

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

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>PLUMBERS & STEAMFITTERS 72 DEFINED CONTRIB FUND</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/2001</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/01/2001</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>08/01/2001</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>PLUMBERS & STEAMFITTERS 72 DEFINED CONTRIB FUND</u> <u>2010 NW 150TH AVE, STE 100</u> <u>PEMBROKE PINES, FL 33028</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>58-2637934</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>954-266-6322</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>238220</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>58-2637934</u>	2c Plan Sponsor's telephone number <u>954-266-6322</u>	2d Business code (see instructions) <u>238220</u>	
2b Employer Identification Number (EIN) <u>58-2637934</u>					
2c Plan Sponsor's telephone number <u>954-266-6322</u>					
2d Business code (see instructions) <u>238220</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/08/2022	JON STERLING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/08/2022	JON STERLING
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4383
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 4283 6a(2) 3555 6b 6c 6d 3555 6e 6f 3555 6g 3555 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 98

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

2E

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

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan PLUMBERS & STEAMFITTERS 72 DEFINED CONTRIB FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTERS 72 DEFINED CONTRIB FUND	D Employer Identification Number (EIN) 58-2637934

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
ONE AMERICA RETIREMENT SERVICES

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	423137	3555	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	143650355
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	125824974
c	Additions: (1) Contributions deposited during the year	7c(1)	9141885
	(2) Dividends and credits.....	7c(2)	8492081
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)..... ▶ MARKET APPRECIATION	7c(5)	9015961
	(6) Total additions	7c(6)	26649927
d	Total of balance and additions (add lines 7b and 7c(6))	7d	152474901
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	8540932
	(2) Administration charge made by carrier.....	7e(2)	283614
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)..... ▶	7e(4)	
	(5) Total deductions	7e(5)	8824546
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	143650355

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan PLUMBERS & STEAMFITTERS 72 DEFINED CONTRIB FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTERS 72 DEFINED CONTRIB FUND	D Employer Identification Number (EIN) 58-2637934	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NATIONAL EMPLOYEE BENEFITS ADMIN

2010 NW 150TH AVE
PEMBROKE PINES, FL 33028

65-0498809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	46755	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY SMITH BARNEY

ONE 10TH ST
AUGUSTA, GA 30901

13-2919773

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	41767	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DENNIS G. JENKINS, CPA

1690 STONE VILLAGE LN BLDG 500
KEMMESAW, GA 30152

20-5886120

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	15600	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)

ARNALL GOLDEN GREGORY,LLP

171 17 ST NW
ATLANTA, GA 30363

58-1423485

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	11390	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ONE AMERICA RETIREMENT SERVICES

10100 INNOVATION DR STE 250
WAUWATOSA, WI 53226

23-2186884

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 15 19	NONE	283614	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan PLUMBERS & STEAMFITTERS 72 DEFINED CONTRIB FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & STEAMFITTERS 72 DEFINED CONTRIB FUND	D Employer Identification Number (EIN) 58-2637934	

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	390695	453375
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	827326	750905
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	11144	855
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)		
(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)	125824974	143650355
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	127054139 144855490
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	26042 85215
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	26042 85215
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	127028097 144770275

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	9035932
	(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)	9035932
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	8492081
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	8492081
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	32795409
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	28400286
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	4395123
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	4620838
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	4620838

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		154377
d Total income. Add all income amounts in column (b) and enter total.....	2d		26698351
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8540932	
(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)		8540932
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)	26990	
(2) Contract administrator fees.....	2i(2)	46755	
(3) Investment advisory and management fees.....	2i(3)	325381	
(4) Other.....	2i(4)	16115	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		415241
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8956173
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		17742178
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: DENNIS G JENKINS, CPA

(2) EIN: 20-5886120

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

PLUMBERS AND STEAMFITTERS LOCAL 72
DEFINED CONTRIBUTION FUND
ATLANTA, GEORGIA

AUDIT REPORT

DECEMBER 31, 2021

PLUMBERS AND STEAMFITTERS LOCAL 72
DEFINED CONTRIBUTION FUND
ATLANTA, GEORGIA

AUDIT REPORT

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

CERTIFIED PUBLIC ACCOUNTANTS

MEMBER OF:

- AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
- GEORGIA SOCIETY OF
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Independent Auditor's Report

Board of Trustees of
Plumbers and Steamfitters Local 72
Defined Contribution Fund:

Opinion

We have audited the accompanying financial statements of Plumbers and Steamfitters Local 72 Defined Contribution Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the Net Assets Available for Benefits of the Plumbers and Steamfitters Local 72 Defined Contribution Fund, as of December 31, 2021 and 2020, and the Changes in its Net Assets Available for Benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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 Plumbers and Steamfitters Local 72 Defined Contribution Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Steamfitters Local 72 Defined Contribution Fund's ability to continue as a going concern for December 31, 2021.

Independent Auditor's Report (Continued)

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- 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 errors, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plumbers and Steamfitters Local 72 Defined Contribution Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Steamfitters Local 72 Defined Contribution Fund's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Independent Auditor's Report (Continued)

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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



Kennesaw, Georgia 30152
October 14, 2022

PLUMBERS AND STEAMFITTERS LOCAL 72
DEFINED CONTRIBUTION FUND
ATLANTA, GEORGIA

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

	<u>2021</u>	<u>2020</u>
<u>Assets:</u>		
<u>Investments at Fair Value</u> - (Note 4) Schedule "1":		
Cash Equivalents	\$ 2,729	\$ - 0 -
Mutual Funds - Equity	<u>143,647,626</u>	<u>125,824,974</u>
Total Investments	<u>\$ 143,650,355</u>	<u>\$ 125,824,974</u>
<u>Receivables:</u>		
Accrued Interest	\$ - 0 -	\$ 2,095
Employer Contributions	<u>750,905</u>	<u>827,326</u>
Total Receivables	<u>\$ 750,905</u>	<u>\$ 829,421</u>
<u>Cash in Bank:</u>		
Regions Bank - Escrow	\$ 226,167	\$ 21,552
Regions Bank - Operating	<u>227,208</u>	<u>369,143</u>
Total Cash in Bank	<u>\$ 453,375</u>	<u>\$ 390,695</u>
Prepaid Expenses	<u>\$ 855</u>	<u>\$ 9,049</u>
Total Assets	<u>\$ 144,855,490</u>	<u>\$ 127,054,139</u>
<u>Liabilities:</u>		
Accounts Payable	\$ 17,264	\$ 756
Reciprocal Payable	<u>67,951</u>	<u>25,286</u>
Total Liabilities	<u>\$ 85,215</u>	<u>\$ 26,042</u>
Net Assets Available for Plan Benefits - Exhibit "B"	<u><u>\$ 144,770,275</u></u>	<u><u>\$ 127,028,097</u></u>

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

PLUMBERS AND STEAMFITTERS LOCAL 72
DEFINED CONTRIBUTION FUND
ATLANTA, GEORGIA

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

	<u>2021</u>	<u>2020</u>
<u>Additions in Plan Assets Attributed to:</u>		
<u>Investment Income:</u>		
Net Appreciation (Depreciation) in Fair Value of Investments - (Note 4)	\$ 9,015,961	\$ 15,464,867
Investment Income	8,492,081	1,505,261
Less: Investment Management Fees	(283,614)	(377,239)
Total Net Investment Income	<u>\$ 17,224,428</u>	<u>\$ 16,592,889</u>
<u>Contributions:</u>		
Employer Contributions	\$ 9,149,797	\$ 7,878,930
Reciprocal Contributions	459,500	571,547
Less: Reciprocals Paid to Other Funds	(573,365)	(202,127)
Total Net Contributions	<u>\$ 9,035,932</u>	<u>\$ 8,248,350</u>
Investment Fee Reimbursement	<u>\$ 154,377</u>	<u>\$ 209,087</u>
Total Additions	<u>\$ 26,414,737</u>	<u>\$ 25,050,326</u>
<u>Deductions from Plan Assets Attributed to:</u>		
<u>Benefits Paid:</u>	<u>\$ 8,540,932</u>	<u>\$ 10,421,436</u>
<u>Administrative Expenses:</u>		
Administrative Fees	\$ 46,755	\$ 52,730
Annuity Relative Value	4,850	5,000
Audit Fees - Financial	9,500	9,800
Audit Fees - Payroll Audits	6,100	5,675
Cyber Insurance	969	944
Educational Conferences	806	1,720
Fiduciary Liability Insurance	8,077	8,065

