

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>IBEW LOCAL 613 & CONTRIB EMPL DEFINED CONTRIB.</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>IBEW LOCAL 613 & CONTRIB EMPL DEFINED CONTRIB.</u> <u>501 PULLIAM ST SE, STE 444</u> <u>ATLANTA, GA 30312</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>01/01/2009</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>58-1577291</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>954-266-6322</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>238210</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2009</u>		2b Employer Identification Number (EIN) <u>58-1577291</u>		2c Plan Sponsor's telephone number <u>954-266-6322</u>		2d Business code (see instructions) <u>238210</u>	
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2d Business code (see instructions) <u>238210</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.	08/10/2022	KENNETH MULLINS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/10/2022	KENNETH MULLINS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 6481
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) 6052 6a(2) 5837 6b 9 6c 333 6d 6179 6e 33 6f 6212 6g 6167 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 97

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

2A

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)** ☐ **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan IBEW LOCAL 613 & CONTRIB EMPL DEFINED CONTRIB.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 IBEW LOCAL 613 & CONTRIB EMPL DEFINED CONTRIB.	D Employer Identification Number (EIN) 58-1577291	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NATIONAL EMPLOYEE BENEFITS ADMIN

3715 NORTHSIDE DR STE 2-495
ATLANTA, GA 30327

65-0498809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	111594	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VANGUARD FIDUCIARY TRUST

P. O. BOX 1101
VALLEY FORGE, PA 19482

23-2186884

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	1322027	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DENNIS G. JENKINS, CPA,LLC

1690 STONE VILLAGE LN BLDG 500
KENNESAW, GA 30152

20-5886120

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	47542	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)

ARNOLD GOLDEN GREGORY LLC

171 17TH ST STE 170
ATLANTA, GA 30363

59-1423485

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	84458	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BHA CONSULTING SERVICES LLC

5400 LAUREL SPRINGS RD
SUWANEE, GA 30024

26-1384808

(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?
17	NONE	10096	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESTMENT PERFORMANCE SERVICES

570 E. YORK ST
SAVANNAH, GA 31401

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	40000	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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>IBEW LOCAL 613 & CONTRIB EMPL DEFINED CONTRIB.</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>IBEW LOCAL 613 & CONTRIB EMPL DEFINED CONTRIB.</u>	D Employer Identification Number (EIN) <u>58-1577291</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	1272739	2904456
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4261917	3279552
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	10707	10944
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	21044746	15943726
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(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)	605085122	678325208
(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	631675231 700463886
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	176278 314280
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	176278 314280
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	631498953 700149606

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)	28508550
	(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)	28508550
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	128
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	128
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	27869928
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	27869928
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	16168178
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	10844083
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	5324095
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	50797648
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	50797648

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		370535
d Total income. Add all income amounts in column (b) and enter total.....	2d		112870884
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	42568751	
(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)		42568751
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)	142096	
(2) Contract administrator fees.....	2i(2)	111594	
(3) Investment advisory and management fees.....	2i(3)	1362027	
(4) Other.....	2i(4)	35763	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1651480
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		44220231
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		68650653
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: DENNIS G. JENKINS, CPA, LLC

(2) EIN: 20-5886120

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.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

I.B.E.W. LOCAL 613
AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

AUDIT REPORT

DECEMBER 31, 2021

I.B.E.W. LOCAL 613 AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

AUDIT REPORT

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DENNIS G. JENKINS, C.P.A., LLC

CERTIFIED PUBLIC ACCOUNTANTS

MEMBER OF:

- AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
- GEORGIA SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS
- AICPA EMPLOYEE BENEFIT PLAN
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Independent Auditor's Report

Board of Trustees of
I.B.E.W. Local 613 and Contributing Employers
Defined Contribution Pension Plan:

Opinion

We have audited the accompanying financial statements of I.B.E.W. Local 613 and Contributing Employers Defined Contribution Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, the Statement of Accumulated Plan Benefits as of January 1, 2021, the related Statement of Changes in Accumulated Plan Benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the Net Assets Available for Benefits of the I.B.E.W. Local 613 and Contributing Employers Defined Contribution Pension Plan, as of December 31, 2021 and 2020, and the Changes in its Net Assets Available for Benefits for the years then ended, and the Accumulated Plan Benefits as of January 1, 2021, and the Changes in its Accumulated Plan Benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of I.B.E.W. Local 613 and Contributing Employers Defined Contribution Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

Independent Auditor's Report (Continued)

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about I.B.E.W. Local 613 and Contributing Employers Defined Contribution Pension Plan's ability to continue as a going concern for December 31, 2021.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or errors, 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 I.B.E.W. Local 613 and Contributing Employers Defined Contribution Pension 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 I.B.E.W. Local 613 and Contributing Employers Defined Contribution Pension 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.

