

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>PENSION PLAN OF LITHONIA LIGHTING COMPANY IBEW NO 1048</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>ACUITY BRANDS, INC.</u> <u>1170 PEACHTREE STREET NE</u> <u>SUITE 2300</u> <u>ATLANTA, GA 30309-7676</u>	1b Three-digit plan number (PN) ▶	<u>048</u>	
	1c Effective date of plan	<u>02/02/1983</u>	
	2b Employer Identification Number (EIN)	<u>58-2632672</u>	
	2c Plan Sponsor's telephone number	<u>404-853-1400</u>	
	2d Business code (see instructions)	<u>551112</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.	10/17/2022	PENNY MCBURNETT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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	1165
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)	640
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
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	103
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit 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 <u>PENSION PLAN OF LITHONIA LIGHTING COMPANY IBEW NO 1048</u>	B Three-digit plan number (PN) ▶ <u>048</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ACUITY BRANDS, INC.</u>	D Employer Identification Number (EIN) <u>58-2632672</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>25573661</u>
b Actuarial value	2b <u>23016295</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>219</u> (2) Vested Funding Target <u>7071432</u> (3) Total Funding Target <u>7071432</u>
b For terminated vested participants.....	<u>306</u> <u>5068278</u> <u>5068278</u>
c For active participants	<u>640</u> <u>6538034</u> <u>7032383</u>
d Total.....	<u>1165</u> <u>18677744</u> <u>19172093</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.10</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>522238</u>
b Expected plan-related expenses	6b <u>175000</u>
c Total (line 6a + line 6b)	6c <u>697238</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		<u>06/22/2022</u> Date
Signature of actuary		
<u>MARY KATHRYN MCCORISON</u> Type or print name of actuary		<u>20-08344</u> Most recent enrollment number
<u>MILLIMAN, INC.</u> Firm name		<u>404-254-6751</u> Telephone number (including area code)
<u>3424 PEACHTREE ROAD NE, SUITE 1900</u> <u>ATLANTA, GA 30326</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 ☐

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>16.20</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		924350
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.53</u> %		51117
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		975467
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	120.05 %
15 Adjusted funding target attainment percentage	15	120.05 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	119.15 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** 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
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.32 %2nd segment:
4.79 %3rd segment:
5.47 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) **31a** 697238**b** Excess assets, if applicable, but not greater than line 31a **31b** 697238**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 0**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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 PENSION PLAN OF LITHONIA LIGHTING COMPANY IBEW NO 1048	B Three-digit plan number (PN) ▶	048
C Plan sponsor's name as shown on line 2a of Form 5500 ACUITY BRANDS, INC.	D Employer Identification Number (EIN) 58-2632672	

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

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

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

BANK OF AMERICA

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	50285	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERRILL LYNCH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	48320	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

BAKER DONELSON

420 TWENTIETH STREET NORTH
SUITE 1400
BIRMINGHAM, AL 35203

(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	LAWYER	12266	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)

WILLIS TOWERS WATSON

233 SOUTH WACKER DRIVE
SUITE 1800
CHICAGO, IL 60606

(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	CONSULTANT	11694	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LCG ASSOCIATES, INC.

75-1680350

(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	CONSULTANT	8846	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:	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 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 PENSION PLAN OF LITHONIA LIGHTING COMPANY IBEW NO 1048				B Three-digit plan number (PN) ▶ 048	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ACUITY BRANDS, INC.				D Employer Identification Number (EIN) 58-2632672	
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: ACUITY BRANDS DB PLAN MASTER TRUST					
b Name of sponsor of entity listed in (a): ACUITY BRANDS, INC.					
c EIN-PN 58-2632672-001		d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
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	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		

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
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**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 01/01/2021 and ending 12/31/2021		
A Name of plan PENSION PLAN OF LITHONIA LIGHTING COMPANY IBEW NO 1048	B Three-digit plan number (PN)	048
C Plan sponsor's name as shown on line 2a of Form 5500 ACUITY BRANDS, INC.	D Employer Identification Number (EIN) 58-2632672	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	737889	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	24805721	0
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	25543610	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	842	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	842	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	25542768	0
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(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)		1770304
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1770304
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	684875	
(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)		684875
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)	74245	
(2) Contract administrator fees.....	2i(2)	48320	
(3) Investment advisory and management fees.....	2i(3)	8845	
(4) Other.....	2i(4)	95374	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		226784
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		911659
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		858645
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		26401413

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: BDO USA, LLP

(2) EIN: 13-5381590

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		20000000
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.)			
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?		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		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)	
ACUITY BRANDS, INC. PENSION PLAN	58-2632672	034	
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 424828			

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 PENSION PLAN OF LITHONIA LIGHTING COMPANY IBEW NO 1048	B Three-digit plan number (PN) ► 048
C Plan sponsor's name as shown on line 2a of Form 5500 ACUITY BRANDS, INC.	D Employer Identification Number (EIN) 58-2632672

Part I	Distributions
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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): 13-5674085		
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	2

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

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

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: 41.0 % Investment-Grade Debt: 48.0 % High-Yield Debt: 0.0 % Real Estate: 5.0 % Other: 6.0 %

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 _____

**Acuity Brands, Inc. Selected Defined
Benefit Retirement Plans**

**Financial Statements and
Supplemental Schedule**

As of and for the Years Ended
December 31, 2021 and 2020

Acuity Brands, Inc. Selected Defined Benefit Retirement Plans

Financial Statements and Supplemental Schedule
As of and for the Years Ended December 31, 2021 and 2020

Acuity Brands, Inc. Selected Defined Benefit Retirement Plans

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Independent Auditor's Report

To the Plan Administrator
Acuity Brands, Inc. Selected Defined Benefit Retirement Plans
Atlanta, Georgia

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

We have performed audits of the financial statements of Acuity Brands, Inc. Selected Defined Benefit Retirement Plans (the "Plans"), employee benefit plans subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2021 and 2020, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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



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 the Plans and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Plans' 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 Plans' ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, line 4i Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