(Continued)

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

PLUMBERS AND STEAMFITTERS LOCAL 72
DEFINED CONTRIBUTION FUND
ATLANTA, GEORGIA

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

	<u>2021</u>	<u>2020</u>
<u>Administrative Expenses:(Continued)</u>		
Fidelity Bond	\$ 488	\$ 366
Investment Consulting Fee	41,767	48,000
Legal Fees	11,390	6,401
Membership Dues	131	- 0 -
Printing and Mailing	2,673	9,210
Treasury Fee - VPS Program	(3,500)	3,500
Trustees Meeting Expenses	21	1,061
U.A. Reciprocity Program	<u>1,600</u>	<u>1,600</u>
 Total Administrative Expenses	 <u>\$ 131,627</u>	 <u>\$ 154,072</u>
 Total Deductions	 <u>\$ 8,672,559</u>	 <u>\$ 10,575,508</u>
 Net Increase (Decrease) in Net Assets	 <u>\$ 17,742,178</u>	 <u>\$ 14,474,818</u>
 Net Assets Available for Plan Benefits - Beginning of Year	 <u>\$ 127,028,097</u>	 <u>\$ 112,553,279</u>
 Net Assets Available for Plan Benefits - End of Year - Exhibit "A"	 <u><u>\$ 144,770,275</u></u>	 <u><u>\$ 127,028,097</u></u>

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

PLUMBERS AND STEAMFITTERS LOCAL 72
DEFINED CONTRIBUTION FUND
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021

NOTE 1 - SUMMARY OF ACCOUNTING POLICIES

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

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

If available, quoted market prices are used to value investments. Valuations for other securities are obtained from databases and broker contacts.

Investment income is recognized when earned rather than when received.

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

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

Benefits are recorded when paid.

NOTE 2 - GENERAL

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

The Plan was established by an agreement between Local Union No. 72 of Atlanta, Georgia of the United Association of Journeymen and Apprentices of the Plumbers and Pipefitting Industry of the United States and Canada and the Mechanical Contractors Association of Georgia.

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

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

PLUMBERS AND STEAMFITTERS LOCAL 72
DEFINED CONTRIBUTION FUND
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021
(Continued)

NOTE 2 - GENERAL (Continued)

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

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

Effective January 1, 2006, with the transfer of the participant account balances on December 31, 2004 to Prudential Financial, a participant may self-direct his account in any of the eighteen (18) investment options:

Effective January 1, 2016, BMO Retirement Services replaced Prudential Financial Services with twenty nine (29) participant directed accounts.

Baron Small Cap Fund

The Fund invests in small-sized U.S. companies with significant growth potential. Investments include fallen angels with strong long-term franchises that have disappointed investors, and special situations where lack of investor awareness creates opportunities.

Columbia Emerging Markets Fund

The Fund seeks investment results that correspond to the prices and yield performance of the Dow Jones Emerging Markets Consumer Titans 30 Index.

Delaware Small Cap Value Fund

The Fund seeks capital appreciation by primarily investing in small companies whose stock prices appear low relative to their underlying value on future potential.

Delaware Value Fund

The Fund seeks long term capital appreciation by investing in large-capitalization companies, seeking consistent long-term performance.

Fidelity Inflation Protected Bond Index Fund

The Fund seeks to provide investment results that correspond to the total return of the inflation protected sector of the United States Treasury market. The Fund will normally invest at least 80% of assets in inflation-protected debt securities included in the Barclays US Treasury inflation-Protected Securities index.

PLUMBERS AND STEAMFITTERS LOCAL 72
DEFINED CONTRIBUTION FUND
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021
(Continued)

NOTE 2 - GENERAL (Continued)

Invesco International Growth Fund

The Fund has a long-term investment strategy that seeks exposure to high-quality growth opportunities in the international large and mid-cap equity universe, across both developed and emerging markets.

