actuarial principles and practices. The certification was based on projections using the actuarial present value of accumulated plan benefits as of December 31, 2020 and audited financial information as of December 31, 2020, as well as other information, including estimated cash flows for the year ended December 31, 2021 and the rate of market value return as reported by investment consultants. The funded status provides an indication of the financial health of the Plan.

The actuary employed by the Plan calculated the funding status for the Plan and determined that the Plan was neither critical nor endangered (green zone), for the 2021 Plan year beginning January 1, 2021.

Vesting

Participants are fully vested if either of the following have been completed: at least 5 years of vesting service; or while active in the Plan, the participant reaches the later of age 65 or the fifth anniversary of participation in the Plan. A year of service is a calendar year during which at least 1,000 hours of vesting service are completed.

Pension Benefits

The Plan provides the following types of monthly pensions for qualified employees who retire from covered employment: 1) normal retirement, 2) early retirement, 3) late retirement, 4) disability retirement, and 5) deferred pension benefit. The monthly pension amount is related to the number of pension credits earned by an employee. Once an employee retires, benefits will be paid for life as long as the former employee remains retired. At death, survivor benefits may be paid to the deceased employee's spouse. In certain instances, a death benefit is also payable if an employee dies before retirement. There is no compulsory retirement age under the Plan. A detailed description of all available elections for the payment of benefits is available in the summary plan description, which is provided to each participant.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Plumbers and Pipefitters Local 553 Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Fair Value Measurements

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

Employer Contributions Receivable

Employer contributions receivable represents Employer contributions which are due to the Plan for hours worked prior to the end of the Plan year, but not received by year end. Employer contributions receivables are carried at reported amounts less an estimate for doubtful accounts based on a review of outstanding amounts. Management determines the allowance for doubtful accounts by regularly evaluating individual Employer receivables and considering an Employer's financial condition, payment history, and current economic conditions. Employer contributions receivables are written off when deemed uncollectible. Management is of the opinion that no allowance is necessary as of December 31, 2021 and 2020.

Plumbers and Pipefitters Local 553 Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan permits the payment of Plan expenses from Plan assets. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with other related plans. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plans. The administrative expenses are shown net of these allocations.

Subsequent Events

The Plan has evaluated subsequent events through October 11, 2022, the date on which the financial statements were available to be issued.

3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value into Levels 1, 2, and 3. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

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

Plumbers and Pipefitters Local 553 Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

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

Level 1 investments consist of a money market fund, common stocks, and registered investment companies (mutual funds). The money market fund is valued at cost plus accrued interest which approximates fair value. Common stocks are valued at the closing price reported on the active market on which the individual securities are traded. Mutual funds are recorded at the closing price recorded by the fund. These are open ended mutual funds and are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, as follows:

	2021			
	Total	Fair Value Measurements		Level 3
		Level 1	Level 2	
Money market fund	\$ 1,421,150	\$ 1,421,150	\$ -	\$ -
Common stocks	10,190,887	10,190,887	-	-
Corporate Bonds	2,398,493	-	2,398,493	-
U.S. government and agency securities	2,911,438	-	2,911,438	-
Registered investment companies	39,133,650	39,133,650	-	-
Total assets in fair value hierarchy	56,055,618	<u>\$ 50,745,687</u>	<u>\$ 5,309,931</u>	<u>\$ -</u>
Investments measured at NAV	3,699,377			
	<u>\$ 59,754,995</u>			

Plumbers and Pipefitters Local 553 Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

	2020			
	Total	Fair Value Measurements Level 1	Level 2	Level 3
Money market funds	\$ 779,433	\$ 779,433	\$ -	\$ -
Common stocks	2,478,851	2,478,851	-	-
Corporate bonds	2,478,559	-	2,478,559	-
U.S. government and agency securities	3,537,177	-	3,537,177	-
Registered investment companies	42,299,216	42,299,216	-	-
Total assets in fair value hierarchy	51,573,236	<u>\$ 45,557,500</u>	<u>\$ 6,015,736</u>	<u>\$ -</u>
Investments measured at NAV	<u>3,282,666</u>			
	<u>\$ 54,855,902</u>			

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

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

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
<u>December 31, 2021</u>				
Collective Trust Funds				
AFL-CIO Building Investment Trust	\$ 3,699,377	N/A	Daily	N/A
<u>December 31, 2020</u>				
Collective Trust Funds				
AFL-CIO Building Investment Trust	\$ 3,282,666	N/A	Daily	N/A

Plumbers and Pipefitters Local 553 Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

4. Related Party Transactions

Cost Sharing Plan

In accordance with an agreement between the Plan and other affiliated funds, the Plan is liable for shared administrative expenses, including salaries and insurance, incurred by the Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund. Shared administrative expenses allocated to the Plan for the years ended December 31, 2021 and 2020, were \$46,233 and \$49,353, respectively. Amounts due to Plumbers and Pipefitters Local No. 553 Health and Welfare Trust Fund were \$37,960 and \$36,479 at December 31, 2021 and 2020, respectively.

Local No. 553 provides office space and administrative services to the Plan at no cost. This election may be terminated in the future.

As of December 31, 2021, \$40,087 is due to the Union for taxes paid on its behalf.

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

5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on participants' years of credited service. The accumulated plan benefits of active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary, as of December 31, 2021 and 2020 and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Plumbers and Pipefitters Local 553 Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

Significant assumptions underlying the actuarial computations are:

Mortality Rates - Pre-Retirement

2021 - Males: PRI-12 Employee Blue Collar Table for males, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).

2020 - Males: PRI-12 Employee Blue Collar Table for males, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2020).

2021 - Females: PRI-12 Employee Blue Collar Table for females, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).

2020 - Females: PRI-12 Employee Blue Collar Table for females, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2020).

Plumbers and Pipefitters Local 553 Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

Mortality Rates - Post-Retirement	2021 - Males: PRI-12 Annuitant Blue Collar Table for males, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021). 2020 - Males: PRI-12 Annuitant Blue Collar Table for males, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2020). 2021 Females: PRI-12 Annuitant Blue Collar Table for females, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021). 2020 Females: PRI-12 Annuitant Blue Collar Table for females, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2020).
Investment Earnings	Pre-Retirement: 7.25% per annum: compounded annually (2021 and 2020) Post-Retirement: 7.25% per annum: compounded annually (2021 and 2020)
Current Liability	2.22% per annum: compounded annually (2021) 2.43% per annum: compounded annually (2020)
Salary Appreciation	None Assumed
Assumed Retirement Age	Age ranges from 55 to retirement. The probability of retirement ranges from 6% to 100% (2021) and 4% to 100% (2020)
Termination Prior to Retirement Other Than Death	Age ranges from 20 to retirement. The probability of termination ranges from 0.05441% to 0.00000%
Expense Load	\$130,000 is the assumed annual expense

Plumbers and Pipefitters Local 553 Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

Amortization Methods for Contribution
Alternatives

The Recommended Contribution is based on the Projected Unit Credit Cost Method. The Unfunded Accrued Liability is amortized over an open 20-year period. The Minimum Required and Maximum Deductible contribution amortization periods are based on IRS regulations and the Projected Unit Credit Cost Method.

Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

6. Plan Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved by the Trustees. During termination, the Plan's assets should not be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event of termination, the net assets of the Plan will be used to pay benefits and satisfy obligations of the Plan to pay administrative expenses. A detail description of the priority order of participant's claims can be found in the summary plan description provided to each participant.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

7. Tax Status of Plan

The Internal Revenue Service has determined and informed the Trustees by a letter dated March 4, 2016, that the Plan and related trust are designed in accordance with the applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Trustees believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

Plumbers and Pipefitters Local 553 Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

In accordance with GAAP, the Plan's management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan's management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan's management believe the Plan is no longer subject to income tax examinations for years prior to 2018. The Plan is also subject to routine audits by the Department of Labor, generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

8. Risks and Uncertainties

Concentrations of Credit Risk

Financial instruments that subject Plan to concentrations of credit and market risk consist of cash, investments, and receivables. The Plan maintains its cash primarily with one financial institution. Deposits at this bank are insured by the Federal Deposit Insurance Corporation up to \$250,000. At December 31, 2021, there were cash balances of \$266,862 in excess of FDIC limits at the bank.

Investments

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

Contributions

The majority of receivables are from plumbing and pipefitters contractors primarily located in or working in Illinois. The Plan generally does not require collateral, but in some cases can require a performance bond.

Actuarial Present Value

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

Plumbers and Pipefitters Local 553 Pension Plan
EIN: 37-6052808 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	MONEY MARKET FUND:		
	GOLDMAN SACHS FINANCIAL SQUARE TR CL 2.44%	\$ 1,421,150	\$ 1,421,150
	TOTAL MONEY MARKET FUND	<u>1,421,150</u>	<u>1,421,150</u>
	COMMON STOCKS:		
	ACCENTURE PLC	120,662	175,769
	ALPHABET INC	390,289	480,336
	ALTRIA GROUP INC	138,750	134,208
	AMAZON COM INC	294,921	400,121
	AMEREN	36,083	185,710
	AMGEN INC	124,325	111,360
	APPLE INC	606,724	845,588
	APPLIED MATERIALS	82,773	159,563
	BECTON DICKINSON AND CO	108,450	112,663
	BERKSHIRE HATHAWAY INC	220,842	252,655
	BOEING CO	19,422	11,274
	BORGWARNER INC	83,776	81,532
	BRISTOL MYERS SQUIBB CO	99,050	92,465
	BROADCOM INC	137,622	161,029
	CANADIAN PACIFIC RAILWAY LTD	65,770	66,257
	CBRE GROUP INC	53,588	65,323
	CHARLES SCHWAB CORP	52,810	61,141
	CHEVRON CORP	124,970	142,111
	CIGNA CORP	127,066	114,126
	CISCO SYSTEMS INC	101,998	121,924
	CITIGROUP INC	153,024	131,892
	COLGATE PALMOLIVE CO	104,999	110,942
	COMCAST CORP	44,374	56,923
	CONSOLIDATED EDISON INC	41,591	47,182
	CROWN CASTLE INTERNATIONAL CORP	88,733	96,855
	CUMMINS INC	116,402	105,143
	DANAHER CORPORATION	91,459	117,128
	DISCOVER FINANCIAL SERVICES	69,283	68,180
	ECOFIN GLOBAL NORTH AMERICAN PIPELINE FUND	393,604	382,956
	ELECTRONIC ARTS INC.	94,109	89,296
	EOG RES INC	25,660	27,182
	EXELON CORP	76,311	107,953
	EXPEDITORS INTERNATIONAL OF WASHINGTON INC	79,201	85,946

Plumbers and Pipefitters Local 553 Pension Plan
EIN: 37-6052808 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
COMMON STOCKS (CONTINUED):			
	EXXON MOBIL CORP	\$ 99,762	\$ 97,843
	FISERV INC	109,523	100,469
	GENERAL DYNAMICS CORP	108,673	119,036
	GLOBE LIFE INC	72,173	72,164
	GOLDMAN SACHS GROUP INC	92,303	98,315
	JOHNSON & JOHNSON	216,566	216,575
	JOHNSON CONTROLS INTERNATIONAL PLC	84,911	108,955
	JP MORGAN CHASE & CO	206,461	236,733
	LABORATORY CORP AMERICAN HOLDINGS	97,228	125,370
	LEIDOS HOLDINGS INC	67,006	56,629
	LINDE PLC	98,904	120,558
	LOWES COS INC	67,430	142,422
	LYONDELLBASELL INDUSTRIES NV	77,694	69,910
	MASTERCARD INCORPORATED	144,847	222,060
	MEDTRONIC PLC	96,797	79,243
	META PLATFORMS INC META PLATFORMS INC	220,638	235,109
	MICROSOFT CORP	558,774	761,092
	NIKE INC	95,767	122,169
	NUCOR CORP	69,510	82,645
	NVENT ELECTRIC PLC	86,156	106,286
	ORACLE CORP	88,220	109,449
	PARAMOUNT GLOBAL	113,435	87,854
	PENTAIR PLC	26,551	29,504
	PEPSICO INC	139,309	165,198
	PFIZER INC	113,771	167,525
	PHILIP MORRIS INTL INC	123,073	118,940
	PROCTER AND GAMBLE CO	94,241	115,651
	QUALCOMM INC	125,968	173,178
	RAYTHEON TECHNOLOGIES CORP	55,936	64,631
	SCHLUMBERGER LTD	38,621	30,849
	STARBUCKS CORP	85,493	90,067
	TARGET CORP	103,249	103,685
	THERMO FISHER SCIENTIFIC INC	33,941	133,448
	TYSON FOODS INC	46,456	53,952
	VALERO ENERGY CORPORATION	52,322	51,150
	VENTAS INC	52,655	46,724
	VERIZON COMMUNICATIONS INC	100,543	92,177

Plumbers and Pipefitters Local 553 Pension Plan
EIN: 37-6052808 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	COMMON STOCKS (CONTINUED):		
	WALT DISNEY CO	\$ 94,776	\$ 84,880
	WILLIS TOWERS WATSON	101,099	95,709
	TOTAL COMMON STOCKS	8,629,423	10,190,887
	CORPORATE BONDS		
	AMAZON COM INC SR GLBL NT 4.8% 12/05/2034	52,195	63,943
	AMERICAN INTNL GROUP INC SR NT 4.8% 07/10/2045	25,351	32,132
	ANTHEM INC SR GLBL NT 28 4.101% 03/01/2028	113,401	110,957
	AON PLC SR GLBL BD 3.5% 06/14/2024	49,637	52,556
	APPLE INC SR NT 3.2% 05/13/2025	50,878	53,224
	AT&T INC SR GLBL NT 4.5% 05/15/2035	46,424	57,840
	BANK OF AMERICA CORP FR 4.45% 03/03/2026	52,211	55,076
	BOSTON SCIENTIFIC CORP SR NT 3.85% 05/15/2025	65,897	69,880
	BRISTOL MYERS SQUIBB CO SR NT 3.25% 02/27/2027	39,526	43,066
	CHEVRON CORP NEW SR NT 2.355% 12/05/2022-2022	61,895	60,761
	CITIGROUP INC 4.125% 07/25/2028	76,034	82,365
	CORNING INC 4.7% 03/15/2037	32,252	35,401
	DIAGEO CAP PLC SR NT 3.875% 04/29/2043-2042	32,831	41,251
	DTE ENERGY CO SR GLBL -E NT 26 2.85% 10/01/2026	63,685	62,575
	FEDEX CORP 4.75% 11/15/2045	49,490	61,115
	GENERAL DYNAMICS CORP 2.25% 11/15/2022	62,111	60,647
	GENERAL MILLS INC SR GLBL NT 24 3.65% 02/15/2024	37,680	36,680
	GILEAD SCIENCES INC 4.6% 09/01/2035	50,772	60,584
	GOLDMAN SACHS 3.85% 07/08/2024	36,647	36,999
	GOLDMAN SACHS 4.5% 09/15/2030	25,905	27,218
	GOLDMAN SACHS GROUP INC 3.75% 05/22/2025	36,189	37,367
	INTEL CORP SR NT 4% 12/15/2032	49,750	58,699
	INTERNATIONAL BUSINESS MACHS 3.625% 02/12/2024	37,953	36,900
	INTNL BUSINESS MACHS SR GLBL NT 26 3.45% 02/19/2026	51,583	53,599
	JP MORGAN CHASE & CO 3.9% 07/15/2025	37,162	37,888
	KELLOGG CO 4.5% 04/01/2046	47,074	56,013
	KEYCORP 4.1% 04/30/2028	29,966	33,630
	LOCKHEED MARTIN CORP 3.1% 01/15/2023	36,783	35,641
	LOWES COS INC SR GLBL NT 4.5% 04/15/2030	116,880	116,190
	M CO FR 3.875% 06/15/2044	37,148	40,844
	MCDONALDS CORP FR 2.625% 09/01/2029-2029	103,852	103,248
	MCLAREN HEALTH CARE 2015C BD 3.633% 05/15/2026	40,776	42,935