BDO USA, LLP

Atlanta, Georgia
October 14, 2022

Financial Statements

Acuity Brands, Inc. Selected Defined Benefit Retirement Plans

Statements of Net Assets Available for Benefits As of December 31, 2021

Plan No.	Plan Name	Plan Interest in Acuity DB Trust (Notes 1, 2, & 4)	Employer Contributions Receivable	Investments at Fair Value	Accrued Liabilities	Net Assets Available for Benefits
034	Acuity Brands, Inc. Pension Plan (See Note 1 for further explanation.)	\$ —	—	94,318,928	(1,060)	\$ 94,317,868
045	Acuity Brands, Inc. Legacy Pension Plan (See Note 1 for further explanation.)	\$ —	—	87,157,202	(2,420)	\$ 87,154,782
048	Pension Plan of Lithonia Lighting Company for Members of Bargaining Union Represented by International Brotherhood of Electrical Workers Local Union #1048	\$ —	—	—	—	\$ —
047	Pension Plan for Hourly Employees of the Emergency Lighting Division of Acuity Brands Lighting, Inc.	\$ —	—	—	—	\$ —
051	Lithonia Lighting Division Hourly Employees Retirement Plan	\$ —	—	—	—	\$ —
046	Major Reflector Products Co. Employees' Pension Plan	\$ —	—	—	—	\$ —
041	Pension Plan of Lithonia Lighting Company for Members of Bargaining Union Represented by International Brotherhood of Teamsters Local Union #728 (UNAUDITED: See Note 1 for further explanation.)	\$ —	—	—	—	\$ —

See accompanying notes to financial statements.

Acuity Brands, Inc. Selected Defined Benefit Retirement Plans

Statements of Net Assets Available for Benefits As of December 31, 2020

Plan No.	Plan Name	Plan Interest in Acuity DB Trust (Notes 1, 2, & 4)	Employer Contributions Receivable	Accrued Liabilities	Net Assets Available for Benefits
034	Acuity Brands, Inc. Pension Plan (See Note 1 for further explanation.)	\$ 61,640,271	—	(1,386)	\$ 61,638,885
045	Acuity Brands, Inc. Legacy Pension Plan (See Note 1 for further explanation.)	\$ 50,125,224	—	(1,355)	\$ 50,123,869
048	Pension Plan of Lithonia Lighting Company for Members of Bargaining Union Represented by International Brotherhood of Electrical Workers Local Union #1048	\$ 24,805,721	737,889	(842)	\$ 25,542,768
047	Pension Plan for Hourly Employees of the Emergency Lighting Division of Acuity Brands Lighting, Inc.	\$ 25,479,823	—	(787)	\$ 25,479,036
051	Lithonia Lighting Division Hourly Employees Retirement Plan	\$ 6,663,247	—	—	\$ 6,663,247
046	Major Reflector Products Co. Employees' Pension Plan	\$ 2,846,419	22,209	(119)	\$ 2,868,509
041	Pension Plan of Lithonia Lighting Company for Members of Bargaining Union Represented by International Brotherhood of Teamsters Local Union #728 (UNAUDITED: See Note 1 for further explanation.)	\$ 5,030,579	—	(566)	\$ 5,030,013

See accompanying notes to financial statements.

Acuity Brands, Inc. Selected Defined Benefit Retirement Plans

Statements of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2021

Plan No.	Plan Name	Net Assets Available for Benefits at December 31, 2020	Benefit Payments	Administrative Expenses	Net Investment Gain from Acuity DB Trust (Notes 1, 2, & 4)	Transfers To (From) Due to Plan Mergers (Note 1)	Net Assets Available for Benefits at December 31, 2021
034	Acuity Brands, Inc. Pension Plan (See Note 1 for further explanation.)	\$ 61,638,885	(2,950,674)	(267,068)	4,405,575	31,491,150	\$ 94,317,868
045	Acuity Brands, Inc. Legacy Pension Plan (See Note 1 for further explanation.)	\$ 50,123,869	(1,803,943)	(231,389)	3,612,363	35,453,882	\$ 87,154,782
048	Pension Plan of Lithonia Lighting Company for Members of Bargaining Union Represented by International Brotherhood of Electrical Workers Local Union #1048	\$ 25,542,768	(684,875)	(226,784)	1,770,304	(26,401,413)	\$ —
047	Pension Plan for Hourly Employees of the Emergency Lighting Division of Acuity Brands Lighting, Inc.	\$ 25,479,036	(1,306,775)	(158,936)	1,784,998	(25,798,323)	\$ —
051	Lithonia Lighting Division Hourly Employees Retirement Plan	\$ 6,663,247	(284,223)	(75,442)	455,118	(6,758,700)	\$ —
046	Major Reflector Products Co. Employees' Pension Plan	\$ 2,868,509	(123,903)	(61,913)	181,567	(2,864,260)	\$ —
041	Pension Plan of Lithonia Lighting Company for Members of Bargaining Union Represented by International Brotherhood of Teamsters Local Union #728 (UNAUDITED: See Note 1 for further explanation.)	\$ 5,030,013	(201,709)	(56,980)	351,015	(5,122,339)	\$ —

See accompanying notes to financial statements.

Acuity Brands, Inc. Selected Defined Benefit Retirement Plans

Statements of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2020

Plan No.	Plan Name	Net Assets Available for Benefits at December 31, 2019	Employer Contributions	Benefit Payments	Administrative Expenses	Net Investment Gain from Acuity DB Trust (Notes 1, 2, & 4)	Net Increase	Net Assets Available for Benefits at December 31, 2020
034	Acuity Brands, Inc. Pension Plan (See Note 1 for further explanation.)	\$ 55,997,467	—	(2,965,196)	(246,321)	8,852,935	5,641,418	\$ 61,638,885
045	Acuity Brands, Inc. Legacy Pension Plan (See Note 1 for further explanation.)	\$ 44,766,101	—	(1,661,446)	(208,323)	7,227,537	5,357,768	\$ 50,123,869
048	Pension Plan of Lithonia Lighting Company for Members of Bargaining Union Represented by International Brotherhood of Electrical Workers Local Union #1048	\$ 21,928,079	983,852	(616,008)	(216,532)	3,463,377	3,614,689	\$ 25,542,768
047	Pension Plan for Hourly Employees of the Emergency Lighting Division of Acuity Brands Lighting, Inc.	\$ 23,186,745	—	(1,256,874)	(139,317)	3,688,482	2,292,291	\$ 25,479,036
051	Lithonia Lighting Division Hourly Employees Retirement Plan	\$ 6,032,868	—	(273,663)	(60,548)	964,590	630,379	\$ 6,663,247
046	Major Reflector Products Co. Employees' Pension Plan	\$ 2,595,185	29,612	(123,170)	(48,063)	414,945	273,324	\$ 2,868,509
041	Pension Plan of Lithonia Lighting Company for Members of Bargaining Union Represented by International Brotherhood of Teamsters Local Union #728 (UNAUDITED: See Note 1 for further explanation.)	\$ 4,535,998	—	(190,539)	(45,323)	729,877	494,015	\$ 5,030,013

See accompanying notes to financial statements.