Ivy Mid-Cap Growth Fund

The Fund seeks growth opportunities in mid-cap companies with strong business models and innovative services.

Lazard International Strategy Equity Fund

The Fund seeks long-term capital appreciation by investing in common stocks of non-U.S. companies whose principal activities are located in countries represented by Morgan Stanley Capital International Europe, Australiasia and Far East Index.

Mass Mutual Premium High Yield Fund

The investment seeks to achieve a high level of total return, with an emphasis on current income, by investing primarily in high yield debt and related securities.

Met West Total Return Fund

The Fund seeks to maximize long-term total return.

Principal Real Estate Sector Fund

The Fund seeks to generate a total return by investing 80% of its net assets in equity securities of companies principally engaged in the real estate industry.

T Rowe Price Blue Chip Growth Fund

The Fund seeks long-term capital growth by investing in large and medium sized blue chip companies that have the potential for above average earnings growth and are well established in their respective industries.

Vanguard Small Cap Index Fund

The Fund seeks to track the performance of a benchmark index that measures the investment return of small capitalized stocks.

PLUMBERS AND STEAMFITTERS LOCAL 72
DEFINED CONTRIBUTION FUND
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021
(Continued)

NOTE 2 - GENERAL (Continued)

Vanguard Mid Cap Index Fund

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

Vanguard 500 Index Fund

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

Wells Fargo Stable Value Fund

The Fund seeks safety of principal and consistency of returns while attempting to maintain minimal volatility.

Retirement Target Fund

The Retirement Target Funds are a family of eleven (11) multi-asset class, multi-manager investment portfolios offering a range of distinct risk/return characteristics. This family is based on the "life-cycle" approach to investing - that different bond/stock mixes are appropriate for individuals at different stages of their lives. All of the Funds are managed to specific target dates. The Funds' active strategic asset allocation strategy allows investors to remain in a single Retirement Target Fund through every life stage, using their own risk tolerance to help select the appropriate Retirement Target Fund. Each Retirement Target Fund's investment objective is to consistently outperform its custom benchmark over full market cycles. The custom benchmark is designed to evolve over time, in keeping with the investment time horizon remaining until expected target retirement date.

American Capital World Bond Fund

The Fund seeks to maximize long-term total return by investors primarily in a global portfolio of investment grade bonds.

Fidelity Inflation Protected Bond Index Fund

Invests at least 80% of assets in inflation-protected debt securities included in the Bloomberg Barclays U.S. Treasury Inflation-Protected Securities (TIPS) Index (Series-L). Engaging in transactions that have a leveraging effect on the fund, including investments in derivatives - such as swaps (interest rate, total return, and credit default) and futures contracts.

PLUMBERS AND STEAMFITTERS LOCAL 72
DEFINED CONTRIBUTION FUND
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021
(Continued)

NOTE 3 - PROCEDURES UPON TERMINATION OF THE TRUST

In the event of termination, or partial termination, of the Plan, each Employee shall have non-forfeitable rights in his Individual Account, and the assets then remaining, after providing for the expenses of the Plan and for the payment of any Accumulated Shares theretofore approved, shall be distributed among the Employees. Each Employee shall receive that part of the total remaining assets at the same ratio as his Accumulated Share bears to the aggregated amount of the Accumulated Shares of all Employees. No part of the assets shall be returned to any Employer or inure to the benefit of any Employer or the Union.

NOTE 4 - INVESTMENTS

Investments are carried at fair value. Interest income on investments is recognized as it is earned, regardless of maturity or interest payment dates.