Plumbers and Pipefitters Local 553 Pension Plan
EIN: 37-6052808 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):			
	MICROSOFT CORP 3.5% 02/12/2035	\$ 32,515	\$ 40,048
	MONSANTO 4.2% 07/15/2034	47,020	51,599
	MORGAN STANLEY SR NT-F 3.75% 02/25/2023	51,087	51,718
	NORDSTROM INC SR GLBL DEB 28 6.95% 03/15/2028	54,300	56,313
	NORTHN STS PWR CO MINN 4.85% 08/15/2040	56,005	62,232
	PEPSICO INC 4% 03/05/2042	25,950	29,852
	PFIZER INC 4% 12/15/2036	52,899	59,576
	PROCTER AND GAMBLE CO 2.85% 08/11/2027	40,266	42,824
	SOUTHERN COPPER CORP 3.875% 04/23/2025	25,289	26,688
	THE SOUTHERN CO 3.25% 07/01/2026	33,940	37,044
	UNION PACIFIC CORP 2.95% 01/15/2023	36,879	35,611
	VISA INC SR GLBL NT 2.8% 12/14/2022	58,514	56,017
	WELLS FARGO & CO 3.45% 02/13/2023	36,232	36,013
	WELLS FARGO & CO 4.3% 07/22/2027	52,073	55,734
	TOTAL CORPORATE BONDS	2,252,905	2,398,493
U.S. GOVERNMENT AND AGENCY SECURITIES			
	FEDERAL FARM CREDIT BANKS 2.35% 08/14/2024	25,788	26,060
	FEDERAL FARM CREDIT BANKS 3.21% 06/20/2031	29,479	33,898
	FEDERAL FARM CREDIT BANKS 3.77% 09/02/2039	10,222	12,272
	FEDERAL FARM CREDIT BANKS 3.81% 12/23/2041	20,282	24,850
	FEDERAL FARM CREDIT BANKS CONS 3.05% 02/09/2027	49,351	54,299
	FEDERAL HOME LN MTG CORP REF 2.375% 01/13/2022	47,025	45,029
	FEDERAL HOME LOAN BANKS 2.1% 12/01/2022	50,498	50,814
	FEDERAL HOME LOAN BANKS 2.125% 03/10/2023	25,648	25,485
	FEDERAL HOME LOAN BANKS CONS 2.375% 09/08/2023	50,815	51,467
	FEDERAL HOME LOAN BANKS CONS 2.625% 12/12/2025	30,070	31,680
	FNMA MBS GOV SINGLE FAM (252756F) 8% 07/01/2028	345	342
	FNMA UMBS LNG 30 YEAR (569972F) 7.5% 03/01/2031	138	149
	UNITED STATES TREASURY BDS 2.5% 02/15/2045	23,218	27,595
	UNITED STATES TREASURY BDS 2.875% 05/15/2043	25,118	29,149
	UNITED STATES TREASURY BDS 2.875% 08/15/2045	65,937	76,599
	UNITED STATES TREASURY BDS 3% 05/15/2045	35,291	42,014
	UNITED STATES TREASURY BDS 3.125% 02/15/2042	127,151	151,070
	UNITED STATES TREASURY BDS 3.125% 11/15/2041	26,593	30,134
	UNITED STATES TREASURY BDS 3.75% 08/15/2041	44,448	52,395
	UNITED STATES TREASURY BDS 3.875% 08/15/2040	74,684	85,907

Plumbers and Pipefitters Local 553 Pension Plan
EIN: 37-6052808 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
U.S. GOVERNMENT AND AGENCY SECURITIES (CONTINUED):			
	UNITED STATES TREASURY BDS 4.75% 02/15/2037	\$ 69,117	\$ 78,173
	UNITED STATES TREASURY BDS 5.25% 11/15/2028	73,320	75,136
	UNITED STATES TREASURY BDS 6% 02/15/2026	288,330	280,834
	UNITED STATES TREASURY BDS 6.125% 08/15/2029	66,092	67,131
	UNITED STATES TREASURY BDS 6.875% 08/15/2025	31,918	30,146
	UNITED STATES TREASURY BDS 7.25% 08/15/2022	118,291	104,297
	UNITED STATES TREASURY BOND 2.75% 08/15/2047	24,706	29,207
	UNITED STATES TREASURY BOND 3% 02/15/2047	80,602	97,185
	UNITED STATES TREASURY BOND 3.375% 05/15/2044	37,634	44,213
	UNITED STATES TREASURY BONDS 2.875% 11/15/2046	72,314	89,048
	UNITED STATES TREASURY NOTE 2.25% 02/15/2027	73,547	78,618
	UNITED STATES TREASURY NOTE 2.5% 01/31/2025	98,372	104,578
	UNITED STATES TREASURY NOTE 2.75% 02/15/2028	125,171	135,205
	UNITED STATES TREASURY NOTES 1.75% 01/31/2023	50,443	50,701
	UNITED STATES TREASURY NT 2.25% 11/15/2025	25,933	26,050
	UNITED STATES TREASURY NTS 1.625% 11/15/2022	153,363	151,605
	UNITED STATES TREASURY NTS 1.75% 05/15/2023	201,740	203,304
	UNITED STATES TREASURY NTS 2.125% 05/15/2025	48,875	51,774
	UNITED STATES TREASURY NTS 2.125% 06/30/2022	147,324	151,395
	UNITED STATES TREASURY NTS 2.125% 12/31/2022	46,477	45,747
	UNITED STATES TREASURY NTS 2.25% 11/15/2024	79,200	82,959
	UNITED STATES TREASURY NTS 2.5% 08/15/2023	35,672	36,050
	UNITED STATES TREASURY NTS 2.75% 02/15/2024	48,480	46,874
	TOTAL U.S. GOVERNMENT AND AGENCY SECURITIES	2,759,022	2,911,438
REGISTERED INVESTMENT COMPANIES			
	AMERICAN CENTURY MID CAP VALUE FUND Y	600,686	555,904
	AMERICAN FUNDS EUROPACIFIC GR FUND CLASS F-3	1,401,918	1,282,025
	AMERICAN FUNDS MUTUAL FUND CLASS R6	519,920	687,964
	AMERICAN FUNDS NEW WORLD FUND CLASS R6	729,462	979,922
	AMERICAN FUNDS SMALLCAP WORLD FUND CLASS F-3	1,100,563	1,064,099
	AMERICAN FUNDS WASH MUTUAL INV FUND CLASS R-6	947,335	1,294,699
	AQR TM EMERGING MULTI-SYTLF FUND CLASS R6	791,929	727,506
	BLACKROCK EVENT DRIVEN EQUITY FUND INST SHARES	332,979	321,631
	BLACKROCK SYSTEMATIC MULTI-STR FUND INST SHARES	332,958	332,958
	BROOKFIELD INV FUNDS GL LISTED RE FUND CLASS Y	600,720	610,696
	CALAMOS MARKET NEUTRAL INCOME FUND INST CLASS	332,961	340,705