Acuity Brands, Inc. Selected Defined Benefit Retirement Plans

Notes to Financial Statements

Note 1 — Description of Plans

The following description of the Acuity Brands, Inc. (the "Company" or "Plan Sponsor") Selected Defined Benefit Retirement Plans (the "Plans") provides only general information. Participants should refer to the respective Plan documents for a more complete description of each Plan's provisions.

General

The Plans are subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Refer to the respective plan agreement for additional information about the Plans' eligibility, vesting, and benefit provisions.

The Plans listed in the accompanying financial statements were commingled in the Acuity Brands, Inc. Defined Benefit Plans Master Trust (the "Acuity DB Trust") during the periods presented.

The following table outlines which plans are active and which are frozen and are no longer accruing benefits:

<u>Active Plans:</u>
Pension Plan of Lithonia Lighting Company for Members of Bargaining Union Represented by International Brotherhood of Electrical Workers Local Union #613
Pension Plan of Lithonia Lighting Company for Members of Bargaining Union Represented by International Brotherhood of Electrical Workers Local Union #1048
Pension Plan of Lithonia Lighting Company for Members of Bargaining Union Represented by International Brotherhood of Teamsters Local Union #728
<u>Frozen Plans:</u>
Pension Plan for Hourly Employees of the Emergency Lighting Division of Acuity Brands Lighting, Inc.
Lithonia Lighting Division Hourly Employees Retirement Plan
Major Reflector Products Co. Employees' Pension Plan
Pension Plan of Lithonia Lighting Company for Member of Bargaining Union Represented by International Brotherhood of Electrical Workers Local Union #1132

The Pension Plan of Lithonia Lighting Company for Members of Bargaining Union Represented by International Brotherhood of Teamsters Local Union # 728 (Plan No. #041) qualifies under the 80-120 Participant rule as a small plan and is therefore exempt from the requirement to have audited financial statements; however, this plan is included in the financial statements and notes since it was a component of the Acuity DB Trust throughout the periods presented.

Plan Merger

On December 31, 2021 the Company executed a merger to consolidate all of the Active Plans identified in the table above into the Pension Plan of Lithonia Lighting Company for Members of Bargaining Union Represented by International Brotherhood of Electrical Workers Local Union #613 and renamed the successor plan the "Acuity Brands, Inc. Pension Plan." Participants within this plan continue to accrue benefits.

Additionally, the Company merged the Frozen Plans identified in the table above into the Pension Plan of Lithonia Lighting Company for Member of Bargaining Union Represented by International Brotherhood of Electrical Workers Local Union #1132 and renamed the successor plan the "Acuity Brands, Inc. Legacy Pension Plan." This plan is frozen and no longer accruing benefits.

The mergers described above are collectively referred to herein as the "2021 Plan Mergers," and the Acuity Brands, Inc. Pension Plan and the Acuity Brands, Inc. Legacy Pension Plan are collectively referred to herein as the "Successor Plans." In connection with the 2021 Plan Mergers, the Company also dissolved the Acuity DB Trust effective December 31, 2021. The Successor Plans received investments equal to the sum of the merged plans' interest in the Acuity DB Trust. There were no changes to the underlying investments as a result of the mergers, and neither successor pension plan operates under a master trust effective as of the merger date.

Acuity Brands, Inc. Selected Defined Benefit Retirement Plans

Notes to Financial Statements

Plan Administration

Administration of the Plans is the responsibility of the Company's Investment Committee (the "Committee"), which is designated by the President and Chief Executive Officer of the Company. The Committee has overall responsibility for the operation and administration of the Plans. The Committee determines the appropriateness and monitors performance of the Plans' investments. Under the current trust agreement, effective January 1, 2010, Bank of America, NA (the "Trustee"), acted as trustee for the Plans.

Contributions

For each of the Plans, the Company contributes amounts that meet or exceed current legal minimum funding requirements. The Plans were in compliance with applicable ERISA minimum funding requirements for the plan years ended December 31, 2021 and 2020.

Employee contributions were previously required as a condition of participation for certain employees in the Pension Plan for Hourly Employees of the Emergency Lighting Division of Acuity Brands Lighting, Inc. (the "ELD Plan"). Participants' contributions earn interest at a rate equal to 120% of the midterm applicable federal interest rate, compounded annually. For the years ended December 31, 2021 and 2020, the interest rates earned on participant contributions were 0.6% and 2.0%, respectively. Present employees' accumulated contributions as of December 31, 2021 and 2020, including interest compounded annually for the ELD Plan, were \$3,386 and \$3,365, respectively.

Although it has not expressed any intention to do so, the Company has the right under the Plans to discontinue its contributions at any time and to terminate the Plans subject to the provisions set forth in ERISA.

Vesting and Pension Benefits

Company contributed benefits become 100% vested upon the completion of five years of vesting service, as defined by the Plans. If employees terminate before rendering the required years of service, they forfeit the right to receive their accumulated plan benefits. Normal retirement age is 65. Employee participants may elect early retirement, with reduced benefits, as specified in the respective Plan agreement. Benefits are based on years of credited service and the monthly benefit level, as defined by the respective Plan agreement. If the value of the benefit is less than \$5,000, employee participants receive their vested benefits in the form of a one-time lump sum payment. Conversely, if the value of the benefit is greater than \$5,000, employee participants receive their vested benefits in the form of a monthly annuity payable for their lifetime.

There were no changes to the vesting and pension benefit provisions as a result of the plan mergers described above.

Death and Disability Benefits

If active participants die and are 100% vested in their accrued benefits, a death benefit as specified in the respective Plan agreement is paid to the participant's beneficiary. Active participants who become totally disabled prior to their termination from the Company and have five years of credited service receive monthly disability benefits as specified in the respective Plan agreement.

There were no changes to the death and disability benefit provisions as a result of the plan mergers described above.

Note 2 — Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("US GAAP") requires management to make estimates and assumptions that affect the 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, including changes therein. Actual results could differ from those estimates.

Acuity Brands, Inc. Selected Defined Benefit Retirement Plans

Notes to Financial Statements

Investments

Investments directly owned by the Plans and investments of the Acuity DB Trust are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 6, *Fair Value Measurements*, for further discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Acuity DB Trust's gains and losses on investments bought and sold as well as those held during the year.

