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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b> |
| 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. . . . . ▶ ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Basic Plan Information</b> —enter all requested information      |                                                                  |  |
| <b>1a</b> Name of plan<br><br><u>ATLANTA PLUMBERS &amp; STEAMFITTERS PENSION FUND</u><br><br><br><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>ATLANTA PLUMBERS &amp; STEAMFITTERS PENSION FUND</u><br><br><br><u>2010 N. W. 150TH AVE, STE 100</u><br><u>PEMBROKE PINES, FL 33028</u> | <b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>                 | <b>1c</b> Effective date of plan <u>09/27/1973</u>               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>2b</b> Employer Identification Number (EIN)<br><u>58-1233396</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>954-266-6322</u> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>2d</b> Business code (see instructions)<br><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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/08/2022 | JON STERLING                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | 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 |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 4372                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 2228<br><b>6a(2)</b> 2256<br><b>6b</b> 1096<br><b>6c</b> 836<br><b>6d</b> 4188<br><b>6e</b> 306<br><b>6f</b> 4494<br><b>6g</b><br><b>6h</b>         |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b> 98                                                                                                                                                      |

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

1A

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

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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.

|                                                                                                                          |                                                             |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND                                                    | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND | <b>D</b> Employer Identification Number (EIN)<br>58-1233396 |

**E** Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

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

**b** Assets

|                                                                                                               |                 |           |
|---------------------------------------------------------------------------------------------------------------|-----------------|-----------|
| (1) Current value of assets.....                                                                              | <b>1b(1)</b>    | 408834333 |
| (2) Actuarial value of assets for funding standard account .....                                              | <b>1b(2)</b>    | 376501507 |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                    | <b>1c(1)</b>    | 395017488 |
| (2) Information for plans using spread gain methods:                                                          |                 |           |
| (a) Unfunded liability for methods with bases .....                                                           | <b>1c(2)(a)</b> |           |
| (b) Accrued liability under entry age normal method .....                                                     | <b>1c(2)(b)</b> |           |
| (c) Normal cost under entry age normal method .....                                                           | <b>1c(2)(c)</b> |           |
| (3) Accrued liability under unit credit cost method .....                                                     | <b>1c(3)</b>    | 395017489 |
| <b>d</b> Information on current liabilities of the plan:                                                      |                 |           |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..... | <b>1d(1)</b>    |           |
| (2) "RPA '94" information:                                                                                    |                 |           |
| (a) Current liability.....                                                                                    | <b>1d(2)(a)</b> | 785231617 |
| (b) Expected increase in current liability due to benefits accruing during the plan year.....                 | <b>1d(2)(b)</b> | 18430949  |
| (c) Expected release from "RPA '94" current liability for the plan year.....                                  | <b>1d(2)(c)</b> | 23980440  |
| (3) Expected plan disbursements for the plan year.....                                                        | <b>1d(3)</b>    | 22915146  |

**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.

|                                                         |                                        |
|---------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                        | 09/30/2022                             |
| Signature of actuary                                    | Date                                   |
| NATHAN H SLAFF                                          | 20-04307                               |
| Type or print name of actuary                           | Most recent enrollment number          |
| HORIZON ACTUARIAL SERVICES LLC                          | 678-317-4122                           |
| Firm name                                               | Telephone number (including area code) |
| 1040 CROWN POINTE PARKWAY STE 560, ATLANTA, GA 30338 UG |                                        |
| 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 MB (Form 5500) 2021**  
**v. 201209**

**2** Operational information as of beginning of this plan year:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 408834333                    |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 1392                              | 317233328                    |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 844                               | 134189419                    |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits.....                                                                                                 |                                   | 25961175                     |
| <b>(b)</b> Vested benefits.....                                                                                                     |                                   | 307848695                    |
| <b>(c)</b> Total active .....                                                                                                       | 2082                              | 333809870                    |
| <b>(4)</b> Total .....                                                                                                              | 4318                              | 785232617                    |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 52.07 %                      |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 01/01/2021               | 15499728                          |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 | <b>Totals ▶</b>          | <b>3(b)</b>                       | 15499728                        |
|                          |                                   |                                 |                          | <b>3(c)</b>                       |                                 |
|                          |                                   |                                 |                          | <b>3(d)</b>                       | 0                               |

**(d)** Total withdrawal liability amounts included in line 3(b) total

**4** Information on plan status:

|                                                                                                                                                                                                                                                                                                                            |           |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                                                                                                                                                                           | <b>4a</b> | 95.3 %                                                   |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 .....                                                                                                                                                        | <b>4b</b> | N                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                                                                                                                                                                  |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? .....                                                                                                                                                                                           |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....                                                                                                                                                         | <b>4e</b> |                                                          |
| <b>f</b> If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge.<br>If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ..... | <b>4f</b> |                                                          |

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

- a** ☐ Attained age normal     
**b** ☐ Entry age normal     
**c** ☒ Accrued benefit (unit credit)     
**d** ☐ Aggregate  
**e** ☐ Frozen initial liability     
**f** ☐ Individual level premium     
**g** ☐ Individual aggregate     
**h** ☐ Shortfall  
**i** ☐ Other (specify):

|                                                                                                                                                                      |           |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>j</b> If box h is checked, enter period of use of shortfall method .....                                                                                          | <b>5j</b> |                                                                     |
| <b>k</b> Has a change been made in funding method for this plan year? .....                                                                                          |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....                                            |           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>m</b> If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method ..... | <b>5m</b> |                                                                     |

**6** Checklist of certain actuarial assumptions:

|                                                                                                               |                                                                                                                            |        |                                                                                                                             |                                         |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability.....                                                   |                                                                                                                            |        | <b>6a</b>                                                                                                                   | 2.43 %                                  |
| <b>b</b> Rates specified in insurance or annuity contracts.....                                               | <div>Pre-retirement</div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |        | <div>Post-retirement</div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                         |
| <b>c</b> Mortality table code for valuation purposes:                                                         |                                                                                                                            |        |                                                                                                                             |                                         |
| <b>(1)</b> Males .....                                                                                        | <b>6c(1)</b>                                                                                                               | A      | A                                                                                                                           |                                         |
| <b>(2)</b> Females .....                                                                                      | <b>6c(2)</b>                                                                                                               | A      | A                                                                                                                           |                                         |
| <b>d</b> Valuation liability interest rate .....                                                              | <b>6d</b>                                                                                                                  | 6.75 % | 6.75 %                                                                                                                      |                                         |
| <b>e</b> Expense loading .....                                                                                | <b>6e</b>                                                                                                                  | 7.8 %  | <input type="checkbox"/> N/A                                                                                                | <input checked="" type="checkbox"/> N/A |
| <b>f</b> Salary scale .....                                                                                   | <b>6f</b>                                                                                                                  | %      | <input checked="" type="checkbox"/> N/A                                                                                     |                                         |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date ..... | <b>6g</b>                                                                                                                  | 8.8 %  |                                                                                                                             |                                         |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....   | <b>6h</b>                                                                                                                  | 14.2 % |                                                                                                                             |                                         |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | -6979460            | -706559                        |
| 3                | 459404              | 46507                          |
|                  |                     |                                |

**8** Miscellaneous information:

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

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

|                                                                                                                         |                     |           |
|-------------------------------------------------------------------------------------------------------------------------|---------------------|-----------|
| <b>a</b> Prior year funding deficiency, if any .....                                                                    | <b>9a</b>           | 0         |
| <b>b</b> Employer's normal cost for plan year as of valuation date.....                                                 | <b>9b</b>           | 6455200   |
| <b>c</b> Amortization charges as of valuation date:                                                                     | Outstanding balance |           |
| <b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended ..... | <b>9c(1)</b>        | 121223740 |
| <b>(2)</b> Funding waivers .....                                                                                        | <b>9c(2)</b>        | 0         |
| <b>(3)</b> Certain bases for which the amortization period has been extended .....                                      | <b>9c(3)</b>        | 0         |
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....                                                            | <b>9d</b>           | 1516473   |
| <b>e</b> Total charges. Add lines 9a through 9d.....                                                                    | <b>9e</b>           | 23982733  |

**Credits to funding standard account:**

|                                                                                             |                     |           |
|---------------------------------------------------------------------------------------------|---------------------|-----------|
| <b>f</b> Prior year credit balance, if any.....                                             | <b>9f</b>           | 89737905  |
| <b>g</b> Employer contributions. Total from column (b) of line 3.....                       | <b>9g</b>           | 15499728  |
|                                                                                             | Outstanding balance |           |
| <b>h</b> Amortization credits as of valuation date.....                                     | <b>9h</b>           | 12969854  |
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....            | <b>9i</b>           | 6697790   |
| <b>j</b> Full funding limitation (FFL) and credits:                                         |                     |           |
| <b>(1)</b> ERISA FFL (accrued liability FFL).....                                           | <b>9j(1)</b>        | 122451950 |
| <b>(2)</b> "RPA '94" override (90% current liability FFL) .....                             | <b>9j(2)</b>        | 341836574 |
| <b>(3)</b> FFL credit .....                                                                 | <b>9j(3)</b>        | 0         |
| <b>k</b> <b>(1)</b> Waived funding deficiency .....                                         | <b>9k(1)</b>        | 0         |
| <b>(2)</b> Other credits .....                                                              | <b>9k(2)</b>        | 0         |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....              | <b>9l</b>           | 113674177 |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....     | <b>9m</b>           | 89691444  |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference ..... | <b>9n</b>           |           |