Independent Auditor's Report (Continued)

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of 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 in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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



Kennesaw, Georgia 30152
October 7, 2022

I.B.E.W. LOCAL 613 AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
<u>Assets:</u>		
<u>Investments at Fair Value - Schedule "1" - (Note 4 & 8):</u>		
Mutual Funds	\$ 343,783,262	\$ 295,111,868
Vanguard Prime Cap Fund	63,389,935	57,026,405
Vanguard 500 Index Fund	65,258,683	52,191,474
Vanguard Life Strategy Conservative Growth Fund	167,278,945	175,139,120
Vanguard Total Int'l Stock Index Fund	54,558,109	46,661,001
Total Investments	<u>\$ 694,268,934</u>	<u>\$ 626,129,868</u>
<u>Receivables:</u>		
Employer Contributions	\$ 3,279,424	\$ 4,261,917
Other Receivables	128	199
Total Receivables	<u>\$ 3,279,552</u>	<u>\$ 4,262,116</u>
Prepaid Expenses	<u>\$ 10,944</u>	<u>\$ 10,508</u>
Cash in Bank	<u>\$ 2,904,456</u>	<u>\$ 1,272,739</u>
Total Assets	<u>\$ 700,463,886</u>	<u>\$ 631,675,231</u>
<u>Liabilities:</u>		
Accounts Payable	\$ 6,489	\$ 24,349
Reciprocals Payable	<u>307,791</u>	<u>151,929</u>
Total Liabilities	<u>\$ 314,280</u>	<u>\$ 176,278</u>
Net Assets Available for Plan Benefits - Exhibit "B" - (Note 12)	<u>\$ 700,149,606</u>	<u>\$ 631,498,953</u>

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

I.B.E.W. LOCAL 613 AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
<u>Additions in Plan Assets Attributed to:</u>		
<u>Investment Income:</u>		
Net Appreciation (Depreciation) in Fair Value of Investments - (Note 4)	\$ 56,121,743	\$ 56,331,229
Investment Income	<u>27,870,056</u>	<u>20,678,350</u>
	\$ 83,991,799	\$ 77,009,579
Less: Investment Expenses	<u>(1,322,027)</u>	<u>(1,142,016)</u>
Total Net Investment Income	<u>\$ 82,669,772</u>	<u>\$ 75,867,563</u>
<u>Contributions:</u>		
Employer Contributions - Schedule "2"	\$ 23,556,335	\$ 20,760,174
Reciprocal Contributions	6,431,239	5,869,920
Late Fees	3,381	1,831
Less: Reciprocals Paid to Other Funds	<u>(1,482,405)</u>	<u>(802,436)</u>
Total Net Contributions	<u>\$ 28,508,550</u>	<u>\$ 25,829,489</u>
<u>Other:</u>		
Bond Allocation	\$ - 0 -	\$ 13,475
QDRO Reimbursements	21,000	3,000
Reimbursement of Allocable Expense - (Note 7)	<u>349,535</u>	<u>270,700</u>
Total Additions	<u>\$ 111,548,857</u>	<u>\$ 101,984,227</u>
<u>Deductions from Plan Assets Attributed to:</u>		
<u>Benefits Paid</u>	<u>\$ 42,568,751</u>	<u>\$ 39,108,915</u>
<u>Administrative Expenses:</u>		
Administrative Fees	\$ 107,779	\$ 105,150
Administrative Fees - Lack of Work Distribution	3,815	17,955
Audit Fees - Financial	15,500	15,500
Audit Fees - Payroll Audits	32,042	42,754

(Continued)

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

I.B.E.W. LOCAL 613 AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020
(Continued)

	<u>2021</u>	<u>2020</u>
<u>Deductions from Plan Assets Attributed to: (Continued)</u>		
<u>Administrative Expenses: (Continued)</u>		
Consultation Fees	\$ 10,096	\$ 12,840
Educational Conferences and Expenses	5,512	632
Electronic Transfer Fee - Reciprocals	2,400	2,400
Fidelity Bond Expense	696	648
Fiduciary Liability Expense	13,472	13,006
Investment Monitor Fee	40,000	40,000
Legal Fees	84,458	93,270
Printing, Postage and Supplies	9,352	11,844
Relative Value Fee	3,620	5,000
Trustees' Meeting Expense	<u>711</u>	<u>- 0 -</u>
Total Administrative Expenses	\$ <u>329,453</u>	\$ <u>360,999</u>
Total Deductions	\$ <u>42,898,204</u>	\$ <u>39,469,914</u>
Net Increase (Decrease) in Net Assets	\$ <u>68,650,653</u>	\$ <u>62,514,313</u>
Net Assets Available for Plan Benefits - Beginning of Year	\$ <u>631,498,953</u>	\$ <u>568,984,640</u>
Net Assets Available for Plan Benefits - End of Year - Exhibit "A"	<u>\$ 700,149,606</u>	<u>\$ 631,498,953</u>

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

I.B.E.W. LOCAL 613 AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021

NOTE 1 - SUMMARY OF ACCOUNTING POLICIES

The financial statements of the Fund are prepared under the accrual method of accounting.