Each participating plan owned a proportionate share of the Acuity DB Trust at December 31, 2020. The Successor Plans each received investments equal to the sum of the merged plans' interest in the Acuity DB Trust. The Acuity DB Trust's investment results for the years ended December 31, 2021 and 2020, excluding realized gains and losses on investments and certain administrative expenses, are allocated based on the proportionate net asset value of each participating plan. Realized gains and losses on investments and administrative expenses incurred on behalf of some but not all of the Plans are only allocated to the related plans and are accounted for as such. Each Plan's share of these investment results and expenses is reflected in the accompanying *Statements of Changes in Net Assets Available for Benefits* as "Net Investment Gain from Acuity DB Trust" and "Administrative Expenses," respectively.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plans' expenses are paid either by the Plans or the Company, as provided by the respective plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plans that are paid by the Plans are recorded as deductions in the accompanying *Statements of Changes in Net Assets Available for Benefits* as "Administrative Expenses." In addition, certain investment-related expenses are included in the accompanying *Statements of Changes in Net Assets Available for Benefits* as "Net Investment Gain from Acuity DB Trust."

Reclassifications

We have reclassified certain prior period amounts to conform to the current year presentation. No material reclassifications occurred during the current year.

Note 3 — Income Tax Status

The Plans obtained their latest determination letters during the period of July 2013 through March 2014, in which the Internal Revenue Service ("IRS") stated these plans are qualified under Section 401(a) of the Internal Revenue Code ("IRC"). The Plans operate in conformity with the IRC to maintain their qualification.

The financial statement impact of a tax position is recognized when the position is more likely than not, based on its technical merits, to be sustained upon examination by the IRS. No such positions are recognized in the financial statements. The Plans are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Acuity Brands, Inc. Selected Defined Benefit Retirement Plans

Notes to Financial Statements

Note 4 — Acuity DB Trust

The Acuity DB Trust was dissolved on and held no assets as of December 31, 2021. The following table presents the plan interest of the Acuity DB Trust by Plan as of December 31, 2020.

Plan's Interest in Master Trust Balances								
2020	No. 034	No. 045	No. 048	No. 047	No. 051	No. 046	No. 041 ⁽¹⁾	Master Trust Balances
Investments, at fair value:								
Short-term investments -								
Money market funds	\$ 3,696,005	\$ 3,005,553	\$ 1,487,373	\$ 1,527,793	\$ 399,534	\$ 170,674	\$ 301,637	\$ 10,588,569
Fixed interest funds -								
State Street Long US Fund	29,826,396	24,254,514	12,002,953	12,329,136	3,224,201	1,377,321	2,434,189	85,448,710
Mutual funds -								
American Funds EuroPacific Growth Fund	7,794,485	6,338,394	3,136,713	3,221,954	842,575	359,933	636,123	22,330,177
Vanguard Institutional Index	12,844,092	10,444,681	5,168,812	5,309,275	1,388,432	593,113	1,048,231	36,796,636
Total mutual funds	20,638,577	16,783,075	8,305,525	8,531,229	2,231,007	953,046	1,684,354	59,126,813
Collective trusts -								
Rothschild US Small CAP	4,786,867	3,892,629	1,926,364	1,978,715	517,456	221,047	390,665	13,713,743
Real estate fund -								
BlackRock US Core Property Fund	2,692,377	2,189,413	1,083,486	1,112,930	291,044	124,328	219,730	7,713,308
Total investments, at fair value	61,640,222	50,125,184	24,805,701	25,479,803	6,663,242	2,846,416	5,030,575	176,591,143
Pending trades	49	40	20	20	5	3	4	141
Total fair value of net investments	\$61,640,271	\$50,125,224	\$24,805,721	\$25,479,823	\$6,663,247	\$2,846,419	\$5,030,579	\$ 176,591,284
Plan Interest Percentage in Acuity DB Trust								
	34.9 %	28.4 %	14.0 %	14.4 %	3.8 %	1.6 %	2.9 %	100.0 %

⁽¹⁾ These balances are unaudited. See Note 1 for further explanation.

Investment results of the Acuity DB Trust for the year ended December 31, 2021 and 2020 are as follows:

	Year Ended December 31,	
	2021	2020
Interest and dividend income	\$ 4,018,963	\$ 1,562,645
Net appreciation in fair value of investments	8,541,977	23,779,098
Investment results	\$ 12,560,940	\$ 25,341,743

All investment information disclosed in the accompanying financial statements and schedules including investments held at December 31, 2021 and 2020, net appreciation or depreciation in the fair value of investments, interest, dividends, and certain investment expenses for the years then ended, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

Note 5 — Certified Information

The administrator of the Plans has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

Acuity Brands, Inc. Selected Defined Benefit Retirement Plans

Notes to Financial Statements

- a. Investments and Plan Interest in Acuity DB Trust, as shown in the *Statements of Net Assets Available for Benefits* as of December 31, 2021 and 2020.
- b. Investment activity, as shown in the *Statements of Changes in Net Assets Available for Benefits* for the years ended December 31, 2021 and 2020.
- c. The schedule of assets held as of December 31, 2021 as disclosed in Schedule H.

The independent auditors of the Plans did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule. All investments of the Plans were held in mutual funds, real estate funds, fixed interest funds, and short-term fixed income funds. Cumulative Plan investments at fair value totaled \$181,476,130 and \$176,591,284 as of December 31, 2021 and 2020, respectively.

Note 6 — Fair Value Measurements

In accordance with Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurement*, ("ASC 820"), the Company determines a fair value measurement based on the assumptions a market participant would use in pricing an asset or a liability. ASC 820 provides for a three-tiered hierarchy making a distinction between market participant assumptions based on (i) observable inputs such as quoted prices in active markets (Level 1), (ii) inputs other than quoted prices in active markets that are observable either directly or indirectly (Level 2), and (iii) unobservable inputs that reflect the best estimate of what market participants would use in pricing an asset or a liability, including consideration of the risk inherent in the valuation technique and the risk inherent in the inputs to the model (Level 3). In accordance with Subtopic 820-10, investments that are measured at fair value using the net asset value ("NAV") per share practical expedient are not classified in the fair value hierarchy.

Investments of the Acuity DB Trust are stated at fair value as described in further detail below.

Short-term Investments: Short-term investments consist of money market funds, which are valued at the daily closing price as reported by the relevant fund (Level 1).

Mutual Funds: Valued using the NAV of shares held at year end. Mutual funds held by the Plans are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded (Level 1).