**9o** Current year's accumulated reconciliation account:

|                                                                                                                        |                 |   |
|------------------------------------------------------------------------------------------------------------------------|-----------------|---|
| <b>(1)</b> Due to waived funding deficiency accumulated prior to the 2021 plan year .....                              | <b>9o(1)</b>    | 0 |
| <b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code: |                 |   |
| <b>(a)</b> Reconciliation outstanding balance as of valuation date .....                                               | <b>9o(2)(a)</b> | 0 |
| <b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....                                        | <b>9o(2)(b)</b> | 0 |
| <b>(3)</b> Total as of valuation date .....                                                                            | <b>9o(3)</b>    | 0 |

|                                                                                                        |           |  |
|--------------------------------------------------------------------------------------------------------|-----------|--|
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) ..... | <b>10</b> |  |
|--------------------------------------------------------------------------------------------------------|-----------|--|

|                                                                                                                          |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                                                          |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND                                                                                                                                               | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 001                                            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND                                                                                                       | <b>D</b> Employer Identification Number (EIN)<br>58-1233396                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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**(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

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**(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

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**(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

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**(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 BENEFIT ADMIN

2010 NW 150 AVE  
PEMBROKE PINES, FL 33028

65-0498809

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14                     | NONE                                                                                              | 121619                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ARNOLD GOLDEN GREGORY

171 17TH ST NW  
ATLANTA, GA 30363

26-1370698

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | NONE                                                                                              | 44846                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

DENNIS G. JENKINS, CPA,LLC

1690 STONE VILLAGE LN BLDG 500  
KENNESAW, GA 30152

20-5886120

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 23600                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

J P MORGAN ASST MANAGEMENT

270 PARK AVE  
NEW YORK, NY 10017

13-3200244

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 113379                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ASB CAPITAL MANAGEMENT

7501 WISCONSIN AVE  
BETHESDA, MD 20814

52-2288019

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 167314                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CHARTWELL INVESTMENT PARTNERS

1205 WESTLAKES DR, STE 100  
BERWIN, PA 19312

36-4776242

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 49186                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

CONFLUENCE INVESTMENT MANAGEMENT

20 ALLEN AVE STE 300  
ST. LOUIS, MO 63119

26-1764456

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28                            | NONE                                                                                                     | 185516148660                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

KAYNE ANDERSON RUDNICK INVESTMENT

1800 AVE OF THE STARS 2ND FLOOR  
LOS ANGELES, CA 90067

95-4575414

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28                            | NONE                                                                                                     | 148660                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

ATLANTA CAPITAL MANAGEMENT

191 PEACHTREE ST NE STE 2500  
ATLANTA, GA 30303

26-3757865

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28                            | NONE                                                                                                     | 103621                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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)

POLEN CAPITAL MANAGEMENT

2700 NORTH MILITARY TRAIL  
BOCA RATON, FL 33431

26-0319356

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28                            | NONE                                                                                                     | 277651                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

CLEARBRIDGE INTERNATIONAL

620 EIGHTH AVE  
NEW YORK, NY 10015

20-5991122

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28                            | NONE                                                                                                     | 127769                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

CONGRESS ASSET MANAGMENT

3 SEAPORT LANE 5TH FLOOR  
BOSTON, MA 02210

04-2848965

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28                            | NONE                                                                                                     | 106162                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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)

FIERA CAPITAL

375 PARK AVE 8TH FLOOR  
NEW YORK, NY 10152

13-2726734

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 191332                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HORIZON ACTUARIAL SERVICES LLC

1040 CROWNE POINTE PKWAY STE 560  
ATLANTA, GA 30338

26-1370698

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 68531                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LAZARD ASSET MANAGEMENT LLC

30 ROCKEFELLER PALZA  
NEW YORK, NY 10112

20-0169148

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 201955                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

MORGAN STANLEY

ONE 10TH STREET STE 600  
AUGUSTA, GA 30901

26-4310632

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27                            | NONE                                                                                                     | 15378                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                                          |                                                                    |            |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>                 |                                                                    |            |
| <b>A</b> Name of plan<br><u>ATLANTA PLUMBERS &amp; STEAMFITTERS PENSION FUND</u>                                         | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ATLANTA PLUMBERS &amp; STEAMFITTERS PENSION FUND</u> | <b>D</b> Employer Identification Number (EIN)<br><u>58-1233396</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 1292708               | 1354088         |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 1847739               | 1632870         |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 7630783               | 36801580        |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 42610712              | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> | 26264640              | 6377            |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 217432048             | 218558164       |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    | 26981379              | 28286179        |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 14146613              | 14634908        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 70841729              | 159266625       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year     |
|--------------------|------------------------------------------------------------------|-----------------------|---------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                     |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                     |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                     |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                     |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 409048351 460540791 |
| <b>Liabilities</b> |                                                                  |                       |                     |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                     |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             | 214018 498467       |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                     |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             |                     |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 214018 498467       |
| <b>Net Assets</b>  |                                                                  |                       |                     |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 408834333 460042324 |

**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 |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 15499728  |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> |           |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> |           |
| (2)           | Noncash contributions.....                                                                             | <b>2a(2)</b>    |           |
| (3)           | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 15499728  |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> |           |
|               | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|               | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|               | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> |           |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> |           |
| (2)           | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> | 2475737   |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> | 2818530   |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 5294267   |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 285892835 |
|               | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> | 301041708 |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | -15148873 |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> | 70358328  |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 70358328  |

|                                                                                                |        | (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     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 76003450  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 22467516   |           |
| (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)  |            | 22467516  |
| 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)  | 136977     |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 121619     |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 1859622    |           |
| (4) Other.....                                                                                 | 2i(4)  | 209725     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 2327943   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 24795459  |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 51207991  |
| 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>b</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.) .....                                                                                            |                     |                    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                     | X                  |        |
| <b>c</b> 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.) .....                                                                                                                                                                                                                        |                     |                    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                     | X                  |        |
| <b>d</b> 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.) .....                                                                                                                                                                                                             |                     |                    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                     | X                  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                                    | X                   |                    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                                     |                     | X                  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                     | X                  |        |
| <b>g</b> 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? .....                                                                                                                                                                                                                                  |                     |                    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                     | X                  |        |
| <b>h</b> 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? .....                                                                                                                                                                                                                        |                     |                    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                     | X                  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                              | X                   |                    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                                   | X                   |                    |        |
| <b>j</b> 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                   |                    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                                   | X                   |                    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                                         |                     | X                  |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                     | X                  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                          |                     | X                  |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                     | X                  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                                |                     |                    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                    |        |
| <b>n</b> 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. ....                                                                                                                                                                                                                    |                     |                    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                    |        |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                         |                     |                    |        |
| <b>5b</b> 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.)                                                                                                                                                                                                |                     |                    |        |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |        |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                    |        |
| <b>5c</b> 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.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 446277. |                     |                    |        |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                                          |                                                                    |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>ATLANTA PLUMBERS &amp; STEAMFITTERS PENSION FUND</u>                                         | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ATLANTA PLUMBERS &amp; STEAMFITTERS PENSION FUND</u> | <b>D</b> Employer Identification Number (EIN)<br><u>58-1233396</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> |          |
| <b>2</b> 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):<br><br>EIN(s): <u>58-1233398</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> | <u>0</u> |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                                        |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                                        |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                                        |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                                        |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                                        |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                                   | <b>6c</b>                    |                                        |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                                        |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                              |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input checked="" type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 MCKENNEY'S

**b** EIN 58-0501197

**c** Dollar amount contributed by employer 3081390

**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 07 Day 31 Year 2022

**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) 3.90

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

**a** Name of contributing employer BATCHELOR & KIMBELL

**b** EIN 58-1370689

**c** Dollar amount contributed by employer 2379163

**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 07 Day 31 Year 2022

**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) 3.90

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

**a** Name of contributing employer ART PLUMBING

**b** EIN 58-0812610

**c** Dollar amount contributed by employer 1304436

**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 07 Day 31 Year 2022

**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) 3.90

(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**

0

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

**14b**

0

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

**14c**

0

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

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

**15a**

**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: 71.8 % Investment-Grade Debt: \_\_\_\_\_ % High-Yield Debt: 13.4 % Real Estate: 6.1 % Other: 8.7 %

**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 \_\_\_\_\_

ATLANTA PLUMBERS AND STEAMFITTERS  
PENSION FUND  
ATLANTA, GEORGIA  
AUDIT REPORT  
DECEMBER 31, 2021

ATLANTA PLUMBERS AND STEAMFITTERS PENSION 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  
CERTIFIED PUBLIC ACCOUNTANTS
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### Independent Auditor's Report

Board of Trustees of  
Atlanta Plumbers and Steamfitters  
Pension Fund:

#### Opinion

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the Net Assets Available for Benefits of the Atlanta Plumbers and Steamfitters Pension Plan, as of December 31, 2021 and 2020, and the Changes in its Net Assets Available for Benefits for the years then ended, and the Accumulated Plan Benefits as of January 1, 2021, and the Changes in its Accumulated Plan Benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

#### Basis for Opinion

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

#### Responsibilities of Management for the Financial Statements

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

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 Atlanta Plumbers and Steamfitters Pension Plan'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:

- 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 Atlanta Plumbers and Steamfitters Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Atlanta Plumbers and Steamfitters Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Independent Auditor's Report (Continued)

Supplemental Schedules Required by ERISA

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

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

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



Kennesaw, Georgia 30152  
October 4, 2022

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

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

|                                                      | <u>2021</u>           | <u>2020</u>           |
|------------------------------------------------------|-----------------------|-----------------------|
| <u>Assets:</u>                                       |                       |                       |
| Investments, at Fair Value - Schedule "I"- (Note 4): |                       |                       |
| AFL-CIO Building Investment Trust                    | \$ 11,824,982         | \$ 11,895,075         |
| ASB Capital Management Commingled Real Estate Fund   | 16,461,197            | 15,086,304            |
| Cash Equivalents                                     | 35,206,866            | 6,714,200             |
| Common Stocks                                        | 218,558,164           | 217,432,048           |
| Corporate Bonds, Notes and Other Securities          | 6,377                 | 26,264,640            |
| J.P Morgan Core Bond Fund                            | 61,775,535            | - 0 -                 |
| Longview Market 3000 Index Fund                      | 28,851,166            | - 0 -                 |
| Longview Large Cap Index Fund                        | 32,836,633            | - 0 -                 |
| Other Mutual Funds - (Note 9)                        | 35,803,291            | 13,864,178            |
| Principal Financial Group Separate Account           | 14,634,908            | 14,146,613            |
| U.S. Government Securities                           | - 0 -                 | 42,610,712            |
| Vanguard Total Stock Market ETF                      | - 0 -                 | 56,977,551            |
| Total Investments                                    | <u>\$ 455,959,119</u> | <u>\$ 404,991,321</u> |
| Receivables:                                         |                       |                       |
| Employer Contributions                               | \$ 1,354,088          | \$ 1,292,708          |
| Accrued Investment Income                            | 83,189                | 382,630               |
| Other Receivables                                    | - 0 -                 | 2,500                 |
| Total Receivables                                    | <u>\$ 1,437,277</u>   | <u>\$ 1,677,838</u>   |
| Prepaid Expenses                                     | <u>\$ 4,119</u>       | <u>\$ 30,511</u>      |
| Prepaid Pensions                                     | <u>\$ 1,545,562</u>   | <u>\$ 1,432,098</u>   |
| Cash in Bank                                         | <u>\$ 1,594,714</u>   | <u>\$ 916,583</u>     |
| Total Assets                                         | <u>\$ 460,540,791</u> | <u>\$ 409,048,351</u> |
| <u>Liabilities:</u>                                  |                       |                       |
| Accounts Payable                                     | \$ 386,396            | \$ 124,118            |
| Reciprocal Payable                                   | <u>112,071</u>        | <u>89,900</u>         |
| Total Liabilities                                    | <u>\$ 498,467</u>     | <u>\$ 214,018</u>     |
| Net Assets Available for Plan Benefits - Exhibit "B" | <u>\$ 460,042,324</u> | <u>\$ 408,834,333</u> |

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

ATLANTA PLUMBERS AND STEAMFITTERS PENSION 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>        |                          |                          |
| Investment Income:                                    |                          |                          |
| Net Appreciation (Depreciation) in Fair Value of      |                          |                          |
| Investments - (Note 4)                                | \$ 55,209,455            | \$ 46,960,769            |
| Dividends                                             | 2,475,737                | 2,380,468                |
| Interest                                              | 2,818,530                | 3,073,146                |
|                                                       | <u>\$ 60,503,722</u>     | <u>\$ 52,414,383</u>     |
| Less: Investment Expenses                             | (1,803,744)              | (905,521)                |
| Total Net Investment Income                           | <u>\$ 58,699,978</u>     | <u>\$ 51,508,862</u>     |
| Contributions:                                        |                          |                          |
| Employer's Contributions                              | \$ 14,671,531            | \$ 12,361,383            |
| Reciprocal Contributions                              | 1,713,042                | 2,157,898                |
| Settlements/Penalties                                 | 9,516                    | 143                      |
| Less: Reciprocal Payments to Other Funds - (Note 6)   | (894,361)                | (400,178)                |
| Total Net Contributions                               | <u>\$ 15,499,728</u>     | <u>\$ 14,119,246</u>     |
| <br>Total Additions                                   | <br><u>\$ 74,199,706</u> | <br><u>\$ 65,628,108</u> |
| <br><u>Deductions from Plan Assets Attributed to:</u> |                          |                          |
| <br>Pension Benefits Paid - (Note 2)                  | <br><u>\$ 22,467,516</u> | <br><u>\$ 21,610,392</u> |
| <br><u>Administrative Expenses:</u>                   |                          |                          |
| Actuarial Fees                                        | \$ 68,531                | \$ 58,599                |
| Address Trace Fee                                     | - 0 -                    | 1,146                    |
| Administration Fees                                   | 121,619                  | 119,360                  |
| Audit Fees - Financial Audit                          | 17,500                   | 17,500                   |
| Audit Fees - Payroll Audits                           | 6,100                    | 5,700                    |
| Bank Service Charges                                  | 7,413                    | 7,414                    |
| Cyber Liability Insurance                             | 2,909                    | 3,408                    |
| Fidelity Bond Expense                                 | 1,611                    | 1,226                    |
| Fiduciary Liability Insurance                         | 25,062                   | 26,613                   |
| International Foundation Expenses                     | 3,255                    | 7,743                    |
| Investment Monitor Fees                               | 55,878                   | 173,000                  |

(Continued)

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

ATLANTA PLUMBERS AND STEAMFITTERS PENSION 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>Administrative Expenses:</u>                                    |                              |                              |
| Legal Fees                                                         | \$ 44,846                    | \$ 48,574                    |
| Membership Dues                                                    | 4,090                        | 3,500                        |
| Plan Termination Insurance                                         | 137,237                      | 132,630                      |
| Printing and Mailing                                               | 18,953                       | 14,075                       |
| Proxy Voting Service                                               | 7,500                        | 9,375                        |
| Trustees' Meeting Expense                                          | 95                           | 4,775                        |
| U.A. Reciprocal Program Fee                                        | <u>1,600</u>                 | <u>1,600</u>                 |
| Total Administrative Expenses                                      | <u>\$ 524,199</u>            | <u>\$ 636,238</u>            |
| Total Deductions                                                   | <u>\$ 22,991,715</u>         | <u>\$ 22,246,630</u>         |
| Net Increase (Decrease) in Net Assets                              | <u>\$ 51,207,991</u>         | <u>\$ 43,381,478</u>         |
| Net Assets Available for Plan Benefits - Beginning of Year         | <u>\$ 408,834,333</u>        | <u>\$ 365,452,855</u>        |
| Net Assets Available for Plan Benefits - End of Year - Exhibit "A" | <u><u>\$ 460,042,324</u></u> | <u><u>\$ 408,834,333</u></u> |

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

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

STATEMENT OF ACCUMULATED PLAN BENEFITS  
JANUARY 1, 2021 AND 2020

|                                                                       | <u>January 1,</u><br><u>2021</u> | <u>January 1,</u><br><u>2020</u> |
|-----------------------------------------------------------------------|----------------------------------|----------------------------------|
| <u>Actuarial Present Value of Accumulated Plan Benefits:</u>          |                                  |                                  |
| Vested Benefits:                                                      |                                  |                                  |
| Retired Participants and Beneficiaries                                | \$ 205,171,407                   | \$ 198,755,972                   |
| Inactive Vested Participants                                          | 54,397,439                       | 48,869,576                       |
| Active Vested Participants                                            | <u>122,286,064</u>               | <u>116,978,479</u>               |
| Total Vested Benefits                                                 | <u>\$ 381,854,910</u>            | <u>\$ 364,604,027</u>            |
| Non-Vested Benefits                                                   | <u>\$ 13,162,578</u>             | <u>\$ 19,027,524</u>             |
| Total Non-Vested Benefits                                             | <u>\$ 13,162,578</u>             | <u>\$ 19,027,524</u>             |
| Total Actuarial Present Value of Accumulated Plan Benefits - (Note 5) | <u>\$ 395,017,488</u>            | <u>\$ 383,631,551</u>            |

During 2021, the Actuarial Present Value of Accumulated Plan Benefits increased by \$11,385,937 as a result of the following factors:

|                                                   |                      |
|---------------------------------------------------|----------------------|
| Plan Amendments                                   | \$ 459,404           |
| Change in Actuarial Assumptions                   | - 0 -                |
| Benefits Accumulated and Actuarial (Gains)/Losses | 6,926,051            |
| Interest Due to Decrease in the Discount Period   | 25,610,874           |
| Benefits Paid                                     | <u>(21,610,392)</u>  |
| Net Increase                                      | <u>\$ 11,385,937</u> |

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

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES

The Fund uses the accrual basis of accounting with consideration given to known monies due the Fund, as well as debts to be paid by the Fund, at December 31, 2021.