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

If available, quoted market prices are used to value investments. Valuations for other securities are obtained from databases and broker contacts. Real estate mortgage loan valuations are valued at face value, which represents the original loan amount less principal payments. Investments in guaranteed investment contracts issued by insurance companies are valued at contract value, which represents the initial investment plus interest at the guaranteed rate, less administrative charges.

Investment income is recognized when earned rather than when received.

Employers' contributions receivable is calculated by determining the contribution value of hours worked by eligible employees prior to January 1, 2022, and reported by participating employers after December 31, 2021.

All receivables are fully collectible; therefore, no allowance for uncollectible receivables has been set up.

Benefits are recorded when paid.

NOTE 2 - GENERAL

The Fund is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act (ERISA) of 1974.

The Plan was established by an agreement between International Brotherhood of Electrical Workers Local 613 and employers who are members of the National Electrical Contractors Association.

Participants in the Plan are those employees who were participants in the I.B.E.W. Local 613 and Contributing Employers Pension Plan or those employees who have completed one (1) year of service with a contributing employer.

The employers contribute an amount for each participant which is computed in accordance with the Collective Bargaining Agreement in effect.

I.B.E.W. LOCAL 613 AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021
(Continued)

NOTE 2 - GENERAL (Continued)

Each participant's account is adjusted annually for its allocation of: (1) investment earnings or losses, as defined, (2) employers' or employees' contributions made for that account, and (3) administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Participants are at all times 100% vested in the contributions and earnings allocated or allocable to their account.

On termination of service, a participant will be entitled to the full value of their account in accordance with their election of the Valuation Date.

Effective July 1, 1998, with the transfer of the participant account balances on December 31, 1997, to The Vanguard Group, a participant may self-direct his account in any of the thirty-three (33) investment options:

Vanguard 500 Index Fund: Seeks to provide long-term growth of capital and income from dividends by holding all of the five hundred (500) stocks that make up the unmanaged Standard & Poor's 500 Composite Stock Price Index, a widely recognized benchmark of U. S. stock market performance.

Vanguard Life Strategy Conservative Growth Fund: Seeks to provide a high level of income and moderate long-term growth of capital and income by investing in five (5) Vanguard funds: a domestic stock fund, an international stock fund, two (2) bond funds, and an asset allocation fund. The fund's asset allocation ranges are expected to be 25%-50% stocks, 50%-75% bonds, and 0%-25% cash investments.

Vanguard Life Strategy Growth Fund: Seeks to provide long-term growth of capital by investing in four (4) other Vanguard funds: a domestic stock fund, an international stock fund, a bond fund, and an asset allocation fund. The fund's asset allocation ranges are expected to be 65%-90% stocks, 10%-35% bonds, and 0%-25% cash investments.

Vanguard Life Strategy Income Fund: Seeks to provide a high level of income by investing in four (4) Vanguard funds: a stock fund, two (2) bond funds, and an asset allocation fund. The fund's asset allocation ranges are expected to be 5%-30% stocks, 70%-95% bonds, and 0%-25% cash investments.

Vanguard Life Strategy Moderate Growth Fund: Seeks to provide a reasonable level of income and long-term growth of capital and income by investing in four (4) Vanguard funds: a domestic stock fund, an international stock fund, a bond fund, and an asset allocation fund. The fund's asset allocation ranges are expected to be 45%-70% stocks, 30%-55% bonds, and 0%-25% cash investments.

I.B.E.W. LOCAL 613 AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021
(Continued)

NOTE 2 - GENERAL (Continued)

Vanguard Prime Money Market Fund: Seeks to provide high income and a stable share price of One Dollar (\$1.00) by investing in short-term, high-quality money market instruments issued by financial institutions, nonfinancial corporations, the U. S. Government, and federal agencies.

Vanguard PRIMECAP Admiral Fund: Seeks long-term growth of capital by investing in stocks of companies with above-average prospects for continued earnings growth, strong industry positions and skilled management teams.

Vanguard Total Bond Market Index Fund: Seeks to provide a high level of interest income by attempting to match the performance of the unmanaged Lehman Brothers Aggregate Bond Index, which is a widely recognized measure of the entire taxable U. S. bond market.

Vanguard Wellington Fund: Seeks to provide income and long-term growth of capital without undue risk to capital by investing about 65% of its assets in stocks and the remaining 35% in bonds.

Vanguard Windsor II Fund: Seeks long-term capital appreciation and income by investing mainly in medium-size and large companies whose stocks are considered to be undervalued.

Vanguard GNMA Fund: Seeks to provide a high and sustainable level of interest income by investing in a broad range of mortgage-backed securities issued by the Government National Mortgage Association (GNMA), an agency of the U. S. government.

Vanguard Growth Index Fund: Seeks to provide long-term growth of capital by holding all of the stocks in the unmanaged Standard & Poor's/BARRA Growth Index in approximately the same proportions as those stocks represent in the index.

Vanguard International Growth Fund: Seeks to invest in the stocks of companies located outside the United States and is expected to diversify its assets across developed and emerging markets in Europe, the Far East, and Latin America.