Plumbers and Pipefitters Local 553 Pension Plan
EIN: 37-6052808 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
REGISTERED INVESTMENT COMPANIES (CONTINUED):			
	CONGRESS MID CAP GR FD INSTL CLASS	\$ 400,393	\$ 405,242
	DFA US EMERGING MKTS CORE EQUITY PORT INSTL CL	609,733	742,232
	DFA US INTERNATIONAL CORE EQUITY I	1,602,311	1,582,651
	FEDERATED INSTL HIGH YD BOND FD CLASS R6	178,258	176,835
	FEDERATED INSTL HIGH YD BOND FD CLASS R6	1,654,712	1,625,824
	GMO INTNL DEVEL EQUITY ALLOCATION FD CLASS III	1,001,404	928,791
	GMO SGM MAJOR MKTS FD CLASS III	332,957	304,352
	GOLDMAN SACHS INTNL SM CAP INSIGHTS FD CLASS R6	1,012,607	1,085,573
	JANUS HENDERSON GLBL EQUITY INCOME FD CLASS I	1,297,979	1,190,100
	PIMCO GLBL BD OPP FD INSTL CLASS .00215%	961,980	893,287
	PIMCO INCOME FD INSTL CLASS	1,701,627	1,648,372
	PIMCO STKS PLUS SMALL FD INSTL CLASS	1,654,092	1,731,359
	PRIMECAP ODYSSEY FDS GR FD	326,757	420,825
	STONE RIDGE HIGH YD REINSURANCE RISK PREMIUM FD	333,057	322,489
	VANGUARD EMERGING MKTS BOND FD	1,000,000	1,002,105
	VANGUARD EMERGING MKTS BOND FD	446,018	422,861
	VANGUARD EMERGING MKTS STK IDX FD ADMIRAL SHRS	958,823	1,096,886
	VANGUARD EXTENDED MARKET IDX FD ADMIRAL SHRS	1,461,946	2,829,322
	VANGUARD GR IDX ADMIRAL FD	1,241,873	2,705,722
	VANGUARD HIGH-YD CORPORATE FD ADMIRAL SHRS	974,958	1,012,047
	VANGUARD INTERNATIONAL GR FD ADMIRAL SHRS	739,527	1,134,621
	VANGUARD MID-CAP VALUE IDX FD ADMIRAL SHRS	532,722	762,148
	VANGUARD SMALL CAP IDX ADMIRAL	1,001,084	1,012,387
	VANGUARD SMALL CAP VALUE IDX FD ADMIRAL SHRS	1,268,522	1,687,481
	VANGUARD SMALL-CAP GR IDX FD ADMIRAL SHRS	828,169	1,240,499
	VANGUARD TOTAL STK MARKET IDX FD ADMIRAL SHRS	986,732	1,847,356
	VIRTUS KAR INTERNATIONAL SMALL-CAP FD CLASS R6	400,495	364,217
	WILLIAM BLAIR EMERGING MKTS SMALL CAP GR CL R6	791,635	759,957
	TOTAL REGISTERED INVESTMENT COMPANIES	<u>33,391,802</u>	<u>39,133,650</u>
COMMON COLLECTIVE TRUST FUND			
	AFL CIO BUILDING INVESTMENT TRUST	3,000,248	3,699,377
	TOTAL COMMON COLLECTIVE TRUST FUND	<u>3,000,248</u>	<u>3,699,377</u>
	TOTAL ASSETS HELD	<u><u>\$ 51,454,550</u></u>	<u><u>\$ 59,754,995</u></u>

Plumbers and Pipefitters Local 553 Pension Plan
EIN: 37-6052808 Plan Number: 001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2021

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Single transaction within the plan year in excess of five percent of the current value of plan assets:</u>						
Busey Bank	Vanguard Russell 1000 Index Fd	\$ -	\$ 6,677,615	\$ 3,640,606	\$ 6,677,615	\$ 3,037,010

Series of transactions with or in conjunction with the same person greater than five percent of the current value of plan assets: None.

Series of transactions in excess of five percent of plan assets at beginning of year: None.

Transactions with respect to securities with a person if any prior or subsequent single transaction greater than five percent of current plan assets: None.

Plumbers and Pipefitters Local 553 Pension Plan
Schedule of Administrative Expenses
Year Ended December 31, 2021

	<u>2021</u>
Accounting fees	\$ 14,050
Actuary fees	25,010
Administrative	46,233
Insurance	14,781
Legal expense	5,727
Office administrative expenses	<u>4,389</u>
	<u><u>\$ 110,190</u></u>

**PLUMBERS AND PIPEFITTERS LOCAL
UNION #553 PENSION PLAN
EIN: 37-6052808 PN: 001**

Schedule MB, line 8B - Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	18	28	6	-	-	-	-	-	-	-	52
25 - 29	5	10	11	14	-	-	-	-	-	-	40
30 - 34	4	2	2	17	7	-	-	-	-	-	32
35 - 39	-	2	3	13	2	5	-	-	-	-	25
40 - 44	1	3	1	7	2	4	3	-	-	-	21
45 - 49	-	-	1	7	3	1	5	6	-	-	23
50 - 54	-	1	-	4	2	3	1	4	8	1	24
55 - 59	-	1	-	1	1	-	-	-	-	1	4
60 - 64	-	-	-	1	-	-	-	-	-	-	1
65 - 69	-	-	-	-	-	-	-	-	-	-	0
70 +	-	-	-	-	-	-	-	-	-	-	0
	28	47	24	64	17	13	9	10	8	2	222

**PLUMBERS AND PIPEFITTERS LOCAL
UNION #553 PENSION PLAN**

EIN: 37-6052808 PN: 001

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Funding Method:

Projected Unit Credit (PUC) Funding Method - Under this method, the Normal Cost is based exclusively on plan liabilities. The PUC Funding Method allocates the projected benefit of each participant over the participant's period of service - from hire to assumed retirement.

The Unfunded Accrued Liability equals the Accrued Liability less the Actuarial Value of Assets. Increases and decreases in the Unfunded Accrued Liability cause the plan to establish amortization bases. Level annual payments are charged and/or credited to the plan until the bases are fully amortized or until the plan reaches the Full-Funding Limit. The type of base and the date established determine the amount of the payment and the number of years of amortization.

Each experience gain or loss is amortized over the next following 5 years.