Employers' contributions receivable is determined by reviewing contributions received after the year end which were earned by the Fund prior to the year end.

The actuarial present value of accumulated plan benefits is determined by the Fund's actuary, Horizon Actuarial.

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.

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

NOTE 2 - GENERAL

The Atlanta Plumbers and Steamfitters Pension Fund is a multi-employer defined benefit pension plan established for employees covered by collective bargaining agreements with 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.

Originally, a retirement fund was provided for the eligible members of Local 72. During the course of several years, the retirement fund experienced wide fluctuation in value, causing fluctuation in the value of the individual accounts of the participants, and leading to dissatisfaction among the participants and the Trustees. Later, there was a drastic decline in the value of the retirement fund. Management, labor, and the Trustees lost confidence in the retirement fund. For that reason, the Atlanta Plumbers and Steamfitters Pension Fund was established. The Pension Fund proved so successful that it was agreed by all parties that all Employer contributions after January 1, 1975, would go to this Fund, with no contributions thereafter going to the retirement fund.

The Board of Trustees in reviewing the Plan's benefits and fund decided to make changes in the method of calculating benefits accrued on or before January 1, 2014. These changes were made to better tie benefits to investment performance, thereby creating a method for participants and employers to "share" investment risk, and to limit certain optional forms of payment.

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021  
(Continued)

NOTE 2 - GENERAL (Continued)

This Variable Benefit will be calculated by:

- 1) determining an Earned Variable Amount for each Plan Year in which you have 300 or more Hours worked or Military Hours
- 2) converting that Earned Variable Amount into Variable Benefit Units for such Plan Year, and then
- 3) multiplying your Variable Benefit Units for all Plan Years accumulated at the time of your retirement by a Unit Value in effect at the time of determination

NOTE 3 - PROCEDURES UPON TERMINATION OF THE TRUST

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

In any event, the Trust Fund shall terminate upon the expiration of twenty years after the death of the last to survive of all persons living as of the date of this Agreement who is or shall become eligible to receive benefits hereunder, unless the Rule against Perpetuities is inapplicable to the Trust Fund.

NOTE 4 - INVESTMENTS

Investments are carried at fair value, which approximates market value. Dividends on stocks are recognized as income when received. Interest income on investments is recognized as it is earned, regardless of maturity or interest payment dates.

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

|                                               | <u>2021</u>           | <u>2020</u>           |
|-----------------------------------------------|-----------------------|-----------------------|
| <u>Investments at Fair Value:</u>             |                       |                       |
| Common Stocks                                 | \$ 218,558,164        | \$ 217,432,048        |
| Government Securities                         | - 0 -                 | 42,610,712            |
| Corporate Bonds, Notes and Other Securities   | 6,377                 | 26,264,640            |
| Mutual and Commingled Fund                    | 202,187,712           | 111,969,721           |
| Cash Equivalents                              | 35,206,866            | 6,714,200             |
| Total Investments at Fair Value - Exhibit "A" | <u>\$ 455,959,119</u> | <u>\$ 404,991,321</u> |

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021

(Continued)

NOTE 4 - INVESTMENTS (Continued)

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

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

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

Reconciliation of Financial Statements to Schedule H of Form 5500

| <u>2021</u> | <u>Realized<br/>Gain/(Loss)</u> | <u>Unrealized<br/>Gain/(Loss)</u> | <u>Net<br/>Gain/(Loss)</u> |
|-------------|---------------------------------|-----------------------------------|----------------------------|
| Form 5500   | \$ (15,148,873)                 | \$ 70,358,328                     | \$ 55,209,455              |
| -GAAP       | <u>64,755,047</u>               | <u>(9,545,592)</u>                | <u>55,209,455</u>          |
| Difference  | <u>\$ (79,903,920)</u>          | <u>\$ 79,903,920</u>              | <u>\$ - 0 -</u>            |
| <u>2020</u> | <u>Realized<br/>Gain/(Loss)</u> | <u>Unrealized<br/>Gain/(Loss)</u> | <u>Net<br/>Gain/(Loss)</u> |
| Form 5500   | \$ (5,155,109)                  | \$ 52,115,878                     | \$ 46,960,769              |
| -GAAP       | <u>4,386,091</u>                | <u>42,574,678</u>                 | <u>46,960,769</u>          |
| Difference  | <u>\$ (9,541,200)</u>           | <u>\$ 9,541,200</u>               | <u>\$ - 0 -</u>            |

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provision to the service rendered by employees. Accumulated plan benefits include benefits expected to be paid to: (a) retired participants and beneficiaries of deceased participants; (b) terminated participants with vested benefits; and (c) active participants.

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021  
(Continued)

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The significant actuarial assumptions used in the valuation as of January 1, 2021, are listed below:

1. Mortality

Non-Disabled  
Mortality:

Participants:

RP-2017 Sex Distinct Blue Collar Adjusted Table, projected generationally with 25% of Scale MP-2017.

Retirees and Beneficiaries:

RP-2017 Sex Distinct Blue Collar Adjusted Table, projected generationally with 25% of Scale MP-2017.

The non-disabled mortality assumption including future improvement was chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflecting anticipated future experience and professional judgment.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Disabled Mortality:

RP-2017 Sex Distinct Blue Collar Adjusted Table, projected generationally with 25% of Scale MP-2017

2. Interest

To determine contribution requirement: 6.75% per annum, compounded annually

To determine current liability: 2.43% per annum, compounded annually

3. Operating Expenses

The amount assumed for operating expenses is the average of the expenses for the three plan years preceding the valuation (\$468,934) increased by 3% (\$483,002), adjusted to the beginning of year and added to the normal cost. For this year the expense assumption is \$468,508. Investment management counseling fees and expenses are not included in assumed operating expenses.

4. Employee Withdrawal Rates

Illustrations of the annual probabilities of withdrawal (for reasons other than mortality or disablement) are shown in the table below for selected ages.

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021  
(Continued)

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

Representative Withdrawal Rates per 100 Employees

| Years of Vesting Service | Withdrawals per 100 Employees |
|--------------------------|-------------------------------|
| Less than 1              | 15                            |
| 1 to 2                   | 11                            |
| 2 to 5                   | 10                            |
| 5 to 10                  | 7                             |
| 10 to 15                 | 4.5                           |
| 15 to 20                 | 4                             |
| 20 to 25                 | 3                             |
| More than 25             | 1                             |

5. Retirement Age

| Age | Not Eligible For Unreduced Retirement | Active and Eligible For Unreduced Retirement |
|-----|---------------------------------------|----------------------------------------------|
| 55  | 2.00%                                 | n/a                                          |
| 56  | 2.00%                                 | n/a                                          |
| 57  | 2.00%                                 | n/a                                          |
| 58  | 2.00%                                 | 60.00%                                       |
| 59  | 2.00%                                 | 60.00%                                       |
| 60  | 2.00%                                 | 60.00%                                       |
| 61  | 2.00%                                 | 60.00%                                       |
| 62  | 50.00%                                | 50.00%                                       |
| 63  | 25.00%                                | 25.00%                                       |
| 64  | 25.00%                                | 25.00%                                       |
| 65  | 75.00%                                | 75.00%                                       |
| 66  | 25.00%                                | 25.00%                                       |
| 67  | 25.00%                                | 25.00%                                       |
| 68  | 25.00%                                | 25.00%                                       |
| 69  | 25.00%                                | 25.00%                                       |
| 70+ | 100.00%                               | 100.00%                                      |

Inactive vested participants are assumed to retire at the later of current age or age 63 if eligible for early retirement, otherwise at the later of current age, or normal retirement age.

6. Hours Worked

For the purpose of projecting future benefit accruals, it is assumed that each active participant will work the same number of hours per year as worked during the plan year preceding the valuation date.

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021  
(Continued)

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

7. Contribution Income

For the purpose of projecting contributions, it is assumed that each active participant will have the same contributions made on the participant's behalf as during the plan year preceding the valuation date.

8. Cost Method

The Unit Credit Cost Method is used in making actuarial valuation. Under this method, an "accrued benefit" is calculated as of the beginning of the year and as of the end of the year for each benefit that may be payable in the future. The "accrued benefit" is based on the plan's accrual formula and upon service as of the beginning or end of the year. The actuarial accrued liability is the actuarial present value of the "accrued benefits" as of the beginning of the year for employed participants and is the actuarial present value of all benefits for other participants. The normal cost is the actuarial present value of the difference between the "accrued benefits" as of the beginning and end of the year.

9. Marriage Assumptions

For the purpose of valuing the death benefit, 80% of participants were assumed to be married. Husbands were assumed to be four years older than their wives.

10. Active Participant

For valuation purposes, an active participant is a participant who worked at least 501 hours in the plan year preceding the valuation date and had not retired as of the valuation date.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of Accumulated Plan Benefits.

Benefit payments to participants are recorded upon distribution.