Vanguard International Stock Index Fund: Seeks to invest by tracking the performance of MSCI EAFE + Emerging Markets Index, an index designed to measure the performance of stocks of companies located in Europe, the Pacific region, and emerging markets countries. The Index includes approximately 1,700 stocks of companies located in 43 countries.

Vanguard International Value Fund: Seeks to invest in common stocks of companies located outside of the United States that are considered to be undervalued. The Fund invests large-, mid- and small-capitalization companies and is expected to diversify its assets across developed and emerging markets in Europe, the Far East, and Latin America.

I.B.E.W. LOCAL 613 AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021
(Continued)

NOTE 2 - GENERAL (Continued)

Vanguard Mid-Cap Index Fund: Seeks long-term growth of capital by holding all of the stocks in the unmanaged Standard & Poor's MidCap 400 Index in approximately the same proportions as those stocks represent in the index.

Vanguard Mid-Cap Growth Fund: Seeks to provide long-term capital appreciation using a multi-manager approach providing exposure to a broad universe of mid-cap growth stocks.

Vanguard Total Stock Market Index Fund: Seeks to provide long-term growth of capital and income by attempting to match the investment results of the Wilshire 5000 Equity Index, an unmanaged index that covers all regularly traded U. S. stocks.

Vanguard REIT Index Fund: Seeks to provide a high level of income and moderate long-term capital appreciation by tracking the performance of a benchmark index that measures the performance of publicly trades equity REIT's.

Vanguard Explorer Fund: Seeks to provide long-term appreciation by investing in smaller companies (which, at the time of purchase, typically have a market value of less than \$2 billion).

Vanguard Selected Value Fund: Seeks to provide long-term capital appreciation and income by investing in medium-size U.S. companies, choosing stocks considered by the advisor to be undervalued.

Vanguard Target Retirement Income Fund: Seeks to provide current income and some capital appreciation by investing in other Vanguard mutual funds.

Vanguard Target Retirement 2015 Fund: Seeks to provide growth of capital and current income according to asset allocation strategy designed for investors planning to retire in or within a few years of 2015.

Vanguard Target Retirement 2020 Fund: Seeks to provide growth of capital and current income according to asset allocation strategy designed for investors planning to retire in or within a few years of 2020.

Vanguard Target Retirement 2025 Fund: Seeks to provide growth of capital and current income according to asset allocation strategy designed for investors planning to retire in or within a few years of 2025.

Vanguard Target Retirement 2030 Fund: Seeks to provide growth of capital and current income according to asset allocation strategy designed for investors planning to retire in or within a few years of 2030.

Vanguard Target Retirement 2035 Fund: Seeks to provide growth of capital and current income according to asset allocation strategy designed for investors planning to retire in or within a few years of 2035.

I.B.E.W. LOCAL 613 AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021
(Continued)

NOTE 2 - GENERAL (Continued)

Vanguard Target Retirement 2040 Fund: Seeks to provide growth of capital and current income according to asset allocation strategy designed for investors planning to retire in or within a few years of 2040.

Vanguard Target Retirement 2045 Fund: Seeks to provide growth of capital and current income according to asset allocation strategy designed for investors planning to retire in or within a few years of 2045.

Vanguard Target Retirement 2050 Fund: Seeks to provide growth of capital and current income according to asset allocation strategy designed for investors planning to retire in or within a few years of 2050.

Vanguard Target Retirement 2055 Fund: Seeks to provide growth of capital and current income according to asset allocation strategy designed for investors planning to retire in or within a few years of 2055.

Vanguard Target Retirement 2060 Fund: Seeks to provide growth of capital and current income according to asset allocation strategy designed for investors planning to retire in or within a few years of 2060.

Vanguard Target Retirement 2065 Fund: Seeks to provide growth of capital and current income according to asset allocation strategy designed for investors planning to retire in or within a few years of 2065.

NOTE 3 - PROCEDURES UPON TERMINATION OF THE TRUST

In the event of the termination of this Agreement and Declaration of Trust, the Trustees shall apply the Fund to pay or to provide for the payment of any and all obligations of the Fund, and shall distribute and apply any remaining surplus in such manner as will in their opinion best effectuate the purpose of the Fund; provided, however, that no part of the corpus or income of said Fund shall be used for or diverted to purposes other than for the exclusive benefit of the employees of the employers or their eligible dependents, or the administrative expenses of the Fund or for other payments in accordance with the provisions of the Fund. Under no circumstances shall any portion of the corpus or income of the Fund, directly or indirectly, revert or accrue to the benefit of any contributing employer or the Union.

NOTE 4 - INVESTMENTS

Investments are carried at fair value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end. Dividends on stocks are recognized as income when received. Interest income on investments is recognized as it is earned, regardless of maturity or interest payment dates.

I.B.E.W. LOCAL 613 AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021
(Continued)

NOTE 4 - INVESTMENTS (Continued)

The following schedule details the fair value of investments as of December 31, 2021 and 2020.