Collective Trust: The collective trust seeks to outperform the overall small-cap stock market and is comprised of small-cap equity securities with quoted prices in active markets for identical investments. The value of this fund is calculated on each business day based on its daily net asset value; however, the collective trust is not deemed to be actively traded (Level 2).

Fixed Interest Funds: The fixed interest fund seeks to maximize total return by investing primarily in a diversified portfolio of intermediate and long-term debt securities and is valued using the NAV of units of a management investment company's trust. The NAV, as provided by the fund's trustee, is used as a practical expedient to estimate fair value. As such, these funds are excluded from the fair value hierarchy. The NAV is based on the fair value of the underlying investments held by the fund less the fund's liabilities. There were no unfunded commitments as of December 31, 2021 and 2020.

Real Estate Fund: The real estate fund invests primarily in commercial real estate and includes mortgage loans that are backed by the associated properties' investment objective. The fund seeks real estate returns, risk, and liquidity appropriate to a core fund. The fund also seeks to provide current income with the potential for long-term capital appreciation. This investment is valued based on the NAV per share provided by the fund's trustee, without further adjustment, which is used as a practical expedient to estimate fair value. This fund is therefore excluded from the fair value hierarchy. NAV is based on the fair value of the underlying investments. Investors may request to redeem all or any portion of their shares on a quarterly basis. Each investor must provide a written redemption request at least sixty days prior to the end of the quarter for which the request is to be effective. If insufficient funds are available to honor all redemption requests at any point in time, available funds will be allocated pro-rata based on the total number of shares held by each investor. All decisions regarding whether to honor redemption requests are made by the fund's board of directors. There were no unfunded commitments as of December 31, 2021 and 2020.

Acuity Brands, Inc. Selected Defined Benefit Retirement Plans

Notes to Financial Statements

The following tables present information about the Successor Plans' assets of as of December 31, 2021 and the Acuity DB Trust's assets as of December 31, 2020:

	Successor Plan		Quoted Prices in Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs	
<i>December 31, 2021</i>	Pension	Legacy	(Level 1)	(Level 2)	(Level 3)	Total
Cash	\$ 2,344,236	\$ 1,481,974	\$ 3,826,210	\$ —	\$ —	\$ 3,826,210
Mutual funds	32,618,910	30,384,801	63,003,711	—	—	63,003,711
Collective trust	6,983,837	6,505,505	—	13,489,342	—	13,489,342
Total assets in the fair value hierarchy	41,946,983	38,372,280	66,829,921	13,489,342	—	80,319,263
Fixed interest fund	47,632,681	44,370,256				92,002,937
Real estate fund	4,739,264	4,414,666				9,153,930
Total assets at fair value	\$94,318,928	\$87,157,202	\$66,829,921	\$13,489,342	\$ —	\$ 181,476,130

	Quoted Prices in Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs	
<i>Acuity DB Trust</i>	(Level 1)	(Level 2)	(Level 3)	Total
<i>December 31, 2020</i>				
Short-term investments	\$ 10,588,711	\$ —	\$ —	\$ 10,588,711
Mutual funds	59,126,812	—	—	59,126,812
Collective trust	—	13,713,743	—	13,713,743
Total assets in the fair value hierarchy	69,715,523	13,713,743	—	83,429,266
Fixed interest fund				85,448,710
Real estate fund				7,713,308
Total assets at fair value	\$ 69,715,523	\$ 13,713,743	\$ —	\$ 176,591,284

Note 7 — Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments including lump sum distributions under each Plan's provisions that are attributable to services rendered by employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to the following: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for certain employees in the ELD Plan are based on average compensation, as defined in the respective Plan agreement, and years of credited service (subject to a maximum) determined as of December 31, 2002. Benefits for the other employees of the ELD Plan and all other plans are based on formulas that are a dollar benefit level multiplied by each participant's years of credited service (subject to each plan's maximum years of service). Benefits payable under all circumstances (i.e., 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 Plans' actuary and is the amount calculated from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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.

Acuity Brands, Inc. Selected Defined Benefit Retirement Plans

Notes to Financial Statements

The actuarial calculations were computed using the unit credit method of funding. Principal actuarial assumptions underlying the valuations are as follows:

Retirement age: Age 60-70, except for certain participants of the Pension Plan for Hourly Employees of the Emergency Lighting Division of Acuity Brands Lighting, Inc. and the Major Reflector Products Co. Employees Pension Plan. These Plans have a retirement age of 65.

Assumed rate of return: 6.75% and 7.00% per annum, compounded annually in the plan years ended December 31, 2021 and 2020, respectively.

IRS segment rates:

	2021	2020
First 5 years	3.32 %	3.64 %
Next 15 years	4.79 %	5.21 %
Over 20 years	5.47 %	5.94 %

Segment Rates (based on statutory rates in effect four months prior to beginning of plan year, limited by HAFTA 2014 segment rate obligations)

Mortality: Assumed mortality is based on the Pri-2012 Blue Collar Mortality Tables, amount-weighted with separate rates for annuitants and non-annuitants, is used for all lives. To reflect greater future longevity, generational mortality improvement is projected for all lives based on the MP-2020 projection scale. The Blue Collar Contingent Survivor Mortality Table and the Disabled Mortality Table (no collar adjustment) is used for surviving beneficiaries and disabled participants, respectively.

Pre-1995 Disabilities: Revenue Ruling 96-7 table for participants who became disabled before 1995.

Post-1994 Disabilities: Revenue Ruling 96-7 table for participants who became disabled after 1994. Used for participants eligible for Social Security Disability.

The actuarial present value of accumulated plan benefits and its components are valued at a discount rate of 6.75% and 7.00% for the plan years ended December 31, 2021 and 2020, respectively. If the Plans were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2021 and 2020. Had the valuations been performed as of December 31, there would be no material differences.