Valuation of Assets

5-year smoothing of gains and losses, limited to 80% to 120% of Market Value

Mortality Rates

Pre-Retirement : Males: PRI-12 Employee Blue Collar Table for Males, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2020)

Females: PRI-12 Employee Blue Collar Table, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2020)

Post-Retirement : Males: PRI-12 Annuitant Blue Collar Table for Males, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2020)

Females: PRI-12 Annuitant Blue Collar Table for Females set forward 1 year, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2020)

Investment Earnings

Pre-Retirement: 7.25% per annum: compounded annually
Post-Retirement: 7.25% per annum: compounded annually

Current Liability

Interest Rate: 2.43% per annum: compounded annually

**PLUMBERS AND PIPEFITTERS LOCAL
UNION #553 PENSION PLAN**

EIN: 37-6052808 PN: 001

**Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods
(continued)**

Salary Appreciation

Increase Rate: None Assumed

Assumed Retirement Age

<u>Age</u>	<u>Probability of Retirement</u>
55	6%
56	4%
57	4%
58	20%
59	20%
60	60%
61	50%
62	30%
63	30%
64	50%
65 & over	100%

Termination prior to Retirement other than Death

T-1 Actuaries Table

<u>Age</u>	<u>Probability of Termination</u>
20	0.05441
30	0.03705
40	0.01130
50 & over	0.00000

Expense Load

\$130,000 is the assumed annual expense

Amortization Methods for Contribution Alternatives

The Recommended Contribution is based on the Projected Unit Credit Cost Method. The Unfunded Accrued Liability is amortized over an open 20-year period.

The Minimum Required and Maximum Deductible contribution amortization periods are based on IRS regulations and the Projected Unit Credit Cost Method.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	

- A** This return/report is for:
- ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is:
- ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☒
- D** Check box if filing under:
- ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II Basic Plan Information —enter all requested information					
1a Name of plan PLUMBERS AND PIPEFITTERS LOCAL UNION 553 PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/1965</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 07/01/1965	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 07/01/1965					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF THE PLUMBERS AND PIPEFITTERS LOCAL 553 2 S WESLEY DR EAST ALTON IL 62024-2097	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 37-6052808</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 618-259-4379</td> </tr> <tr> <td>2d Business code (see instructions) 238220</td> </tr> </table>	2b Employer Identification Number (EIN) 37-6052808	2c Plan Sponsor's telephone number 618-259-4379	2d Business code (see instructions) 238220	
2b Employer Identification Number (EIN) 37-6052808					
2c Plan Sponsor's telephone number 618-259-4379					
2d Business code (see instructions) 238220					

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

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

SIGN HERE		10/3/2022	BRAD BEST
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/3/2022	HERBERT H. FROHOCK, III
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 201209

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 426
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) 222	
a(2) Total number of active participants at the end of the plan year	6a(2) 218	
b Retired or separated participants receiving benefits.....	6b 166	
c Other retired or separated participants entitled to future benefits	6c 23	
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 407	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 25	
f Total. Add lines 6d and 6e.	6f 432	
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 5	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7 31
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

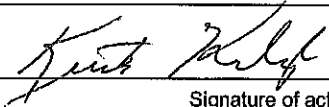
Plumbers and Pipefitters Local 553 Pension Plan
EIN: 37-6052808 Plan Number: 001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2021

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Single transaction within the plan year in excess of five percent of the current value of plan assets:</u>						
Busey Bank	Vanguard Russell 1000 Index Fd	\$ -	\$ 6,677,615	\$ 3,640,606	\$ 6,677,615	\$ 3,037,010

Series of transactions with or in conjunction with the same person greater than five percent of the current value of plan assets: None.

Series of transactions in excess of five percent of plan assets at beginning of year: None.

Transactions with respect to securities with a person if any prior or subsequent single transaction greater than five percent of current plan assets: None.

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 <u>01/01/2021</u> and ending <u>12/31/2021</u>		
▶ 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 <u>PLUMBERS AND PIPEFITTERS LOCAL UNION 553 PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRUSTEES OF THE PLUMBERS AND PIPEFITTERS LOCAL 553</u>	D Employer Identification Number (EIN) <u>37-6052808</u>	
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>		
b Assets		
(1) Current value of assets.....	1b(1)	<u>55,874,966</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>51,492,402</u>
c (1) Accrued liability for plan using immediate gain methods		
(2) Information for plans using spread gain methods:	1c(1)	<u>67,106,690</u>
(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)	<u>67,106,690</u>
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)	<u>121,452,438</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>3,059,721</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>5,251,464</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>5,251,464</u>
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE  Signature of actuary	<u>09/28/2022</u> Date	
<u>KEITH KOWALCZYK</u> Type or print name of actuary	<u>2002812</u> Most recent enrollment number	
<u>EKON BENEFITS</u> Firm name	<u>314-367-6555</u> Telephone number (including area code)	
<u>4940 WASHINGTON BLVD.</u> <u>ST. LOUIS MO 63108</u> 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 ☐		

a Current value of assets (see instructions)

2a	55,874,966
----	------------

(1) Number of participants	(2) Current liability
----------------------------	-----------------------

(1) For retired participants and beneficiaries receiving payment.....

185	76,641,423
-----	------------

(2) For terminated vested participants

19	4,068,398
----	-----------

(3) For active participants:

(a) Non-vested benefits.....

551,672

(b) Vested benefits.....

40,190,945

(c) Total active.....

222	40,742,617
-----	------------

(4) Total

426	121,452,438
-----	-------------

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

2c	46.00%
----	--------

(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
07/15/2021	3,530,715	0			
			Totals ►	3(b)	3,530,715
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))

4a	76.7 %
----	--------

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	
----	--

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 %
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)	9P20
(2) Females	6c(2)	9FP20
d Valuation liability interest rate	6d	7.25 %
e Expense loading	6e	12.3 % ☐ N/A
f Salary scale	6f	0.00 % ☐ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	10.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	15.9 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	1,561,942	162,434
1	-1,766,985	-183,758

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	1,054,785

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)	23,784,603	4,192,778
(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	380,448
e Total charges. Add lines 9a through 9d.....	9e	5,628,011

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	4,541,285
g Employer contributions. Total from column (b) of line 3.....	9g	3,530,715

		Outstanding balance	
h Amortization credits as of valuation date.....	9h	3,629,030	549,295
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		488,289

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)		
(2) "RPA '94" override (90% current liability FFL)	9j(2)		
(3) FFL credit	9j(3)		
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	9,109,584
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	3,481,573
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 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	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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**PLUMBERS AND PIPEFITTERS LOCAL
UNION #553 PENSION PLAN**

EIN: 37-6052808 PN: 001

Schedule MB, Line 6 – Summary of Plan Provisions

Year of Service	One Year of Service is credited if an Employee works more than 375 Hours of Service for Credited Service and 1000 Hours of Service or more for Vesting Service													
Normal Pension	a) Eligibility requirements: Age 60 (effective 7/1/2009) and 10 years of covered employment b) Benefit: Based on contributions made on participants behalf in plan years since inception of plan plus Past Service Benefit of \$10.0 per year of Past Service (maximum 14 years) <table><tr><td><u>Period</u></td><td><u>Multiplier</u></td></tr><tr><td>7/1/1995 - 6/30/1974</td><td>2.9% of contributions</td></tr><tr><td>7/1/1974 - 6/30/1984</td><td>3.6% of contributions</td></tr><tr><td>7/1/1984 - 4/30/2003</td><td>3.0% of contributions</td></tr><tr><td>5/1/2003 – 12/31/2020</td><td>\$0.04 per Hours of Service</td></tr><tr><td>1/1/2021 - Retirement Date</td><td>\$0.05 per Hours of Service</td></tr></table>		<u>Period</u>	<u>Multiplier</u>	7/1/1995 - 6/30/1974	2.9% of contributions	7/1/1974 - 6/30/1984	3.6% of contributions	7/1/1984 - 4/30/2003	3.0% of contributions	5/1/2003 – 12/31/2020	\$0.04 per Hours of Service	1/1/2021 - Retirement Date	\$0.05 per Hours of Service
<u>Period</u>	<u>Multiplier</u>													
7/1/1995 - 6/30/1974	2.9% of contributions													
7/1/1974 - 6/30/1984	3.6% of contributions													
7/1/1984 - 4/30/2003	3.0% of contributions													
5/1/2003 – 12/31/2020	\$0.04 per Hours of Service													
1/1/2021 - Retirement Date	\$0.05 per Hours of Service													
Early Pension	a) Eligibility requirements: 1) Age 55 2) 20 Years of Service b) Benefit: Accrued Benefit reduced by 0.5% for every month the Participant's Early Retirement Date precedes his Normal Retirement Date.													
Disability Pension	a) Eligibility requirements: 6 months of total and permanent disability, 10 Years of Vesting Service and eligible for Social Security Disability benefits. b) Benefit: Same as Early Retirement													
Normal Form of Benefit	The Normal Form of payment of the Normal and Early Pension Benefit is a Life Only Annuity													
Termination Pension	a) Eligibility requirements: 1) Termination other than disability, death or retirement 2) 5 Years of Service b) Benefit: 100% of Accrued Benefit due and payable commencing at Normal Retirement Date.													