NOTE 6 - RECIPROCAL AGREEMENTS WITH OTHER FUNDS

The Atlanta Plumbers and Steamfitters Pension Fund has signed reciprocal agreements with various funds. These agreements provide for the transfer of Pension Fund contributions among reciprocating funds. As of December 31, 2021, the amount of reciprocal payments to other funds is \$894,361.

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021

(Continued)

NOTE 7 - INCOME TAXES

The Internal Revenue Service has determined and informed the Plan by a letter dated November 23, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 8 - AGENCY AGREEMENTS

Under a custodial agreement, designated funds are forwarded to investment managers selected by the Trustees. These managers are: Atlanta Capital; J.P. Morgan, Clearbridge Investments, Lazard International Investments, Polen Capital, Kay Anderson, Confluence, Congress, Chartwell, Fiena, and Lazard EM. These funds are invested in securities by these managers and all investments are inventoried by U.S. Bank Trust, the Custodian.

NOTE 9 - MUTUAL FUNDS

In September, 2003, the Trustees selected the AFL-CIO Building Investment Trust Fund, a real estate mutual fund, for an additional investment. The Trust Fund invests in office, apartment, industrial, and hotel properties. The Trust Fund is managed by PNC Bank and provides for collective investment of assets of eligible pension plan investments trusts.

In November, 2004, the trustees selected Principal Financial Group for an investment in their Principal U.S. Property Separate Account. The pooled separate account invests in properties throughout the U.S.

In June, 2005, the trustees selected ASB Capital Management for an investment in their commingled real estate mutual fund.

NOTE 10 - FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable of the asset or liability;

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021  
(Continued)

NOTE 10 - FAIR VALUE MEASUREMENTS (Continued)

- 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 - Pricing inputs are unobservable for the investment and includes situations where there is little, if any market activity for the investment. The inputs into the determination of fair value require significant judgement or estimation.

The asset 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 presents the investments carried at fair value as of December 31, 2021 and 2020 according to hierarchy as described above:

Assets at Fair Value as of December 31, 2021 and 2020

| <u>2021</u>                              | <u>LEVEL 1</u>        | <u>LEVEL 2</u>  | <u>LEVEL 3</u>  | <u>TOTAL</u>                 |
|------------------------------------------|-----------------------|-----------------|-----------------|------------------------------|
| Common Stocks                            | \$ 218,558,164        | \$ - 0 -        | \$ - 0 -        | \$ 218,558,164               |
| Cash and Money Market Funds              | 35,206,866            | - 0 -           | - 0 -           | 35,206,866                   |
| Corporate Bonds & Notes                  | - 0 -                 | 6,377           | - 0 -           | 6,377                        |
| Mutual Funds                             | <u>152,573,787</u>    | <u>- 0 -</u>    | <u>- 0 -</u>    | <u>152,573,787</u>           |
| Total Assets in the Fair Value Hierarchy | <u>\$ 406,338,817</u> | <u>\$ 6,377</u> | <u>\$ - 0 -</u> | <u>\$ 406,345,194</u>        |
| Investments Measured at NAV              |                       |                 |                 | <u>\$ 49,613,925</u>         |
| Total Investments at Fair Value          |                       |                 |                 | <u><u>\$ 455,959,119</u></u> |

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021  
(Continued)

NOTE 10 - FAIR VALUE MEASUREMENTS (Continued)

| <u>2020</u>                              | <u>LEVEL 1</u>        | <u>LEVEL 2</u>       | <u>LEVEL 3</u>  | <u>TOTAL</u>                 |
|------------------------------------------|-----------------------|----------------------|-----------------|------------------------------|
| Common Stocks                            | \$ 217,432,048        | \$ - 0 -             | \$ - 0 -        | \$ 217,432,048               |
| Cash and Money Market Funds              | 6,714,200             | - 0 -                | - 0 -           | 6,714,200                    |
| Corporate Bonds & Notes                  | - 0 -                 | 26,264,640           | - 0 -           | 26,264,640                   |
| Mutual Funds                             | 65,283,219            | - 0 -                | - 0 -           | 65,283,219                   |
| U.S. Gov't and Agencies                  | - 0 -                 | 42,610,712           | - 0 -           | 42,610,712                   |
| Total Assets in the Fair Value Hierarchy | <u>\$ 289,429,467</u> | <u>\$ 68,875,352</u> | <u>\$ - 0 -</u> | <u>\$ 358,304,819</u>        |
| Investments Measured at NAV              |                       |                      |                 | <u>\$ 46,686,502</u>         |
| Total Investments at Fair Value          |                       |                      |                 | <u><u>\$ 404,991,321</u></u> |

Transfers between levels

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

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

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

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

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021  
(Continued)

NOTE 10 - FAIR VALUE MEASUREMENTS (Continued)

Fair Value of investments that calculate net asset value

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2021.

|                                       | <u>Fair Value</u>    | <u>Unfunded<br/>Commitments</u> | <u>Redemption<br/>Frequency</u> | <u>Redemption<br/>Notice Period</u> |
|---------------------------------------|----------------------|---------------------------------|---------------------------------|-------------------------------------|
| AFL-CIO Building Investment Trust (a) | \$ 11,824,982        | \$ - 0 -                        | Quarterly                       | Quarterly                           |
| ASB Commingled Real Estate Fund (a)   | 16,461,219           | - 0 -                           | Quarterly                       | Quarterly                           |
| Principal Financial Group (b)         | 14,634,908           | - 0 -                           | 6 months                        | 6 Months                            |
| ARES Private Credit Solutions (c)     | <u>6,692,816</u>     | 2,345,069                       | Discretionary                   | Discretionary                       |
| Total                                 | <u>\$ 49,613,925</u> |                                 |                                 |                                     |

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2020.

|                                       | <u>Fair Value</u>    | <u>Unfunded<br/>Commitments</u> | <u>Redemption<br/>Frequency</u> | <u>Redemption<br/>Notice Period</u> |
|---------------------------------------|----------------------|---------------------------------|---------------------------------|-------------------------------------|
| AFL-CIO Building Investment Trust (a) | \$ 15,086,304        | \$ - 0 -                        | Quarterly                       | Quarterly                           |
| ASB Commingled Real Estate Fund (a)   | 11,895,075           | - 0 -                           | Quarterly                       | Quarterly                           |
| Principal Financial Group (b)         | 14,146,613           | - 0 -                           | 6 months                        | 6 Months                            |
| ARES Private Credit Solutions (c)     | <u>5,558,510</u>     | 2,947,369                       | Discretionary                   | Discretionary                       |
| Total                                 | <u>\$ 46,686,502</u> |                                 |                                 |                                     |

- a) This category includes open-ended commingled collective investment funds, bank collective trusts and limited partnerships established as a means for collective investment in real estate assets by qualified employee benefit.
- b) Pooled separate accounts for investments in low to moderate risk in well-leased properties on an unleveraged basis.
- c) This limited partnership investment objective is to achieve attractive risk adjusted returns from investing in directly originated second lien, mezzanine, other private high yield debt securities and equity co-investments of performing, high quality upper middle market companies substantially located in, substantially operating in, or deriving a material portion of their net revenues from customers in North America.

NOTE 11 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investments securities, it is at least reasonably possible that changes in the values of investment securities will occur in

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021

(Continued)

NOTE 11 - RISKS AND UNCERTAINTIES (Continued)

the near term and that such changes could materially affect the amount reported in the statement 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

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, \$1,344,714 and \$666,583 was uninsured, respectively.

NOTE 12 - 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.

NOTE 13 - CONCENTRATION ON CONTRIBUTION SOURCES

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

NOTE 14 - SUBSEQUENT EVENTS

The Board of Trustees decided effective January 1, 2021 to replace Greystone Consulting Service and Morgan Stanley as investment consultant and custodian. They were replaced with Reynolds Consulting and U.S. Bank.

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 4, 2022, relative to any material transactions. None were noted or discussed.