Acuity Brands, Inc. Selected Defined Benefit Retirement Plans

Notes to Financial Statements

As of January 1, 2021 (the date of the most recent actuarial valuation), the Plans' actuarial present values of accumulated plan benefits were as follows:

Plan No.	Plan Name	Vested Benefits of Participants In-Pay Status	Vested Benefits of Participants Not In-Pay Status	Nonvested Benefits	Total Actuarial Present Value of Accumulated Plan Benefits
034	Pension Plan of Lithonia Lighting Company for Members of Bargaining Unit Represented by International Brotherhood of Electrical Workers Local Union #613	\$ 11,952,286	24,599,722	256,917 \$	36,808,925
045	Pension Plan of Lithonia Lighting Company for Members of Bargaining Unit Represented by International Brotherhood of Electrical Workers Local Union #1132	\$ 16,910,722	13,032,863	— \$	29,943,585
048	Pension Plan of Lithonia Lighting Company for Members of Bargaining Unit Represented by International Brotherhood of Electrical Workers Local Union #1048	\$ 5,863,342	8,910,822	384,141 \$	15,158,305
047	Pension Plan for Hourly Employees of the Emergency Lighting Division of Acuity Brands Lighting, Inc.	\$ 10,095,941	5,157,556	— \$	15,253,497
051	Lithonia Lighting Division Hourly Employees Retirement Plan	\$ 2,420,729	1,551,886	— \$	3,972,615
046	Major Reflector Products Co. Employees' Pension Plan	\$ 1,051,379	731,929	— \$	1,783,308
041	Pension Plan of Lithonia Lighting Company for Members of Bargaining Unit Represented by International Brotherhood of Teamsters Local Union #728 (UNAUDITED: See Note 1 for further explanation.)	\$ 1,612,322	1,354,166	29,849 \$	2,996,337

Acuity Brands, Inc. Selected Defined Benefit Retirement Plans

Notes to Financial Statements

The change in the actuarial present value of accumulated plan benefits during the twelve month period ended January 1, 2021 is summarized as follows:

Plan No.	Plan Name	Actuarial Present Value January 1, 2020	Accumulation of Benefits Including Losses and (Gains)	Interest Due to Decrease in Discount Period	Benefit Payments	Change in Assumptions	Actuarial Present Value January 1, 2021
034	Pension Plan of Lithonia Lighting Company for Members of Bargaining Unit Represented by International Brotherhood of Electrical Workers Local Union #613	\$ 37,040,522	(389,776)	2,490,914	(2,962,164)	629,429	\$ 36,808,925
045	Pension Plan of Lithonia Lighting Company for Members of Bargaining Unit Represented by International Brotherhood of Electrical Workers Local Union #1132	\$ 29,073,752	(125,743)	1,978,011	(1,661,004)	678,569	\$ 29,943,585
048	Pension Plan of Lithonia Lighting Company for Members of Bargaining Unit Represented by International Brotherhood of Electrical Workers Local Union #1048	\$ 14,221,430	170,869	974,343	(614,876)	406,539	\$ 15,158,305
047	Pension Plan for Hourly Employees of the Emergency Lighting Division of Acuity Brands Lighting, Inc.	\$ 15,313,926	(76,705)	1,028,805	(1,254,655)	242,126	\$ 15,253,497
051	Lithonia Lighting Division Hourly Employees Retirement Plan	\$ 4,066,376	(163,302)	275,239	(273,408)	67,710	\$ 3,972,615
046	Major Reflector Products Co. Employees' Pension Plan	\$ 1,797,382	(41,234)	121,582	(123,088)	28,666	\$ 1,783,308
041	Pension Plan of Lithonia Lighting Company for Members of Bargaining Unit Represented by International Brotherhood of Teamsters Local Union #728 (UNAUDITED: See Note 1 for further explanation.)	\$ 2,902,771	32,755	196,657	(189,973)	54,127	\$ 2,996,337

Acuity Brands, Inc. Selected Defined Benefit Retirement Plans

Notes to Financial Statements

Note 8 — Plan Termination

Although the Company intends for the Plans to be permanent, the Company has the right to terminate the Plans. In the event of termination of the Plans, accrued benefits shall become 100% vested and non-forfeitable to the extent funded. Additionally, the assets of the Plans will be liquidated and used to fund benefits. Generally, the net assets will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. governmental agency, at that time. Certain benefits under the Plans are insured by the PBGC if the Plans terminate. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's 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 Plans are guaranteed at the level in effect on the date of a Plan's termination.

Whether all participants receive their benefits should a 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 sponsor and the level of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all. Benefit distribution shall be allocated in the order noted in the relevant Plan document to the extent of the sufficiency of assets.

In the event a Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the PBGC up to the applicable limitations.
4. All other vested benefits not insured by the PBGC.
5. All nonvested benefits.

Note 9 — Risks and Uncertainties

The Plans invest 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 such changes could materially affect the amounts reported in the *Statements of Net Assets Available for Benefits*.

Plan contributions are made and the actuarial present value 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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

The COVID-19 pandemic has caused increased volatility in and disruptions to global markets. As a result, the fair value of investments, and the related net assets available for benefits experienced increased levels of volatility during 2021. There is significant uncertainty around the duration and the long-term impact of the COVID-19 pandemic on economic and market conditions. Due to this uncertainty, we cannot reasonably estimate the impact of COVID-19 on the Plan's investment portfolio; however, this disruption and any potential recovery may have a

significant impact on the Plan's financial position and results for 2022 as well as future required contributions and plan liquidity.

Note 10 — Party-in Interest and Related Party Transactions

Transactions occurring between the Plans and the Trustee qualify as party-in-interest transactions. Certain administrative fees are also deducted from the assets of the Plans by the Trustee. Cash paid by the Plans for services provided by the Trustee amounted to \$500,285 and \$517,729 for the year ended December 31, 2021 and 2020, respectively. Cash for all other administrative expenses paid by the Plans amounted to \$578,228 and \$446,698 for the year ended December 31, 2021 and 2020, respectively.

Supplemental Schedules

Acuity Brands, Inc. Selected Defined Benefit Retirement Plans

Schedule H, line 4i-Schedule of Assets (Held at End of Year) - December 31, 2021
EIN: 58-2632672

Acuity DB Trust				
(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Short-Term Investments:				
*	BlackRock	Contribution/Distribution Account	\$ —	\$ —
Fixed Interest Funds:				
	State Street	US Governmental/ Credit Bond Index Fund	—	—
Mutual Funds:				
	American Funds	EuroPacific Growth Fund	—	—
	Vanguard	Institutional Index Fund	—	—
Collective Trusts:				
	Rothschild	US Small Cap Fund	—	—
Real Estate Funds:				
	BlackRock	US Core Property Fund	—	—
Total investments			\$ —	\$ —

*Represents a party-in-interest as defined by ERISA.