**PLUMBERS AND PIPEFITTERS LOCAL
UNION #553 PENSION PLAN**

EIN: 37-6052808 PN: 001

**Schedule MB, Line 6 – Summary of Plan Provisions
(continued)**

Death Benefit

- a) Eligibility Requirement: Death prior to retirement.
- b) Benefit: If participant is married, the death benefit shall be a 50% Joint and Survivor Annuity.

Post Retirement Death Benefit

- a) Eligibility requirements: 375 Hours of Service in the five years preceding retirement.
- b) Benefit: \$5,000

Plumbers and Pipefitters Local 553 Pension Plan
EIN: 37-6052808 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	MONEY MARKET FUND:		
	GOLDMAN SACHS FINANCIAL SQUARE TR CL 2.44%	\$ 1,421,150	\$ 1,421,150
	TOTAL MONEY MARKET FUND	<u>1,421,150</u>	<u>1,421,150</u>
	COMMON STOCKS:		
	ACCENTURE PLC	120,662	175,769
	ALPHABET INC	390,289	480,336
	ALTRIA GROUP INC	138,750	134,208
	AMAZON COM INC	294,921	400,121
	AMEREN	36,083	185,710
	AMGEN INC	124,325	111,360
	APPLE INC	606,724	845,588
	APPLIED MATERIALS	82,773	159,563
	BECTON DICKINSON AND CO	108,450	112,663
	BERKSHIRE HATHAWAY INC	220,842	252,655
	BOEING CO	19,422	11,274
	BORGWARNER INC	83,776	81,532
	BRISTOL MYERS SQUIBB CO	99,050	92,465
	BROADCOM INC	137,622	161,029
	CANADIAN PACIFIC RAILWAY LTD	65,770	66,257
	CBRE GROUP INC	53,588	65,323
	CHARLES SCHWAB CORP	52,810	61,141
	CHEVRON CORP	124,970	142,111
	CIGNA CORP	127,066	114,126
	CISCO SYSTEMS INC	101,998	121,924
	CITIGROUP INC	153,024	131,892
	COLGATE PALMOLIVE CO	104,999	110,942
	COMCAST CORP	44,374	56,923
	CONSOLIDATED EDISON INC	41,591	47,182
	CROWN CASTLE INTERNATIONAL CORP	88,733	96,855
	CUMMINS INC	116,402	105,143
	DANAHER CORPORATION	91,459	117,128
	DISCOVER FINANCIAL SERVICES	69,283	68,180
	ECOFIN GLOBAL NORTH AMERICAN PIPELINE FUND	393,604	382,956
	ELECTRONIC ARTS INC.	94,109	89,296
	EOG RES INC	25,660	27,182
	EXELON CORP	76,311	107,953
	EXPEDITORS INTERNATIONAL OF WASHINGTON INC	79,201	85,946

Plumbers and Pipefitters Local 553 Pension Plan
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COMMON STOCKS (CONTINUED):			
	EXXON MOBIL CORP	\$ 99,762	\$ 97,843
	FISERV INC	109,523	100,469
	GENERAL DYNAMICS CORP	108,673	119,036
	GLOBE LIFE INC	72,173	72,164
	GOLDMAN SACHS GROUP INC	92,303	98,315
	JOHNSON & JOHNSON	216,566	216,575
	JOHNSON CONTROLS INTERNATIONAL PLC	84,911	108,955
	JP MORGAN CHASE & CO	206,461	236,733
	LABORATORY CORP AMERICAN HOLDINGS	97,228	125,370
	LEIDOS HOLDINGS INC	67,006	56,629
	LINDE PLC	98,904	120,558
	LOWES COS INC	67,430	142,422
	LYONDELLBASELL INDUSTRIES NV	77,694	69,910
	MASTERCARD INCORPORATED	144,847	222,060
	MEDTRONIC PLC	96,797	79,243
	META PLATFORMS INC META PLATFORMS INC	220,638	235,109
	MICROSOFT CORP	558,774	761,092
	NIKE INC	95,767	122,169
	NUCOR CORP	69,510	82,645
	NVENT ELECTRIC PLC	86,156	106,286
	ORACLE CORP	88,220	109,449
	PARAMOUNT GLOBAL	113,435	87,854
	PENTAIR PLC	26,551	29,504
	PEPSICO INC	139,309	165,198
	PFIZER INC	113,771	167,525
	PHILIP MORRIS INTL INC	123,073	118,940
	PROCTER AND GAMBLE CO	94,241	115,651
	QUALCOMM INC	125,968	173,178
	RAYTHEON TECHNOLOGIES CORP	55,936	64,631
	SCHLUMBERGER LTD	38,621	30,849
	STARBUCKS CORP	85,493	90,067
	TARGET CORP	103,249	103,685
	THERMO FISHER SCIENTIFIC INC	33,941	133,448
	TYSON FOODS INC	46,456	53,952
	VALERO ENERGY CORPORATION	52,322	51,150
	VENTAS INC	52,655	46,724
	VERIZON COMMUNICATIONS INC	100,543	92,177