## SUPPLEMENTARY INFORMATION

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

Attachment to Form 5500, Schedule H, Line 4i

INVESTMENTS

EIN: 58-1233396 PLAN NO.: 001

DECEMBER 31, 2021

|                                                      | <u>Interest<br/>Rate</u> | <u>Maturity<br/>Date</u> | <u>Par Value<br/>Or Shares</u> | <u>Cost</u>          | <u>Fair Value</u>    |
|------------------------------------------------------|--------------------------|--------------------------|--------------------------------|----------------------|----------------------|
| <u>Through J.P. Morgan Manager</u>                   |                          |                          |                                |                      |                      |
| (U.S. Bank - Custodian):                             |                          |                          |                                |                      |                      |
| <u>Mutual Funds:</u>                                 |                          |                          |                                |                      |                      |
| J.P. Morgan Core Bond Fund                           |                          |                          | 2,772,690                      | \$ 60,739,838        | \$ 61,775,535        |
| Total Mutual Funds                                   |                          |                          |                                | <u>\$ 60,739,838</u> | <u>\$ 61,775,535</u> |
| <u>Corporate Bonds:</u>                              |                          |                          |                                |                      |                      |
| Dbam Nim                                             |                          |                          |                                | \$ 6,160             | \$ - 0 -             |
| Total Corporate Bonds                                |                          |                          |                                | <u>\$ 6,160</u>      | <u>\$ - 0 -</u>      |
| <u>Total Investments through J.P. Morgan Manager</u> |                          |                          |                                |                      |                      |
| (U.S. Bank Custodian)                                |                          |                          |                                |                      |                      |
|                                                      |                          |                          |                                | <u>\$ 60,745,998</u> | <u>\$ 61,775,535</u> |
| <u>Through Confluence Investment Management Co.</u>  |                          |                          |                                |                      |                      |
| (U.S. Bank - Custodian):                             |                          |                          |                                |                      |                      |
| <u>Common and Foreign Stocks:</u>                    |                          |                          |                                |                      |                      |
| Alphabet Inc Cl C                                    |                          |                          | 634                            | \$ 625,242           | \$ 1,834,536         |
| Axalta Coating Systems Ltd                           |                          |                          | 32,434                         | 1,005,757            | 1,074,214            |
| Berkshire Hathaway Inc CL B                          |                          |                          | 4,961                          | 825,546              | 1,483,339            |
| Booking Holdings Inc                                 |                          |                          | 477                            | 704,331              | 1,144,433            |
| Brookfield Asset Manage Cl A                         |                          |                          | 30,385                         | 857,355              | 1,834,646            |
| Cerner Corporation                                   |                          |                          | 12,112                         | 645,459              | 1,124,841            |
| Diageo Plc Sponsored A D R                           |                          |                          | 6,714                          | 823,690              | 1,478,020            |
| Dun Bradstreet Hldgs Inc                             |                          |                          | 32,854                         | 881,538              | 673,178              |
| Fastenal Co                                          |                          |                          | 28,410                         | 599,421              | 1,819,945            |
| Fortune Brands Home & Securi                         |                          |                          | 12,139                         | 1,265,019            | 1,297,659            |
| IHS Markit Ltd Shs                                   |                          |                          | 11,632                         | 749,109              | 1,546,125            |
| Illinois Tool Works Inc                              |                          |                          | 5,141                          | 707,798              | 1,268,799            |
| Lowes Co Inc                                         |                          |                          | 7,053                          | 565,517              | 1,823,059            |
| Markel Corp                                          |                          |                          | 878                            | 863,982              | 1,083,452            |
| Mastercard Inc                                       |                          |                          | 2,724                          | 257,495              | 978,788              |
| Nxp Semiconductors N V Com                           |                          |                          | 6,562                          | 635,061              | 1,494,692            |
| Oracle Corporation                                   |                          |                          | 17,744                         | 873,406              | 1,547,454            |
| Pepsico Inc                                          |                          |                          | 7,009                          | 806,400              | 1,217,533            |
| Raytheon Technologies Corp Com                       |                          |                          | 14,813                         | 934,386              | 1,274,807            |
| Starbucks Corp                                       |                          |                          | 12,008                         | 808,146              | 1,404,576            |
| Stryker Corp                                         |                          |                          | 4,297                          | 650,528              | 1,149,104            |
| Tjx Companies Inc                                    |                          |                          | 17,883                         | 642,951              | 1,357,677            |

(Continued)

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

Attachment to Form 5500, Schedule H, Line 4i

INVESTMENTS

EIN: 58-1233396 PLAN NO.: 001

DECEMBER 31, 2021

(Continued)

|                                                            | <u>Interest<br/>Rate</u> | <u>Maturity<br/>Date</u> | <u>Par Value<br/>Or Shares</u> | <u>Cost</u>          | <u>Fair Value</u>    |
|------------------------------------------------------------|--------------------------|--------------------------|--------------------------------|----------------------|----------------------|
| <u>Through Confluence Investment Management Co.</u>        |                          |                          |                                |                      |                      |
| (U.S. Bank - Custodian): (Continued)                       |                          |                          |                                |                      |                      |
| <u>Common Stocks: (Continued)</u>                          |                          |                          |                                |                      |                      |
| Thermo Fisher Scientific Inc                               |                          |                          | 2,595                          | \$ 457,158           | \$ 1,731,488         |
| WR Berkley Corp                                            |                          |                          | 15,437                         | <u>699,051</u>       | <u>1,271,854</u>     |
| Total Common Stocks                                        |                          |                          |                                | <u>\$ 17,884,344</u> | <u>\$ 32,914,221</u> |
| <u>Cash and Cash Equivalents:</u>                          |                          |                          |                                |                      |                      |
| Money Market                                               |                          |                          |                                | <u>\$ 1,216,133</u>  | <u>\$ 1,216,133</u>  |
| Total Cash and Cash Equivalents                            |                          |                          |                                | <u>\$ 1,216,133</u>  | <u>\$ 1,216,133</u>  |
| <u>Total Investments through Confluence Management Co.</u> |                          |                          |                                |                      |                      |
| (U.S. Bank - Custodian)                                    |                          |                          |                                |                      |                      |
|                                                            |                          |                          |                                | <u>\$ 19,100,477</u> | <u>\$ 34,130,354</u> |
| <u>Through Congress Management Co.</u>                     |                          |                          |                                |                      |                      |
| (U.S. Bank - Custodian):                                   |                          |                          |                                |                      |                      |
| <u>Common Stocks:</u>                                      |                          |                          |                                |                      |                      |
| Akamai Technologies Inc                                    |                          |                          | 3,400                          | \$ 324,846           | \$ 397,936           |
| Asbury Automotive Group                                    |                          |                          | 1,900                          | 364,684              | 328,187              |
| Azenta Inc                                                 |                          |                          | 6,000                          | 616,210              | 618,660              |
| Booz Allen Hamilton Hldg Cl-A                              |                          |                          | 4,770                          | 360,525              | 404,448              |
| Burlington Stores Inc.                                     |                          |                          | 1,923                          | 212,968              | 560,574              |
| Charles River Labs Intl Inc                                |                          |                          | 1,700                          | 181,511              | 640,526              |
| Church & Dwight Co Inc                                     |                          |                          | 5,265                          | 275,361              | 539,663              |
| Ciena Corp                                                 |                          |                          | 9,643                          | 404,693              | 742,222              |
| Cintas                                                     |                          |                          | 1,364                          | 173,976              | 604,484              |
| Cooper Cos Inc New                                         |                          |                          | 1,239                          | 299,113              | 519,067              |
| Copart Inc                                                 |                          |                          | 5,000                          | 213,117              | 758,100              |
| Diodes Inc                                                 |                          |                          | 7,700                          | 332,149              | 845,537              |
| Entegris Inc                                               |                          |                          | 5,700                          | 386,433              | 789,906              |
| Etsy                                                       |                          |                          | 3,000                          | 157,529              | 656,820              |
| First Republic Bank                                        |                          |                          | 2,970                          | 308,627              | 613,335              |
| Floor & Decor Hldgs                                        |                          |                          | 5,373                          | 516,567              | 698,544              |
| Generac Hldgs Inc                                          |                          |                          | 1,700                          | 95,658               | 598,264              |
| Horizon Therapeutics Pub Ltd                               |                          |                          | 6,500                          | 317,816              | 700,440              |

(Continued)

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

Attachment to Form 5500, Schedule H, Line 4i

INVESTMENTS

EIN: 58-1233396 PLAN NO.: 001

DECEMBER 31, 2021

(Continued)

|                                                          | <u>Interest</u><br><u>Rate</u> | <u>Maturity</u><br><u>Date</u> | <u>Par Value</u><br><u>Or Shares</u> | <u>Cost</u>   | <u>Fair Value</u> |
|----------------------------------------------------------|--------------------------------|--------------------------------|--------------------------------------|---------------|-------------------|
| <u>Through Congress Management Co.</u>                   |                                |                                |                                      |               |                   |
| (U.S. Bank - Custodian): (Continued)                     |                                |                                |                                      |               |                   |
| <u>Common Stocks: (Continued)</u>                        |                                |                                |                                      |               |                   |
| Huntington Ingalls Industries                            |                                |                                | 2,284                                | \$ 363,599    | \$ 426,514        |
| Ilex Corporation Delaware                                |                                |                                | 2,303                                | 342,783       | 544,245           |
| Keysight Technologies Inc                                |                                |                                | 4,000                                | 243,537       | 826,040           |
| Masco Corp                                               |                                |                                | 9,334                                | 513,317       | 655,433           |
| McCormick and Co Non Voting                              |                                |                                | 4,154                                | 201,676       | 401,318           |
| Mettler Toledo Intl                                      |                                |                                | 490                                  | 291,732       | 831,633           |
| Monolithic Pwr Systems Inc                               |                                |                                | 1,400                                | 141,259       | 690,662           |
| Neurocrine Biosciences Inc                               |                                |                                | 3,660                                | 454,478       | 311,722           |
| Paycom Software Inc                                      |                                |                                | 1,348                                | 151,518       | 559,676           |
| Pool Corp                                                |                                |                                | 1,400                                | 168,660       | 792,400           |
| Qualys Inc                                               |                                |                                | 3,875                                | 315,116       | 531,728           |
| Raymond James Finl Inc                                   |                                |                                | 6,750                                | 335,876       | 677,700           |
| Resmed Inc                                               |                                |                                | 1,867                                | 135,413       | 486,316           |
| Sps Commerce Inc                                         |                                |                                | 3,780                                | 568,568       | 538,083           |
| Skyworks Solutions Inc                                   |                                |                                | 3,589                                | 313,571       | 556,797           |
| Steris Plc                                               |                                |                                | 3,000                                | 312,954       | 730,230           |
| Sun Communities Inc                                      |                                |                                | 2,450                                | 355,382       | 514,427           |
| Take Two Interactive Software                            |                                |                                | 2,612                                | 344,169       | 464,205           |
| Teladyne Tech                                            |                                |                                | 1,433                                | 455,506       | 626,063           |
| West Pharmaceutical Svcs Inc                             |                                |                                | 1,700                                | 377,620       | 797,317           |
| Williams Sonoma                                          |                                |                                | 3,700                                | 239,569       | 625,781           |
| Zebra Tech Cl-A                                          |                                |                                | 1,300                                | 211,130       | 773,761           |
| Total Common Stocks                                      |                                |                                |                                      | \$ 12,379,218 | \$ 24,378,762     |
| <u>Cash and Cash Equivalents:</u>                        |                                |                                |                                      |               |                   |
| Money Market                                             |                                |                                |                                      | \$ 241,479    | \$ 241,479        |
| Total Cash and Cash Equivalents                          |                                |                                |                                      | \$ 241,479    | \$ 241,479        |
| <u>Total Investments through Congress Management Co.</u> |                                |                                |                                      |               |                   |
| (U.S. Bank - Custodian)                                  |                                |                                |                                      |               |                   |
|                                                          |                                |                                |                                      | \$ 12,620,697 | \$ 24,620,241     |