	<u>2021</u>	<u>2020</u>
<u>Investments at Fair Value:</u>		
Mutual Funds - Participant Directed	\$ 678,325,208	\$ 605,085,123
Money Market - Participant Directed	<u>15,943,726</u>	<u>21,044,745</u>
Total Investments at Fair Value - Exhibit "A"	<u>\$ 694,268,934</u>	<u>\$ 626,129,868</u>

Net appreciation (depreciation) in the fair value of investments represents the net change in the fair value between periods. Historical cost gains and losses on sales of investments are reflected in this net change due to all purchases and sales being recorded at fair value.

The aforementioned unrealized appreciation (depreciation) ultimately represents an increase (decrease) in asset value and amount of investment income. These increases (decreases) may or may not be temporary because of the volatility of the investment markets.

Form 5500 requires that the realized and unrealized gains and losses must be determined based on revalued cost; that is, on the current value of the assets at the beginning of the year carried forward from the prior year end or on the historical cost if the investment was acquired during the current year.

Reconciliation of Financial Statements to Schedule H of Form 5500

<u>2021</u>	Realized Gain/(Loss)	Unrealized Gain/(Loss)	Net Gain/(Loss)
Form 5500	\$ 5,324,095	\$ 50,797,648	\$ 56,121,743
- GAAP	<u>16,168,178</u>	<u>39,953,565</u>	<u>56,121,743</u>
Difference	<u>\$ (10,844,083)</u>	<u>\$ 10,844,083</u>	<u>\$ - 0 -</u>
<u>2020</u>	Realized Gain/(Loss)	Unrealized Gain/(Loss)	Net Gain/(Loss)
Form 5500	\$ (591,642)	\$ 56,922,871	\$ 56,331,229
- GAAP	<u>5,200,655</u>	<u>51,130,574</u>	<u>56,331,229</u>
Difference	<u>\$ (5,792,297)</u>	<u>\$ 5,792,297</u>	<u>\$ - 0 -</u>

I.B.E.W. LOCAL 613 AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021
(Continued)

NOTE 5 - INCOME TAXES

The Internal Revenue Service has determined and informed the Plan by a letter dated June 1, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 6 - RECIPROCAL CONTRIBUTIONS

The Fund has signed a national reciprocal agreement with other participating Funds. Under this agreement, certain employer contributions are received from and/or paid to reciprocating Local Union Pension Funds for hours worked within each Local Union's respective jurisdiction.

NOTE 7 - ALLOCABLE EXPENSE

Allocable expenses are those incurred in the operation and administration of the Plan and Fund for the plan Year. These expenses are estimated at the beginning of the year and are forwarded to Vanguard quarterly for deduction from participant's accounts. Subsequently, Vanguard reimburses the Fund for these quarterly deductions.

NOTE 8 - FORFEITURES

During the year ended December 31, 2021, there was \$15,539 of forfeitures from the Plan. During the year ended December 31, 2020, there was \$- 0 - of forfeitures from the Plan. These forfeited amounts were distributed among the remaining participants account balances as required per the plan agreement.

NOTE 9 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification Topic 820, *Fair Value Measurements and Disclosures* ("ASC Topic 820") provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobserving inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

I.B.E.W. LOCAL 613 AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021
(Continued)

NOTE 9 - FAIR VALUE MEASUREMENTS

Level 2 - Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2021 and 2020.

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

The following table sets forth by level, within the fair value hierarchy, the Fund's investments at fair value as of December 31, 2021.

<u>2021</u>	<u>LEVEL 1</u>	<u>LEVEL 2</u>	<u>LEVEL 3</u>	<u>TOTAL</u>
Cash Equivalents	\$ 15,943,726	\$ - 0 -	\$ - 0 -	\$ 15,943,726
Mutual Funds	<u>678,325,208</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>678,325,208</u>
Total Assets in the Fair Value Hierarchy	<u>\$ 694,268,934</u>	<u>\$ - 0 -</u>	<u>\$ - 0 -</u>	<u>\$ 694,268,934</u>
Investments Measured at NAV				<u>\$ - 0 -</u>
Total Investments at Fair Value				<u>\$ 694,268,934</u>

The following table sets forth by level, within the fair value hierarchy, the Fund's investments at fair value as of December 31, 2020.

I.B.E.W. LOCAL 613 AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021
(Continued)

NOTE 9 - FAIR VALUE MEASUREMENTS (Continued)

<u>2020</u>	<u>LEVEL 1</u>	<u>LEVEL 2</u>	<u>LEVEL 3</u>	<u>TOTAL</u>
Cash Equivalents	\$ 21,044,746	\$ - 0 -	\$ - 0 -	\$ 21,044,746
Mutual Funds	<u>605,085,122</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>605,085,122</u>
Total Assets in the Fair Value Heirarchy	<u>\$ 626,129,868</u>	<u>\$ - 0 -</u>	<u>\$ - 0 -</u>	<u>\$ 626,129,868</u>
Investments Measured at NAV				<u>\$ - 0 -</u>
Total Investments at Fair Value				<u>\$ 626,129,868</u>

Transfers between levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Trustees evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2021 and 2020, there were no significant transfers.