Acuity Brands, Inc. Pension Plan				
(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Cash		\$ 2,344,236	\$ 2,344,236
Fixed Interest Funds:				
	State Street	US Governmental/ Credit Bond Index Fund	47,632,681	47,632,681
Mutual Funds:				
	American Funds	EuroPacific Growth Fund	11,315,036	11,315,036
	Vanguard	Institutional Index Fund	21,303,874	21,303,874
Collective Trusts:				
	Rothschild	US Small Cap Fund	6,983,837	6,983,837
Real Estate Funds:				
	BlackRock	US Core Property Fund	4,739,264	4,739,264
Total investments			\$ 94,318,928	\$ 94,318,928

Acuity Brands, Inc. Legacy Pension Plan

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Cash		\$ 1,481,974	\$ 1,481,974
	Fixed Interest Funds:			
	State Street	US Governmental/ Credit Bond Index Fund	44,370,256	44,370,256
	Mutual Funds:			
	American Funds	EuroPacific Growth Fund	10,540,055	10,540,055
	Vanguard	Institutional Index Fund	19,844,746	19,844,746
	Collective Trusts:			
	Rothschild	US Small Cap Fund	6,505,505	6,505,505
	Real Estate Funds:			
	BlackRock	US Core Property Fund	4,414,666	4,414,666
	Total investments		\$ 87,157,202	\$ 87,157,202

Schedule SB, line 26 – Schedule of Active Participant Data
Pension Plan of Lithonia Lighting Company IBEW No 1048
EIN: 58-2632672 PN: 048

The number of active participants summarized by attained age and years of credited service as of January 1, 2021 is shown below.

Age	Years of Credited Service										Total
	0-1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
0-24	26	36	1								63
25-29	11	38	24								73
30-34	12	45	24	1							82
35-39	13	37	24	6	2						82
40-44	3	52	13	12	6	7	1				94
45-49	5	25	19	11	5	2	3				70
50-54	4	15	11	9	3	3		4			49
55-59	1	18	10	5	10	7	2	7	4		64
60-64	1	11	7	2	4	7	5	6	5	7	55
65-69			2			1	1	1	2		7
70+						1					1
Total	76	277	135	46	30	28	12	18	11	7	640

Schedule SB, Part V – Schedule of Actuarial Assumptions/Methods
Pension Plan of Lithonia Lighting Company IBEW No 1048
EIN: 58-2632672 PN: 048

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded and accounted for. Annual contributions and accounting expense are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

Asset Valuation Method

The Actuarial Value of Assets used for determining the plan's ERISA funding requirements is equal to the Market Value of Assets as of the valuation date minus a decreasing fraction of the investment gain or loss for each of the 24 preceding months, but it cannot be less than 90% nor more than 110% of the Market Value of Assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets and the applicable statutory interest rate for the year.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

PBGC Variable-Rate Premium Method

The Plan Sponsor elected to use the alternative methodology for determining the PBGC variable-rate premium for the 2008 plan year.

Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a seven-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

Appendix B – Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	3.32%	2.22%	2.22%
Segment 2 (5–20 years)	4.79%	3.38%	3.38%
Segment 3 (20+ years)	5.47%	3.92%	3.92%
Effective Interest Rate	5.10%	3.67%	3.67%

ERISA minimum funding: 24-month average segment rates, using a four-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor (adopted January 1, 2008).

Maximum deductible contribution and PBGC premium: 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization.

Expected investment return: 4.50% per year for the 2021 plan year (5.40% per year for the 2020 plan year, 5.90% for the 2019 plan year) to reflect future expected market conditions, limited to the third segment rate. The expected investment return is based on the median results for a 20-year period from Milliman's investment return model, which uses Milliman's capital market outlook as of the valuation date for the Plan's target asset allocation, net assumed investment expenses as determined by the fair value of assets on a combined qualified plan basis (12 bps), and rounded to the nearest 10 basis points.

Expenses

Administrative expenses expected to be paid with plan assets is equal to the average of actual administrative expenses paid during the last three plan years, net PBGC premiums, plus the PBGC premium for the current plan year, rounded to the nearest \$5,000 (\$175,000 for the 2021 plan year and fiscal year ending August 31, 2022 and \$185,000 for the 2020 plan year and fiscal year ending August 31, 2021).

DEMOGRAPHIC ASSUMPTIONS

Unless prescribed by statute, the following demographic assumptions are based on experience expectations for the Plan.

Decrement Timing

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see below) is assumed to occur at the beginning of the year.

Mortality

ERISA minimum funding, maximum deductible contribution, and PBGC premium: Statutory static tables for 2021, with separate rates for annuitants and non-annuitants, based on the RP-2014 Mortality Table, adjusted to 2006, with generational mortality improvement based on the MP-2019 projection scale is used for healthy lives. The Rev. Rul. 96-7 Disabled Mortality Table is used post-decrement for disabled lives.

Retirement

The following are annual rates of retirement, based on the results of an experience study performed in 2015 using data from 2011 through 2013 plan years, for active participants eligible for retirement:

Age	Rate
60 – 61	7.5%
62 – 63	30.0%
64	20.0%
65 – 69	30.0%
70	100.0%

Current and future terminated vested participants with 10 years of service or less are assumed to retire at age 65. For those with at least 10 years of service, 50% are assumed to retire at age 60 and 50% are assumed to retire at age 65.

Termination

Sample annual rates of termination, based on the results of an experience study performed in 2015 using data from 2011 through 2013 plan years, are as follows (per 1,000 participants):

Age	Years of Service					
	0	1	2	3	4	5+
25	313	313	250	250	250	125
30	238	238	190	190	190	95
35	184	184	147	147	147	74
40	139	139	111	111	111	56
45	104	104	83	83	83	42
50	77	77	62	62	62	31
55	62	62	50	50	50	25
60+	67	67	54	54	54	27

Disability

The following are sample annual rates of disablement based on age (per 100 participants):

Age	Rate
25	0.00
30	0.11
35	0.17
40	0.23
45	0.46
50	0.69
55	1.42
60	2.14

65	0.00
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Form of Payment

Life annuity; 50% joint and survivor annuity for future death benefits. Missed payments for terminated vested participants over the age of 65 are increased with interest at 5.00% per year based on plan practice.

Marital Characteristics

Actual beneficiary birth dates if included in the census data. Otherwise, 85% of male participants and 65% of female participants are assumed to be married with males assumed to be 3 years older than females.