Plumbers and Pipefitters Local 553 Pension Plan
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(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	COMMON STOCKS (CONTINUED):		
	WALT DISNEY CO	\$ 94,776	\$ 84,880
	WILLIS TOWERS WATSON	101,099	95,709
	TOTAL COMMON STOCKS	8,629,423	10,190,887
	CORPORATE BONDS		
	AMAZON COM INC SR GLBL NT 4.8% 12/05/2034	52,195	63,943
	AMERICAN INTNL GROUP INC SR NT 4.8% 07/10/2045	25,351	32,132
	ANTHEM INC SR GLBL NT 28 4.101% 03/01/2028	113,401	110,957
	AON PLC SR GLBL BD 3.5% 06/14/2024	49,637	52,556
	APPLE INC SR NT 3.2% 05/13/2025	50,878	53,224
	AT&T INC SR GLBL NT 4.5% 05/15/2035	46,424	57,840
	BANK OF AMERICA CORP FR 4.45% 03/03/2026	52,211	55,076
	BOSTON SCIENTIFIC CORP SR NT 3.85% 05/15/2025	65,897	69,880
	BRISTOL MYERS SQUIBB CO SR NT 3.25% 02/27/2027	39,526	43,066
	CHEVRON CORP NEW SR NT 2.355% 12/05/2022-2022	61,895	60,761
	CITIGROUP INC 4.125% 07/25/2028	76,034	82,365
	CORNING INC 4.7% 03/15/2037	32,252	35,401
	DIAGEO CAP PLC SR NT 3.875% 04/29/2043-2042	32,831	41,251
	DTE ENERGY CO SR GLBL -E NT 26 2.85% 10/01/2026	63,685	62,575
	FEDEX CORP 4.75% 11/15/2045	49,490	61,115
	GENERAL DYNAMICS CORP 2.25% 11/15/2022	62,111	60,647
	GENERAL MILLS INC SR GLBL NT 24 3.65% 02/15/2024	37,680	36,680
	GILEAD SCIENCES INC 4.6% 09/01/2035	50,772	60,584
	GOLDMAN SACHS 3.85% 07/08/2024	36,647	36,999
	GOLDMAN SACHS 4.5% 09/15/2030	25,905	27,218
	GOLDMAN SACHS GROUP INC 3.75% 05/22/2025	36,189	37,367
	INTEL CORP SR NT 4% 12/15/2032	49,750	58,699
	INTERNATIONAL BUSINESS MACHS 3.625% 02/12/2024	37,953	36,900
	INTNL BUSINESS MACHS SR GLBL NT 26 3.45% 02/19/2026	51,583	53,599
	JP MORGAN CHASE & CO 3.9% 07/15/2025	37,162	37,888
	KELLOGG CO 4.5% 04/01/2046	47,074	56,013
	KEYCORP 4.1% 04/30/2028	29,966	33,630
	LOCKHEED MARTIN CORP 3.1% 01/15/2023	36,783	35,641
	LOWES COS INC SR GLBL NT 4.5% 04/15/2030	116,880	116,190
	M CO FR 3.875% 06/15/2044	37,148	40,844
	MCDONALDS CORP FR 2.625% 09/01/2029-2029	103,852	103,248
	MCLAREN HEALTH CARE 2015C BD 3.633% 05/15/2026	40,776	42,935

Plumbers and Pipefitters Local 553 Pension Plan
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(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):			
	MICROSOFT CORP 3.5% 02/12/2035	\$ 32,515	\$ 40,048
	MONSANTO 4.2% 07/15/2034	47,020	51,599
	MORGAN STANLEY SR NT-F 3.75% 02/25/2023	51,087	51,718
	NORDSTROM INC SR GLBL DEB 28 6.95% 03/15/2028	54,300	56,313
	NORTHN STS PWR CO MINN 4.85% 08/15/2040	56,005	62,232
	PEPSICO INC 4% 03/05/2042	25,950	29,852
	PFIZER INC 4% 12/15/2036	52,899	59,576
	PROCTER AND GAMBLE CO 2.85% 08/11/2027	40,266	42,824
	SOUTHERN COPPER CORP 3.875% 04/23/2025	25,289	26,688
	THE SOUTHERN CO 3.25% 07/01/2026	33,940	37,044
	UNION PACIFIC CORP 2.95% 01/15/2023	36,879	35,611
	VISA INC SR GLBL NT 2.8% 12/14/2022	58,514	56,017
	WELLS FARGO & CO 3.45% 02/13/2023	36,232	36,013
	WELLS FARGO & CO 4.3% 07/22/2027	52,073	55,734
	TOTAL CORPORATE BONDS	2,252,905	2,398,493
U.S. GOVERNMENT AND AGENCY SECURITIES			
	FEDERAL FARM CREDIT BANKS 2.35% 08/14/2024	25,788	26,060
	FEDERAL FARM CREDIT BANKS 3.21% 06/20/2031	29,479	33,898
	FEDERAL FARM CREDIT BANKS 3.77% 09/02/2039	10,222	12,272
	FEDERAL FARM CREDIT BANKS 3.81% 12/23/2041	20,282	24,850
	FEDERAL FARM CREDIT BANKS CONS 3.05% 02/09/2027	49,351	54,299
	FEDERAL HOME LN MTG CORP REF 2.375% 01/13/2022	47,025	45,029
	FEDERAL HOME LOAN BANKS 2.1% 12/01/2022	50,498	50,814
	FEDERAL HOME LOAN BANKS 2.125% 03/10/2023	25,648	25,485
	FEDERAL HOME LOAN BANKS CONS 2.375% 09/08/2023	50,815	51,467
	FEDERAL HOME LOAN BANKS CONS 2.625% 12/12/2025	30,070	31,680
	FNMA MBS GOV SINGLE FAM (252756F) 8% 07/01/2028	345	342
	FNMA UMBS LNG 30 YEAR (569972F) 7.5% 03/01/2031	138	149
	UNITED STATES TREASURY BDS 2.5% 02/15/2045	23,218	27,595
	UNITED STATES TREASURY BDS 2.875% 05/15/2043	25,118	29,149
	UNITED STATES TREASURY BDS 2.875% 08/15/2045	65,937	76,599
	UNITED STATES TREASURY BDS 3% 05/15/2045	35,291	42,014
	UNITED STATES TREASURY BDS 3.125% 02/15/2042	127,151	151,070
	UNITED STATES TREASURY BDS 3.125% 11/15/2041	26,593	30,134
	UNITED STATES TREASURY BDS 3.75% 08/15/2041	44,448	52,395
	UNITED STATES TREASURY BDS 3.875% 08/15/2040	74,684	85,907

Plumbers and Pipefitters Local 553 Pension Plan
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(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
U.S. GOVERNMENT AND AGENCY SECURITIES (CONTINUED):			
	UNITED STATES TREASURY BDS 4.75% 02/15/2037	\$ 69,117	\$ 78,173
	UNITED STATES TREASURY BDS 5.25% 11/15/2028	73,320	75,136
	UNITED STATES TREASURY BDS 6% 02/15/2026	288,330	280,834
	UNITED STATES TREASURY BDS 6.125% 08/15/2029	66,092	67,131
	UNITED STATES TREASURY BDS 6.875% 08/15/2025	31,918	30,146
	UNITED STATES TREASURY BDS 7.25% 08/15/2022	118,291	104,297
	UNITED STATES TREASURY BOND 2.75% 08/15/2047	24,706	29,207
	UNITED STATES TREASURY BOND 3% 02/15/2047	80,602	97,185
	UNITED STATES TREASURY BOND 3.375% 05/15/2044	37,634	44,213
	UNITED STATES TREASURY BONDS 2.875% 11/15/2046	72,314	89,048
	UNITED STATES TREASURY NOTE 2.25% 02/15/2027	73,547	78,618
	UNITED STATES TREASURY NOTE 2.5% 01/31/2025	98,372	104,578
	UNITED STATES TREASURY NOTE 2.75% 02/15/2028	125,171	135,205
	UNITED STATES TREASURY NOTES 1.75% 01/31/2023	50,443	50,701
	UNITED STATES TREASURY NT 2.25% 11/15/2025	25,933	26,050
	UNITED STATES TREASURY NTS 1.625% 11/15/2022	153,363	151,605
	UNITED STATES TREASURY NTS 1.75% 05/15/2023	201,740	203,304
	UNITED STATES TREASURY NTS 2.125% 05/15/2025	48,875	51,774
	UNITED STATES TREASURY NTS 2.125% 06/30/2022	147,324	151,395
	UNITED STATES TREASURY NTS 2.125% 12/31/2022	46,477	45,747
	UNITED STATES TREASURY NTS 2.25% 11/15/2024	79,200	82,959
	UNITED STATES TREASURY NTS 2.5% 08/15/2023	35,672	36,050
	UNITED STATES TREASURY NTS 2.75% 02/15/2024	48,480	46,874
	TOTAL U.S. GOVERNMENT AND AGENCY SECURITIES	2,759,022	2,911,438
REGISTERED INVESTMENT COMPANIES			
	AMERICAN CENTURY MID CAP VALUE FUND Y	600,686	555,904
	AMERICAN FUNDS EUROPACIFIC GR FUND CLASS F-3	1,401,918	1,282,025
	AMERICAN FUNDS MUTUAL FUND CLASS R6	519,920	687,964
	AMERICAN FUNDS NEW WORLD FUND CLASS R6	729,462	979,922
	AMERICAN FUNDS SMALLCAP WORLD FUND CLASS F-3	1,100,563	1,064,099
	AMERICAN FUNDS WASH MUTUAL INV FUND CLASS R-6	947,335	1,294,699
	AQR TM EMERGING MULTI-SYTL FUND CLASS R6	791,929	727,506
	BLACKROCK EVENT DRIVEN EQUITY FUND INST SHARES	332,979	321,631
	BLACKROCK SYSTEMATIC MULTI-STR FUND INST SHARES	332,958	332,958
	BROOKFIELD INV FUNDS GL LISTED RE FUND CLASS Y	600,720	610,696
	CALAMOS MARKET NEUTRAL INCOME FUND INST CLASS	332,961	340,705