Investment policies, guidelines and procedures have been established by the Board and may be modified or amended only at the direction of the Board. In establishing and determining the reasonableness of investment valuations, the Fund enlists the assistance of independent appraisers, fiduciaries and investment managers who review the performance of investments to ensure adherence to those policies, guidelines and procedures.

Investments are monitored by management, as assisted by the Fund's independent fiduciaries, to review pricing models and methodologies, to analyze changes in fair value from period to period, to report valuations and changes in valuations to the Board and to verify compliance with the presentation of investments in accordance with U.S. GAAP.

NOTE 10 - RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

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.

I.B.E.W. LOCAL 613 AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021
(Continued)

NOTE 11 - RISKS AND UNCERTAINTIES

The Fund 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 as least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Financial instruments that subject the Fund to concentrations of credit risk also include cash. While management of the Fund attempts to limit any financial exposure by maintaining accounts at high quality financial institutions, cash balances may, at times, exceed the federally insured limit of \$250,000. The Fund has not experienced, nor does it expect any losses on such accounts. As of December 31, 2021 and December 31, 2020, \$2,654,456 and \$1,022,839 was uninsured, respectively.

As a result of the COVID-19 Coronavirus, economic uncertainties may arise which could negatively impact the Fund, though the potential impact and duration is unknown as of the date the financial statements were available to be issued.

NOTE 12 - RECONCILIATION OF NET ASSETS TO PARTICIPANT ACCOUNTS

	<u>2021</u>	<u>2020</u>
Balance of Participant Accounts:	\$ 694,268,934	\$ 626,129,868
Add:		
Receivables	3,279,552	4,262,116
Prepaid Expenses	10,944	10,508
Cash in Bank	2,904,456	1,272,739
Less:		
Liabilities	<u>(314,280)</u>	<u>(176,278)</u>
Net Assets Available for Plan Benefits - Exhibit "A"	<u>\$ 700,149,606</u>	<u>\$ 631,498,953</u>

NOTE 13 - SUBSEQUENT EVENTS

Transactions were examined for the two months subsequent to the fiscal year-end. No unusual transactions were noted and no adjustments were made to the fiscal year asset and liability accounts.

The Covid-19 pandemic will not have a substantial impact on the economic health of the Fund, as measures have been taken to mitigate the economic impact.

I.B.E.W. LOCAL 613 AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021
(Continued)

NOTE 13 - SUBSEQUENT EVENTS (Continued)

All subsequent events have been evaluated through October 7, 2022, which is the date the financial statements were available to be issued. This review and evaluation revealed no other material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

NOTE 14 - CONCENTRATION ON CONTRIBUTION SOURCES

During the years ended December 31, 2021 and 2020 no employer accounted for 50% of participating employers' contribution.

SUPPLEMENTARY INFORMATION

I.B.E.W. LOCAL 613 AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

INVESTMENTS
EIN:58-1577291 PLAN NUMBER: 001
DECEMBER 31, 2021

	<u>Par Value or Shares</u>	<u>Cost</u>	<u>Fair Value</u>
<u>The Vanguard Group - (Participant Directed):</u>			
Vanguard Mid-Cap Index Fund	420,660	\$ 19,094,064	\$ 29,315,762
Vanguard Growth Index Fund	83,798	8,083,534	13,839,238
Vanguard Total Stock Market Index	390,673	28,923,295	45,935,339
Vanguard Life Strategy Growth	484,482	16,760,452	21,525,544
Vanguard Total Bond Index	2,307,665	25,687,675	25,822,776
Vanguard REIT Index Fund	367,117	7,197,932	9,335,797
Vanguard Explorer Fund	46,583	4,811,041	5,546,167
Vanguard International Stock Index	398,904	47,607,575	54,558,109
Vanguard GNMA Fund	1,274,477	13,433,389	13,432,991
Vanguard Institutional 500 Index	160,819	41,828,642	65,258,683
Vanguard International Value Fund	11,046	434,123	459,281
Vanguard Cash Reserves - Money Mkt	15,943,726	15,943,726	15,943,726
Vanguard Prime Cap Fund	374,092	53,006,246	63,389,935
Vanguard Life Strategy Income	29,539	466,790	500,979
Vanguard Life Strategy Conservation Growth	7,250,930	146,283,548	167,278,945
Vanguard International Growth Fund	34,423	4,576,716	4,795,089
Vanguard Life Strategy Moderate Growth	220,528	6,187,301	7,396,521
Vanguard Select Value Fund	155,925	4,713,766	4,779,113
Vanguard Mid-Cap Growth	227,558	6,290,978	6,141,782
Vanguard Target Retirement 2015 Fund	786,028	1,788,587	1,938,481
Vanguard Target Retirement 2020 Fund	51,783	1,259,873	1,414,204
Vanguard Target Retirement 2025 Fund	606,766	14,576,253	17,814,647
Vanguard Target Retirement 2030 Fund	389,691	9,733,903	11,947,937
Vanguard Target Retirement 2035 Fund	722,435	17,774,134	22,966,195
Vanguard Target Retirement 2040 Fund	415,975	10,620,810	13,723,010
Vanguard Target Retirement 2045 Fund	592,945	15,298,942	20,201,645
Vanguard Target Retirement 2050 Fund	363,576	9,567,957	12,456,124
Vanguard Target Retirement 2055 Fund	229,463	6,251,410	7,882,060
Vanguard Target Retirement 2060 Fund	98,780	2,761,864	3,406,916
Vanguard Target Retirement 2065 Fund	22,680	619,511	717,153
Vanguard Target Retirement Income Fund	18,822	414,212	465,277
Vanguard Wellington Fund	224,119	1,274,477	18,781,171
Vanguard Windsor II Fund	64,716	4,514,851	5,298,337
Total - Participant Directed		<u>\$ 547,787,577</u>	<u>\$ 694,268,934</u>
Total Investments - Exhibit "A"		<u>\$ 547,787,577</u>	<u>\$ 694,268,934</u>