Special Data Adjustments

None

Benefits not Valued

Additional vesting and benefit requirements per IRC Section 416 for qualified plans considered top-heavy are not reflected. Although the top-heavy test has not been performed, it is expected that the plan will not be top-heavy for the current year based on the demographics of the plan population.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit 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 Pension Plan of Lithonia Lighting Company IBEW No 1048	B Three-digit plan number (PN) ►	048
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Acuity Brands, Inc.	D Employer Identification Number (EIN) 58-2632672	

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information				
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2021</u>				
2 Assets:				
a Market value	2a	25,573,661		
b Actuarial value	2b	23,016,295		
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment	219	7,071,432	7,071,432	
b For terminated vested participants	306	5,068,278	5,068,278	
c For active participants	640	6,538,034	7,032,383	
d Total	1,165	18,677,744	19,172,093	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐				
a Funding target disregarding prescribed at-risk assumptions	4a			
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b			
5 Effective interest rate	5		5.10 %	
6 Target normal cost				
a Present value of current plan year accruals	6a		522,238	
b Expected plan-related expenses	6b		175,000	
c Total (line 6a + line 6b)	6c		697,238	

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 Mary Kathryn McCorison Type or print name of actuary Milliman, Inc. Firm name 3424 Peachtree Road NE, Suite 1900 Atlanta GA 30326 Address of the firm	<u>6/22/22</u> Date 20-08344 Most recent enrollment number (404) 254-6751 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>16.20</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		924350
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.53</u> %		51117
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		975467
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	120.05%
15 Adjusted funding target attainment percentage	15	120.05%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	119.15%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 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
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 3.32 %	2nd segment: 4.79 %	3rd segment: 5.47 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	697,238	
b Excess assets, if applicable, but not greater than line 31a	31b	697,238	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:				
a Schedule elected	☐ 2 plus 7 years	☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010	☐ 2011

Schedule SB, Line 22 – Weighted Average Retirement Age
Pension Plan of Lithonia Lighting Company IBEW No 1048
EIN: 58-2632672 PN: 048

Age	Retirement Rate	Age Weight
60	7.5%	4.50
61	7.5%	4.23
62	30%	15.91
63	30%	11.32
64	20%	5.37
65	30%	6.54
66	30%	4.65
67	30%	3.30
68	30%	2.35
69	30%	1.67
70	100%	3.95

Average Weighted Retirement Age	63.79
ARA	64

Schedule SB, Part V – Summary of Plan Provisions
Pension Plan of Lithonia Lighting Company IBEW No 1048
EIN: 58-2632672 PN: 048

Appendix C – Summary of Principal Plan Provisions

This summary of plan provisions is intended only to describe the essential features of the Plan for actuarial valuation purposes. All eligibility requirements and benefit amounts should be determined in strict accordance with the plan document itself.

Plan Year: January 1 – December 31

Fiscal Year: September 1 – August 31

Sponsoring Employer: Lithonia Lighting Company, a division of Acuity Brands, Inc.

Union: Local No. 1048, International Brotherhood of Electrical Workers (A.F.L.C.I.O)

Plan Effective Date: February 2, 1983; amended and restated effective January 1, 2012; last amended December 18, 2014

Definitions

Actuarially Equivalent: Equality in value such that the present value of the amount under any form of payment is the same as the present value of the amount under the normal form of annuity payment for single participants. For purposes other than determining lump sum amounts, actuarially equivalent factors are based on the 1984 Unisex Pensioners Mortality Table and a 7% interest rate. For purposes of determining lump sum amounts, actuarially equivalent factors are based on the applicable mortality table specified in IRS Notice 2008-85 for the plan year of distribution and the statutory three-tier segment interest rates in effect for the second month prior to the plan year of distribution.

Participation: Any employee becomes a participant as of their date of hire provided they are covered by the applicable bargaining unit.

Vesting Service: A year of vesting service is granted for each plan year in which a participant works at least 1,000 hours.

Credited Service: A year of credited service is granted for each plan year in which a participant works at least 1,600 hours, limited to 41 years. Partial years of service are granted if a participant works at least 400 hours.

Accrued Benefit: A participant's monthly accrued benefit is equal the benefit levels listed below times credited service earned during each applicable period.

Monthly Benefit Level	Credited Service Earned During Following Period
\$8	Prior to 2/2/1987
9	2/2/1987 to 2/1/1989
10	2/2/1989 to 2/1/1990
11	2/2/1990 to 2/1/1991
12	2/2/1991 to 2/1/1992
13	2/2/1992 to 2/1/1994
14	2/2/1994 to 2/1/1995
15	2/2/1995 to 12/31/1996
16	1/1/1997 to 12/31/1999
17	1/1/2000 to 12/31/2000
18	1/1/2001 to 12/31/2003
19	1/1/2004 to 12/31/2005
20	On or after 1/1/2006

Normal Retirement

Normal Retirement Date: The first day of the month coincident with or next following the attainment of age 65.

Normal Retirement Benefit: The monthly accrued benefit payable as a life annuity.

Early Retirement

Eligibility: The attainment of age 60 and 10 years of credited service.

Benefit: The monthly accrued benefit, reduced by 5/12% for each month commencement precedes normal retirement, payable as a life annuity.

Deferred Retirement

Eligibility: Termination after normal retirement.

Benefit: The monthly accrued benefit as of the commencement date payable as a life annuity.

Termination

Eligibility: The completion of at least 5 years of vesting service.

Benefit: The monthly accrued benefit payable as a life annuity at normal retirement. Participants that had 10 years of credited service at termination are eligible to commence payments early and receive a benefit reduced by 5/12% for each month commencement precedes normal retirement.

Preretirement Death

Eligibility: Death after the completion of at least 5 years of vesting service with a surviving spouse.

Benefit: The surviving spouse of a terminated participant is eligible to receive the survivor's portion of the 50% joint and survivor annuity that would have been payable had the participant terminated employment on their date of death, survived to age 60, and begun receiving benefits as a 50% joint and survivor annuity.

The surviving spouse of an active participant is eligible to receive 50% of the participant's monthly accrued benefit when determined using credited service at the time of death (not to exceed 41 years). If the participant is unmarried at the date of death, the benefit is paid to any dependent children until the youngest dependent reaches age 18 or until 60 monthly payments have been made, if earlier.

The surviving spouse of a participant who dies while receiving a disability benefit will receive 50% of the disability benefit the participant was receiving at the time of death.

Disability Benefit

Eligibility: Termination of service due to total disability after the completion of at least 5 years of credited service provided the participant qualifies for Social Security disability income.

Benefit: Monthly accrued benefit payable immediately as a life annuity.

Forms of Payment

Normal Forms: Life annuity, if single; an actuarially equivalent 50% joint and survivor annuity, if married.

Optional Forms: Life annuity or actuarially equivalent 5, 10, or 15-year certain and continuous annuity, 50%, 75%, or 100% joint and survivor annuity, or a mandatory lump sum if the value is \$5,000 or less.