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

<u>Investments at Fair Value:</u>	<u>2021</u>	<u>2020</u>
Investments through One America Retirement Services:		
Mutual Funds:		
American Capital World Bond	\$ 52,734	\$ 96,998
Baron Small Cap Fund	203,227	136,018
Cash Equivalent	2,729	- 0 -
Columbia Emerging Markets Fund	544,958	431,144
Delaware Small Cap Value Fund	170,833	88,807
Delaware Value Fund	4,390,006	3,811,386
Fidelity Inflation Protected Bond Index Fund	184,002	113,649
Invesco International Growth Fund	6,493,230	6,095,402
Ivy Mid-Cap Growth Fund	3,642,201	3,444,990
Lazard International Strategy Equity Fund	565,323	340,294
Mass Mutual Premium High Yield Fund	160,868	122,788
Met West Total Return Fund	2,036,394	1,814,753
One American Retirement 2010 Target	6,811,694	6,134,969
One American Retirement 2015 Target	40,316	37,746
One American Retirement 2020 Target	6,704,760	7,027,020
One American Retirement 2025 Target	425,299	352,102
One American Retirement 2030 Target	24,280,097	22,749,007

(Continued)

PLUMBERS AND STEAMFITTERS LOCAL 72
DEFINED CONTRIBUTION FUND
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021
(Continued)

NOTE 4 - INVESTMENTS (Continued)

<u>Investments at Fair Value:</u> (Cont.)	<u>Shares</u>	<u>2021</u>	<u>2020</u>
Investments through One America Retirement Services: (Cont.)			
Mutual Funds:			
One American Retirement 2035 Target		\$ 1,165,969	\$ 881,055
One American Retirement 2040 Target		29,237,304	24,909,552
One American Retirement 2045 Target		1,924,798	1,287,365
One American Retirement 2050 Target		21,983,052	17,971,913
One American Retirement 2060 Target		774,284	552,424
One American Retirement 2055 Target		4,947,204	3,009,079
Principal Real Estate Sector Fund		270,948	274,409
T Rowe Price Blue Chip Growth Fund		7,437,900	6,735,130
Vanguard 500 Index Fund		3,241,729	2,318,401
Vanguard Mid Cap Index Fund		794,266	562,675
Vanguard Mid Cap Value Index Fund		2,590,154	2,042,830
Vanguard Small Cap Index Fund		944,105	752,079
Wells Fargo Stable Fund		<u>11,629,971</u>	<u>11,730,989</u>
Total Investments through			
One America Retirement Services		<u>\$ 143,650,355</u>	<u>\$ 125,824,974</u>
Total Investments at Fair Value - Exhibit "A"		<u><u>\$ 143,650,355</u></u>	<u><u>\$ 125,824,974</u></u>

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

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

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

PLUMBERS AND STEAMFITTERS LOCAL 72
DEFINED CONTRIBUTION FUND
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021
(Continued)

NOTE 4 - INVESTMENTS (Continued)

Reconciliation of Financial Statements to Schedule H of Form 5500

<u>2021</u>	<u>Realized Gain/(Loss)</u>	<u>Unrealized Gain/(Loss)</u>	<u>Net Gain/(Loss)</u>
Form 5500	\$ 4,395,123	\$ 4,620,838	\$ 9,015,961
<u>-GAAP</u>	<u>4,395,123</u>	<u>4,620,838</u>	<u>9,015,961</u>
Difference	<u>\$ - 0 -</u>	<u>\$ - 0 -</u>	<u>\$ - 0 -</u>
<u>2020</u>	<u>Realized Gain/(Loss)</u>	<u>Unrealized Gain/(Loss)</u>	<u>Net Gain/(Loss)</u>
Form 5500	\$ 4,784,994	\$ 10,679,873	\$ 15,464,867
<u>-GAAP</u>	<u>4,784,994</u>	<u>10,679,873</u>	<u>15,464,867</u>
Difference	<u>\$ - 0 -</u>	<u>\$ - 0 -</u>	<u>\$ - 0 -</u>

NOTE 5 - INCOME TAXES

This Plan and the Trust Agreement are intended to qualify as a Plan and Trust meeting the requirements of Section 401(a), 402 (a) and 501 (a) of the Internal Revenue Code and the Employee Retirement Income Security Act of 1974, as now in effect hereafter amended. The Trust has obtained a favorable tax determination letter from the Internal Revenue Service dated May 21, 2015. The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 6 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Statement No. 157 (FASB Statement No. 157) establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). The three levels of the fair value hierarchy under FASB Statement No. 157 are described below:

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

PLUMBERS AND STEAMFITTERS LOCAL 72
DEFINED CONTRIBUTION FUND
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021
(Continued)

NOTE 6 - FAIR VALUE MEASUREMENTS (Continued)

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

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

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

<u>2021</u>	<u>LEVEL 1</u>	<u>LEVEL 2</u>	<u>LEVEL 3</u>	<u>TOTAL</u>
Mutual Funds	<u>\$ 143,650,355</u>	<u>\$ - 0 -</u>	<u>\$ - 0 -</u>	<u>\$ 143,650,355</u>
Total Assets in the Fair Value Hierarchy	<u>\$ 143,650,355</u>	<u>\$ - 0 -</u>	<u>\$ - 0 -</u>	<u>\$ 143,650,355</u>
Investments Measured at NAV				<u>\$ - 0 -</u>
Total Investments at Fair Value				<u>\$ 143,650,355</u>

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

PLUMBERS AND STEAMFITTERS LOCAL 72
DEFINED CONTRIBUTION FUND
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021
(Continued)

NOTE 6 - FAIR VALUE MEASUREMENTS (Continued)

<u>2020</u>	<u>LEVEL 1</u>	<u>LEVEL 2</u>	<u>LEVEL 3</u>	<u>TOTAL</u>
Mutual Funds	\$ 125,824,974	\$ - 0 -	\$ - 0 -	\$ 125,824,974
Total Assets in the Fair Value Hierarchy	\$ 125,824,974	\$ - 0 -	\$ - 0 -	\$ 125,824,974
Investments Measured at NAV				\$ - 0 -
Total Investments at Fair Value				\$ 125,824,974

Transfers between levels

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

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

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

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

NOTE 7 - RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

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

PLUMBERS AND STEAMFITTERS LOCAL 72
DEFINED CONTRIBUTION FUND
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021
(Continued)

NOTE 8 - RISKS AND UNCERTAINTIES

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

Financial instruments that subject the Fund to concentrations of credit risk also include cash. While management of the Fund attempts to limit any financial exposure by maintaining accounts at high quality financial institutions, cash balances may, at times, exceed the federally insured limit of \$250,000. The Fund has not experienced, nor does it expect any losses on such accounts. As of December 31, 2021 and December 31, 2020, \$203,375 and \$140,695 was uninsured, respectively.

NOTE 9 - RECONCILIATION OF NET ASSETS TO PARTICIPANT ACCOUNTS

	<u>2021</u>	<u>2020</u>
Balance of Participant Accounts	\$ <u>143,650,355</u>	\$ <u>125,824,974</u>
Add:		
Receivables	750,905	\$ 829,421
Prepaid Expenses	855	9,049
Cash in Bank	453,375	390,695
Less:		
Liabilities	<u>(85,215)</u>	<u>(26,042)</u>
Net Assets Available for Plan Benefits - Exhibit "A"	\$ <u><u>144,770,275</u></u>	\$ <u><u>127,028,097</u></u>

NOTE 10 - SUBSEQUENT EVENTS

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

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

Inquiries were made of the management prior to the date the audit was available to be issued, October 14, 2022, relative to any material transactions.