I.B.E.W. LOCAL 613 AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

SCHEDULE OF EMPLOYER CONTRIBUTIONS - ACCRUAL BASIS
EIN:58-1577291 PLAN NUMBER: 001
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

<u>Employer</u>	<u>2021</u>	<u>2020</u>
A C Electrical Service	\$ 32,538	\$ 34,470
Abbmet Electric, Inc.	21,683	12,250
Action Electric Co.	722,378	620,596
Allied Electrical Contr.	162,584	144,658
Allison Smith Co.	4,292,351	2,284,209
Alternative Energy Southeast	- 0 -	4,838
Arc Electric	12,325	18,457
Affordable Contracted	6,885	- 0 -
Atlanta Electrical J.A.T.C.	117,320	101,820
Atlanta & N. Georgia Bldg Trades	13,093	7,595
B & O Electric	7,375	7,252
Banks Electrical Services	6,234	13,810
Bar Electrical	37,495	17,230
BCD Electrical	72,247	49,708
Beltline Electric	- 0 -	10,032
Bonded Lighting Project	13,677	10,039
Bridges Electrical	36,097	26,494
Brooks Berry Haynie	583,799	481,451
Buffington-Burns Electric	34,871	29,788
C R Meyer & Sons	49,036	- 0 -
C.M. Electric Contr., Inc.	38,721	41,366
C&C Electrical Services	57,820	60,576
Cache Valley Electric	77,025	37,313
Carlson Const. Services	- 0 -	14,396
Central Electric System	146,605	146,142
Cleveland Electric	3,683,821	4,017,489
Cogburn Bros. Electric	- 0 -	10,907
Core Electrical Group	9,233	- 0 -
D & R Contracting, LLC	29,801	18,321
D & D Electric	39,992	37,886
Day & Zimmerman	- 0 -	2,431
Dixie Electric Co.	149,251	135,144
Dyco Electrical Contractors	46,619	35,859
Eckardt Electric Co.	1,982,451	1,774,561

(Continued)

I.B.E.W. LOCAL 613 AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

SCHEDULE OF EMPLOYER CONTRIBUTIONS - ACCRUAL BASIS
EIN:58-1577291 PLAN NUMBER: 001
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020
(Continued)

<u>Employer</u>	<u>2021</u>	<u>2020</u>
Edlen Electrical	\$ 4,948	\$ - 0 -
Electrical Builders	- 0 -	2,575
Electrical Testing Co.	73,111	75,988
Esco	18,226	- 0 -
Escoe Industrial Contr.	442,403	399,937
Fuellgraf Chimney & Tower	- 0 -	1,860
Gottstein Corp	- 0 -	1,055
Guest Electric Co.	20,157	25,052
Haberman Electric	14,381	2,986
Hansard Electric	15,261	16,677
Harris Electrical	- 0 -	996
Hewatt Electrical Contr.	256,762	207,577
Hewitt Electrical, LLC	62,318	43,180
Hunt Electric	19,993	2,864
I.B.E.W. Local 613	321,626	191,703
Industrial Control & Electric	77,155	67,251
Inglett & Stubbs	4,976,081	3,174,595
J. Ranck Electric	19,986	- 0 -
J.M. Clayton Co.	5,434	3,292
Knox Electrical Contractors	94,947	76,037
Lawson Electric	26,590	36,696
M. E. Contractors	53,031	54,855
M. W. I.	108,471	55,609
MacLean-Riggins, Inc.	187,010	178,769
Mass Electric	20,393	130,206
McCain Power Solutions	21,632	- 0 -
Master Electric	16,146	- 0 -
Mayberry Electric, Inc.	286,962	254,563
McMichen Electrical Co.	64,321	66,797
Menard Electric	53,362	31,471
Miller Electric - Tennessee	408,457	830,399
Miller Electrical Contractors - FL	220,176	231,832
Millwright Automation	194	333

(Continued)

I.B.E.W. LOCAL 613 AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

SCHEDULE OF EMPLOYER CONTRIBUTIONS - ACCRUAL BASIS

EIN:58-1577291 PLAN NUMBER: 001

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

(Continued)