(Continued)

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

Attachment to Form 5500, Schedule H, Line 4i

INVESTMENTS

EIN: 58-1233396 PLAN NO.: 001

DECEMBER 31, 2021

(Continued)

|                                  | <u>Interest<br/>Rate</u> | <u>Maturity<br/>Date</u> | <u>Par Value<br/>Or Shares</u> | <u>Cost</u> | <u>Fair Value</u> |
|----------------------------------|--------------------------|--------------------------|--------------------------------|-------------|-------------------|
| <u>Through Clearbridge Int'l</u> |                          |                          |                                |             |                   |
| (U.S. Bank - Custodian):         |                          |                          |                                |             |                   |
| <u>Common Stocks:</u>            |                          |                          |                                |             |                   |
| 3I Group Plc                     |                          |                          | 37,170                         | \$ 319,741  | \$ 367,983        |
| Accenture Plc                    |                          |                          | 630                            | 253,516     | 261,167           |
| Adidas                           |                          |                          | 3,157                          | 423,406     | 454,608           |
| Adyen N V Unsponsred ADR         |                          |                          | 11,643                         | 99,236      | 306,444           |
| AIA Group Ltd                    |                          |                          | 11,697                         | 424,898     | 471,676           |
| Airbus SE Unsponsored ADR        |                          |                          | 15,389                         | 481,726     | 491,063           |
| Alcon Inc                        |                          |                          | 6,793                          | 456,294     | 591,806           |
| Amadeus IT Group                 |                          |                          | 6,398                          | 386,638     | 433,273           |
| Argenx SE                        |                          |                          | 715                            | 241,950     | 250,386           |
| ASML Holding                     |                          |                          | 1,176                          | 223,373     | 936,261           |
| Atlas Copco AS ADR A New         |                          |                          | 8,697                          | 472,292     | 602,789           |
| Atlassian Corp Plc CL A          |                          |                          | 1,363                          | 270,355     | 519,698           |
| BNP Paribas                      |                          |                          | 17,890                         | 607,110     | 622,393           |
| Burberry Group Plc               |                          |                          | 12,440                         | 317,601     | 305,526           |
| Canadian Pacific Railway Ltd     |                          |                          | 7,885                          | 564,076     | 567,247           |
| Cellnex Telecom SA Uns ADR       |                          |                          | 4,944                          | 152,838     | 142,832           |
| Compass Group                    |                          |                          | 18,130                         | 403,275     | 418,259           |
| Crh Spon                         |                          |                          | 8,949                          | 408,912     | 472,507           |
| Diageo Plc                       |                          |                          | 3,133                          | 472,283     | 689,699           |
| EDP Energias De Portugal SA      |                          |                          | 9,164                          | 442,574     | 501,912           |
| Elastic NV                       |                          |                          | 2,538                          | 171,967     | 312,402           |
| Essilorluxottica ADR             |                          |                          | 3,557                          | 371,581     | 380,279           |
| Fanuc Corporation                |                          |                          | 17,634                         | 327,248     | 375,428           |
| Givaudan                         |                          |                          | 2,416                          | 122,203     | 253,463           |
| Hoya Corp                        |                          |                          | 3,798                          | 282,467     | 568,067           |
| Icon Plc                         |                          |                          | 2,325                          | 397,172     | 720,053           |
| Inditex Unspn                    |                          |                          | 26,380                         | 408,341     | 427,066           |
| Intesa Sanpaolo Spon ADR         |                          |                          | 16,819                         | 296,460     | 262,805           |
| KBC Group                        |                          |                          | 4,781                          | 166,300     | 206,061           |
| Linde Plc                        |                          |                          | 2,149                          | 433,541     | 744,478           |
| London Stock Exchg Unsp ADR      |                          |                          | 25,273                         | 428,984     | 596,190           |
| Loreal Unspn ADR                 |                          |                          | 7,614                          | 371,403     | 726,528           |
| Lvmh Moet Hennessy Louis Vuitton |                          |                          | 4,625                          | 379,163     | 765,438           |
| Mercadolibre Inc                 |                          |                          | 82                             | 156,748     | 110,569           |

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ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
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Attachment to Form 5500, Schedule H, Line 4i

INVESTMENTS

EIN: 58-1233396 PLAN NO.: 001

DECEMBER 31, 2021

(Continued)

|                                                    | <u>Interest<br/>Rate</u> | <u>Maturity<br/>Date</u> | <u>Par Value<br/>Or Shares</u> | <u>Cost</u>   | <u>Fair Value</u> |
|----------------------------------------------------|--------------------------|--------------------------|--------------------------------|---------------|-------------------|
| <u>Through Clearbridge Int'l</u>                   |                          |                          |                                |               |                   |
| (U.S. Bank - Custodian): (Continued)               |                          |                          |                                |               |                   |
| <u>Common Stocks:</u>                              |                          |                          |                                |               |                   |
| Monotaro Co Ltd                                    |                          |                          | 9,578                          | \$ 151,400    | \$ 172,548        |
| Nestle Spon Adr                                    |                          |                          | 8,650                          | 782,119       | 1,214,201         |
| Nice Ltd                                           |                          |                          | 1,252                          | 358,502       | 380,107           |
| Nidec Corp                                         |                          |                          | 8,999                          | 158,911       | 265,560           |
| Novo Nordisk                                       |                          |                          | 5,803                          | 326,805       | 649,936           |
| Ocado Group Plc Sponsored Adr                      |                          |                          | 4,387                          | 289,015       | 199,214           |
| Recruit Holdings Co Ltd Adr                        |                          |                          | 57,760                         | 579,479       | 703,517           |
| Rentokil Group                                     |                          |                          | 8,430                          | 179,774       | 338,296           |
| Roche Holdings Adr                                 |                          |                          | 15,413                         | 616,183       | 796,698           |
| Sandvik Ab                                         |                          |                          | 18,950                         | 515,702       | 529,653           |
| Schlumberger Ltd                                   |                          |                          | 13,844                         | 417,082       | 414,628           |
| Sea Ltd                                            |                          |                          | 720                            | 180,332       | 161,071           |
| Shiseido Ltd                                       |                          |                          | 5,889                          | 418,153       | 329,001           |
| Shopify Inc                                        |                          |                          | 154                            | 30,474        | 212,118           |
| Taiwan Semiconductor A D R                         |                          |                          | 4,873                          | 202,446       | 586,271           |
| Te Connectivity Ltd Shs                            |                          |                          | 4,635                          | 605,242       | 747,811           |
| Teleperformance                                    |                          |                          | 2,115                          | 198,714       | 470,989           |
| Temenos                                            |                          |                          | 821                            | 126,033       | 112,781           |
| Thomson Reuters Corp                               |                          |                          | 3,919                          | 299,368       | 468,791           |
| Tokyo Electron Ltd Unspn Adr                       |                          |                          | 2,424                          | 143,865       | 348,814           |
| Worldline Sa Adr                                   |                          |                          | 7,494                          | 340,186       | 209,832           |
| Zai Lab Ltd                                        |                          |                          | 1,300                          | 195,000       | 81,704            |
| Total Common Stocks                                |                          |                          |                                | \$ 18,850,457 | \$ 25,249,893     |
| <u>Cash and Cash Equivalents:</u>                  |                          |                          |                                |               |                   |
| Money Market                                       |                          |                          |                                | \$ 120,771    | \$ 120,771        |
| Total Cash and Cash Equivalents                    |                          |                          |                                | \$ 120,771    | \$ 120,771        |
| <u>Total Investments through Clearbridge Int'l</u> |                          |                          |                                |               |                   |
| (U.S. Bank - Custodian)                            |                          |                          |                                |               |                   |
|                                                    |                          |                          |                                | \$ 18,971,228 | \$ 25,370,664     |