Plumbers and Pipefitters Local 553 Pension Plan
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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
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(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
REGISTERED INVESTMENT COMPANIES (CONTINUED):			
	CONGRESS MID CAP GR FD INSTL CLASS	\$ 400,393	\$ 405,242
	DFA US EMERGING MKTS CORE EQUITY PORT INSTL CL	609,733	742,232
	DFA US INTERNATIONAL CORE EQUITY I	1,602,311	1,582,651
	FEDERATED INSTL HIGH YD BOND FD CLASS R6	178,258	176,835
	FEDERATED INSTL HIGH YD BOND FD CLASS R6	1,654,712	1,625,824
	GMO INTNL DEVEL EQUITY ALLOCATION FD CLASS III	1,001,404	928,791
	GMO SGM MAJOR MKTS FD CLASS III	332,957	304,352
	GOLDMAN SACHS INTNL SM CAP INSIGHTS FD CLASS R6	1,012,607	1,085,573
	JANUS HENDERSON GLBL EQUITY INCOME FD CLASS I	1,297,979	1,190,100
	PIMCO GLBL BD OPP FD INSTL CLASS .00215%	961,980	893,287
	PIMCO INCOME FD INSTL CLASS	1,701,627	1,648,372
	PIMCO STKS PLUS SMALL FD INSTL CLASS	1,654,092	1,731,359
	PRIMECAP ODYSSEY FDS GR FD	326,757	420,825
	STONE RIDGE HIGH YD REINSURANCE RISK PREMIUM FD	333,057	322,489
	VANGUARD EMERGING MKTS BOND FD	1,000,000	1,002,105
	VANGUARD EMERGING MKTS BOND FD	446,018	422,861
	VANGUARD EMERGING MKTS STK IDX FD ADMIRAL SHRS	958,823	1,096,886
	VANGUARD EXTENDED MARKET IDX FD ADMIRAL SHRS	1,461,946	2,829,322
	VANGUARD GR IDX ADMIRAL FD	1,241,873	2,705,722
	VANGUARD HIGH-YD CORPORATE FD ADMIRAL SHRS	974,958	1,012,047
	VANGUARD INTERNATIONAL GR FD ADMIRAL SHRS	739,527	1,134,621
	VANGUARD MID-CAP VALUE IDX FD ADMIRAL SHRS	532,722	762,148
	VANGUARD SMALL CAP IDX ADMIRAL	1,001,084	1,012,387
	VANGUARD SMALL CAP VALUE IDX FD ADMIRAL SHRS	1,268,522	1,687,481
	VANGUARD SMALL-CAP GR IDX FD ADMIRAL SHRS	828,169	1,240,499
	VANGUARD TOTAL STK MARKET IDX FD ADMIRAL SHRS	986,732	1,847,356
	VIRTUS KAR INTERNATIONAL SMALL-CAP FD CLASS R6	400,495	364,217
	WILLIAM BLAIR EMERGING MKTS SMALL CAP GR CL R6	791,635	759,957
	TOTAL REGISTERED INVESTMENT COMPANIES	<u>33,391,802</u>	<u>39,133,650</u>
COMMON COLLECTIVE TRUST FUND			
	AFL CIO BUILDING INVESTMENT TRUST	3,000,248	3,699,377
	TOTAL COMMON COLLECTIVE TRUST FUND	<u>3,000,248</u>	<u>3,699,377</u>
	TOTAL ASSETS HELD	<u><u>\$ 51,454,550</u></u>	<u><u>\$ 59,754,995</u></u>

**PLUMBERS AND PIPEFITTERS LOCAL UNION #553
PENSION PLAN**

EIN: 37-6052808 PN: 001

**Schedule MB, lines 9c and 9h -
Schedule of Funding Standard Account Bases
as of January 1, 2021**

Minimum Funding Bases

Charge Bases:

<u>Date Established</u>	<u>Initial Balance</u>	<u>Type of Base</u>	<u>Outstanding Balance</u>	<u>Annual Payment</u>	<u>Number of years Remaining</u>
01/01/09	13,730,980	Gain/Loss	4,045,235	1,443,813	3.00
01/01/11	1,621,835	Gain/Loss	743,363	170,177	5.00
01/01/12	4,205,500	Gain/Loss	2,236,288	440,831	6.00
01/01/14	664,246	Gain/Loss	440,765	69,492	8.00
01/01/14	2,738,627	Assump. Change	1,817,239	286,512	8.00
01/01/15	1,552,645	Gain/Loss	1,122,014	162,284	9.00
01/01/16	3,323,748	Assump. Change	2,584,590	347,088	10.00
01/01/16	2,813,621	Gain/Loss	2,187,909	293,817	10.00
01/01/17	1,452,555	Gain/Loss	1,203,798	151,552	11.00
01/01/17	709,979	Assump. Change	588,392	74,076	11.00
01/01/18	935,643	Gain/Loss	819,912	97,537	12.00
01/01/19	2,955,729	Gain/Loss	2,720,908	307,867	13.00
01/01/20	1,780,415	Gain/Loss	1,712,248	185,298	14.00
01/01/21	1,561,942	Assump. Change	1,561,942	162,434	15.00
TOTAL CHARGES	40,047,465		23,784,603	4,192,778	

Credit Bases:

<u>Date Established</u>	<u>Initial Balance</u>	<u>Type of Base</u>	<u>Outstanding Balance</u>	<u>Annual Payment</u>	<u>Number of years Remaining</u>
01/01/07	218,110	Gain/Loss	22,986	22,986	1.00
01/01/08	515,712	Gain/Loss	104,903	54,286	2.00
01/01/10	1,538,092	Gain/Loss	583,608	161,558	4.00
01/01/13	55,197	Gain/Loss	33,120	5,780	7.00
01/01/20	1,161,915	Assump. Change	1,117,428	120,927	14.00
01/01/21	1,766,985	Gain/Loss	1,766,985	183,758	15.00
TOTAL CREDITS	5,256,011		3,629,030	549,295	
NET CHARGES	34,791,454		20,155,573	3,643,483	

**PLUMBERS AND PIPEFITTERS LOCAL
UNION #553 PENSION PLAN
EIN: 37-6052808 PN: 001**

Schedule MB, line 11 - Change in Actuarial Assumptions

The interest rate assumption used for valuing liabilities was lowered from 7.50% to 7.25% to reflect a more accurate rate.