<u>Employer</u>	<u>2021</u>	<u>2020</u>
MMHB & Associates	\$ 26,288	\$ 34,890
Mount Electric, Inc.	15,460	15,143
National Tech	2,792	30,045
One Electric, LLC	82,266	81,556
Pandora Electric	30,148	26,539
Partitions, Inc.	174,692	157,329
Paul Wiley Electrical Contr.	50,493	69,311
Paulson Electric	2,735	- 0 -
PCI Constructors	22,136	11,658
Performance Electric	92,380	73,856
Phoenix Electric	9,554	61,197
Pirkle Electric Co.	111,586	93,488
Player & Co.	200,558	174,360
Precision Electrical - Pittsburgh	6,145	14,981
Precision Electrical Contractors	94,362	66,709
Rawlins Electric	1,344	- 0 -
RDH Electrical Contractor	22,055	18,162
Reece Electric, Inc.	- 0 -	4,523
Sache/Cleveland LLC	422,439	19,699
SE Energy	4,558	- 0 -
Southeastern Industrial	47,266	52,240
Southern Sky	- 0 -	8,731
Southland Electrical Contractors	9,503	12,085
Southland Electric Co. - AL	13,189	11,861
Sutton Electric	16,907	17,832
T.D.I.R.	- 0 -	1,976
TA Service Group	33,925	30,728
Task Electric	4,041	- 0 -
Telco, Inc.	6,536	5,133
TLS Electrical Co., Inc.	149,732	126,969
Trestle Corp.	- 0 -	4,481
Tristate Electrical	19,547	4,782
United Electric Co.	214,286	237,233
Unity Electric, LLC	180,945	191,791

(Continued)

I.B.E.W. LOCAL 613 AND CONTRIBUTING EMPLOYERS
DEFINED CONTRIBUTION PENSION PLAN
ATLANTA, GEORGIA

SCHEDULE OF EMPLOYER CONTRIBUTIONS - ACCRUAL BASIS
EIN:58-1577291 PLAN NUMBER: 001
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020
(Continued)

<u>Employer</u>	<u>2021</u>	<u>2020</u>
Uptime Electric Co.	\$ 605,833	\$ 337,587
Vandex Electric	179,133	173,321
Vulcan Industrial Contractors	183,678	124,457
Westphal Co	20,306	2,486
White Electrical Const.	422,210	762,983
Whitehead Electric	443,955	346,324
Williams Plan Services	148	- 0 -
Womack Electric Co.	102,453	131,457
Wright-Brown Electric Co.	<u>6,938</u>	<u>7,124</u>
Total Employer Contributions - Exhibit "B"	<u>\$ 24,405,383</u>	<u>\$ 19,917,270</u>

E-SIGNATURE AUTHORIZATION
for
IBEW LOCAL 613 & CONTRIB EMPL DEFINED CONTRIB.
58-1577291/001
For Plan Year 01/01/2021 through 12/31/2021

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

I/We authorize DENNIS G. JENKINS, CPA,LLC to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

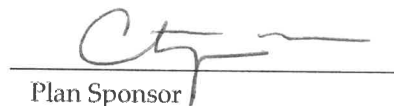
- A manually signed and dated Form 5500 that has been provided must be returned to DENNIS G. JENKINS, CPA,LLC before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
- DENNIS G. JENKINS, CPA,LLC will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500 prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500 showing my/our signatures will be included in the electronic filing and will be posted by the EBSA to the Internet for public disclosure.
- DENNIS G. JENKINS, CPA,LLC will maintain a copy of this written authorization in its records.
- DENNIS G. JENKINS, CPA,LLC will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- DENNIS G. JENKINS, CPA,LLC shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the 5500 for the plan year listed above.



Plan Administrator



Date



Plan Sponsor



Date

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the Instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2021****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

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

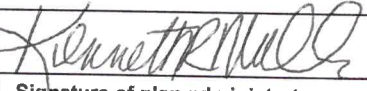
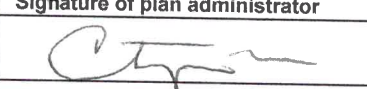
- A** This return/report is for: ☒ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first 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 IBEW LOCAL 613 & CONTRIB EMPL DEFINED CONTRIB.	1b Three-digit plan number (PN) ▶ 001
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) IBEW LOCAL 613 & CONTRIB EMPL DEFINED CONTRIB. 501 PULLIAM ST SE, STE 444 US ATLANTA GA 30312	1c Effective date of plan 01/01/2009
	2b Employer Identification Number (EIN) 58-1577291
	2c Plan Sponsor's telephone number (954) 266-6322
	2d Business code (see instructions) 238210

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		8-10-2022	Kenneth Mullins
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		8-10-2022	Chris Foster
	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 and 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**

6,481

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)**

6,052

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

5,837

b Retired or separated participants receiving benefits**6b**

9

c Other retired or separated participants entitled to future benefits**6c**

333

d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.**6d**

6,179

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e**

33

f Total. Add lines **6d** and **6e****6f**

6,212

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

6,167

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

97

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

[illegible]