SUPPLEMENTARY INFORMATION

PLUMBERS AND STEAMFITTERS LOCAL 72
DEFINED CONTRIBUTION FUND
ATLANTA, GEORGIA

SCHEDULE OF INVESTMENTS
EIN: 58-2637934 PLAN NUMBER: 001
DECEMBER 31, 2021

Through BMO Financial Group (One America Retirement Services)	Par Value <u>Shares</u>	Cost <u>12-31-21</u>	Fair Value <u>12-31-21</u>
Mutual Funds:			
American Capital World Bond	2,647	\$ 54,685	\$ 52,734
Baron Small Cap Fund	5,371	218,819	203,227
Cash Equivalents	2,729	2,729	2,729
Columbia Emerging Markets Fund	31,555	592,813	544,958
Delaware Value Fund	207,467	4,990,705	4,390,006
Delaware Ivy Mid-Cap Growth Fund	85,118	3,931,638	3,642,201
Delaware Small Cap Value Fund	2,098	167,951	170,833
Fidelity Inflation Protected Bond Index Fund	16,488	189,318	184,002
Invesco International Growth Fund	233,485	7,788,928	6,493,230
Lazard International Strategy Equity Fund	34,200	632,214	565,323
Mass Mutual Premium High Yield Fund	17,974	165,984	160,868
Met West Total Return Fund	199,061	2,063,085	2,036,394
One American Retirement 2010 Target	550,662	6,921,520	6,811,694
One American Retirement 2015 Target	3,078	41,324	40,316
One American Retirement 2020 Target	468,209	6,945,052	6,704,760
One American Retirement 2025 Target	26,302	439,255	425,299
One American Retirement 2030 Target	1,358,707	25,017,365	24,280,097
One American Retirement 2035 Target	59,428	1,182,186	1,165,969
One American Retirement 2040 Target	1,411,067	29,497,178	29,237,304
One American Retirement 2045 Target	90,197	1,935,253	1,924,798
One American Retirement 2050 Target	1,042,345	22,059,997	21,983,052
One American Retirement 2055 Target	186,055	4,959,814	4,947,204
One American Retirement 2060 Target	43,304	771,767	774,284
Principal Real Estate Sector Fund	7,766	253,781	270,948
T Rowe Price Blue Chip Growth Fund	43,828	7,966,944	7,437,900
Vanguard 500 Index Fund	7,370	3,045,886	3,241,729
Vanguard Mid-Cap Index Fund	2,518	762,582	794,266
Vanguard Mid-Cap Value Index Fund	33,275	2,496,844	2,590,154
Vanguard Small Cap Index Fund	8,712	937,172	944,105
Wells Fargo Stable Fund	203,820	<u>11,557,853</u>	<u>11,629,971</u>
Total Through BMO Financial Group (One America Retirement Services) - Exhibit "A"		<u>\$ 147,590,642</u>	<u>\$ 143,650,355</u>

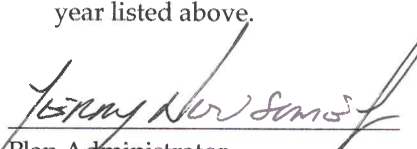
E-SIGNATURE AUTHORIZATION
for
PLUMBERS & STEAMFITTERS 72 DEFINED CONTRIB FUND
58-2637934/001
For Plan Year 01/01/2021 through 12/31/2021

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

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

I/We understand that by granting this authority:

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



Plan Administrator

Date

09/08/2022



Plan Sponsor

Date

9/8/2022

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 01/01/2021 and ending 12/31/2021	
A This return/report is for:	☒ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan; ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here ☒ D Check box if filing under: ☐ Form 5558; ☒ automatic extension; ☐ the DFVC program; ☐ special extension (enter description) _____ E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II Basic Plan Information --- enter all requested information											
1a Name of plan PLUMBERS & STEAMFITTERS 72 DEFINED CONTRIB FUND 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) PLUMBERS & STEAMFITTERS 72 DEFINED CONTRIB FUND 2010 NW 150TH AVE, STE 100 US PEMBROKE PINES FL 33028	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ►</td> <td style="width: 50%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 08/01/2001</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 58-2637934</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number (954) 266-6322</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 238220</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 08/01/2001		2b Employer Identification Number (EIN) 58-2637934		2c Plan Sponsor's telephone number (954) 266-6322		2d Business code (see instructions) 238220	
1b Three-digit plan number (PN) ►	001										
1c Effective date of plan 08/01/2001											
2b Employer Identification Number (EIN) 58-2637934											
2c Plan Sponsor's telephone number (954) 266-6322											
2d Business code (see instructions) 238220											

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

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

SIGN HERE		09/08/22	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9/8/2022	
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report: a Sponsor's name c Plan name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4,383
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) 4,283
a(2) Total number of active participants at the end of the plan year	6a(2) 3,555
b Retired or separated participants receiving benefits	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c .	6d 3,555
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f 3,555
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 3,555
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 98
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply)	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	(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>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

[illegible]