(Continued)

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

Attachment to Form 5500, Schedule H, Line 4i

INVESTMENTS

EIN: 58-1233396 PLAN NO.: 001

DECEMBER 31, 2021

(Continued)

|                                | <u>Interest<br/>Rate</u> | <u>Maturity<br/>Date</u> | <u>Par Value<br/>Or Shares</u> | <u>Cost</u>          | <u>Fair Value</u>    |
|--------------------------------|--------------------------|--------------------------|--------------------------------|----------------------|----------------------|
| <u>Through Kayne Anderson</u>  |                          |                          |                                |                      |                      |
| (U.S. Bank - Custodian):       |                          |                          |                                |                      |                      |
| <u>Common Stocks:</u>          |                          |                          |                                |                      |                      |
| Albany Intl A New              |                          |                          | 7,456                          | \$ 455,009           | \$ 659,483           |
| American Software Inc Cl A     |                          |                          | 13,899                         | 283,957              | 363,737              |
| Anika Therapeutics Inc         |                          |                          | 6,585                          | 305,593              | 235,941              |
| Armstrong World Inds Inc New   |                          |                          | 6,591                          | 510,842              | 765,347              |
| Azenta Inc                     |                          |                          | 11,457                         | 295,972              | 1,181,331            |
| Badger Meter Inc               |                          |                          | 2,864                          | 117,024              | 305,188              |
| Bank of Hawaii Corp            |                          |                          | 8,020                          | 628,809              | 671,755              |
| Cheese Cake Factory Inc        |                          |                          | 16,457                         | 746,075              | 644,292              |
| Construction Partners Inc C-A  |                          |                          | 11,172                         | 201,641              | 328,569              |
| Evertec Inc                    |                          |                          | 18,461                         | 719,385              | 922,681              |
| First Financial Bankshares Inc |                          |                          | 6,605                          | 133,525              | 335,798              |
| Graco Inc                      |                          |                          | 9,135                          | 345,747              | 736,464              |
| Houlihan Lokey Inc             |                          |                          | 8,267                          | 419,037              | 855,800              |
| Jack Henry & Assoc Inc         |                          |                          | 1,987                          | 206,472              | 331,809              |
| John Bean Technologies Corp    |                          |                          | 3,515                          | 348,805              | 539,763              |
| Lakeland Financial Corp        |                          |                          | 2,564                          | 189,538              | 205,479              |
| Landstar System Inc            |                          |                          | 3,824                          | 327,847              | 684,572              |
| Latham Group Inc               |                          |                          | 25,243                         | 527,500              | 631,832              |
| Leslies Inc                    |                          |                          | 35,010                         | 790,442              | 828,337              |
| MGM Growth Properties LLC      |                          |                          | 22,149                         | 654,863              | 904,787              |
| Natl Beverage Corp             |                          |                          | 12,399                         | 372,798              | 562,047              |
| Primerica Inc                  |                          |                          | 3,415                          | 248,385              | 523,417              |
| RBC Bearings Inc               |                          |                          | 3,615                          | 382,040              | 730,122              |
| RLI Corp                       |                          |                          | 4,953                          | 274,835              | 555,231              |
| Siteone Landscape Supply Inc   |                          |                          | 4,141                          | 222,550              | 1,003,281            |
| Stock Yards Bancorp Inc        |                          |                          | 8,605                          | 437,512              | 549,687              |
| Terminix Global Holdings Inc   |                          |                          | 14,737                         | 499,833              | 666,555              |
| The Scotts Miracle-Gro Company |                          |                          | 6,282                          | 504,035              | 1,011,402            |
| Thor Industries Inc            |                          |                          | 7,893                          | 628,718              | 819,057              |
| Unifirst Cp                    |                          |                          | 3,238                          | 615,774              | 681,275              |
| Watsco Inc                     |                          |                          | 3,118                          | 444,577              | 975,560              |
| WD 40 Company                  |                          |                          | 2,108                          | <u>227,722</u>       | <u>515,702</u>       |
| Total Common Stocks            |                          |                          |                                | <u>\$ 13,066,860</u> | <u>\$ 20,726,299</u> |

(Continued)

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

Attachment to Form 5500, Schedule H, Line 4i

INVESTMENTS

EIN: 58-1233396 PLAN NO.: 001

DECEMBER 31, 2021

(Continued)

|                                                 | <u>Interest<br/>Rate</u> | <u>Maturity<br/>Date</u> | <u>Par Value<br/>Or Shares</u> | <u>Cost</u>          | <u>Fair Value</u>    |
|-------------------------------------------------|--------------------------|--------------------------|--------------------------------|----------------------|----------------------|
| <u>Through Kayne Anderson</u>                   |                          |                          |                                |                      |                      |
| (U.S. Bank - Custodian): (Continued)            |                          |                          |                                |                      |                      |
| <u>Cash and Cash Equivalents:</u>               |                          |                          |                                |                      |                      |
| Money Market                                    |                          |                          |                                | \$ 403,979           | \$ 403,979           |
| Total Cash and Cash Equivalents                 |                          |                          |                                | <u>\$ 403,979</u>    | <u>\$ 403,979</u>    |
| <u>Total Investments through Kayne Anderson</u> |                          |                          |                                |                      |                      |
| (U.S. Bank - Custodian)                         |                          |                          |                                |                      |                      |
|                                                 |                          |                          |                                | <u>\$ 13,470,839</u> | <u>\$ 21,130,278</u> |
| <u>Through Polen Capital Management</u>         |                          |                          |                                |                      |                      |
| (U.S. Bank - Custodian):                        |                          |                          |                                |                      |                      |
| <u>Common Stocks:</u>                           |                          |                          |                                |                      |                      |
| Abbott Laboratories                             |                          |                          | 15,057                         | \$ 1,264,207         | \$ 2,119,122         |
| Accenture PLC                                   |                          |                          | 4,194                          | 332,175              | 1,738,623            |
| Adobe Systems                                   |                          |                          | 3,283                          | 348,830              | 1,861,658            |
| Airbnb Inc                                      |                          |                          | 6,703                          | 992,681              | 1,115,982            |
| Align Technology                                |                          |                          | 1,080                          | 129,433              | 709,754              |
| Alphabet Inc.                                   |                          |                          | 1,074                          | 638,970              | 3,107,716            |
| Alphabet Inc.                                   |                          |                          | 383                            | 207,621              | 1,109,566            |
| Amazon                                          |                          |                          | 1,005                          | 3,346,694            | 3,351,012            |
| Autodesk Inc Delaware                           |                          |                          | 4,566                          | 841,366              | 1,283,914            |
| Docusign Inc.                                   |                          |                          | 3,788                          | 555,837              | 576,950              |
| Gartner Inc.                                    |                          |                          | 3,486                          | 266,497              | 1,165,440            |
| Illumina Inc                                    |                          |                          | 1,857                          | 627,632              | 706,477              |
| Intuitive Surgical Inc                          |                          |                          | 2,400                          | 607,374              | 862,320              |
| Mastercard Inc                                  |                          |                          | 5,360                          | 993,465              | 1,925,955            |
| Meta Platforms Inc                              |                          |                          | 7,028                          | 1,006,159            | 2,363,868            |
| Microsoft                                       |                          |                          | 6,491                          | 541,529              | 2,183,053            |
| MSCI Inc                                        |                          |                          | 1,017                          | 258,395              | 623,106              |
| Netflix                                         |                          |                          | 1,800                          | 995,885              | 1,084,392            |
| Nike Inc.                                       |                          |                          | 5,137                          | 150,801              | 856,184              |
| Paypal                                          |                          |                          | 4,571                          | 464,754              | 861,999              |
| Salesforce.com                                  |                          |                          | 7,097                          | 1,360,890            | 1,803,561            |
| Servicenow Inc                                  |                          |                          | 2,223                          | 644,238              | 1,442,972            |
| Starbucks Corp                                  |                          |                          | 8,520                          | 377,449              | 996,584              |
| Unitedhealth Gp Inc                             |                          |                          | 2,651                          | 850,175              | 1,331,173            |
| Visa Inc.                                       |                          |                          | 6,943                          | 378,349              | 1,504,618            |

(Continued)

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

Attachment to Form 5500, Schedule H, Line 4i

INVESTMENTS

EIN: 58-1233396 PLAN NO.: 001

DECEMBER 31, 2021

(Continued)

|                                                                    | <u>Interest<br/>Rate</u> | <u>Maturity<br/>Date</u> | <u>Par Value<br/>Or Shares</u> | <u>Cost</u>   | <u>Fair Value</u> |
|--------------------------------------------------------------------|--------------------------|--------------------------|--------------------------------|---------------|-------------------|
| <u>Through Polen Capital Management</u>                            |                          |                          |                                |               |                   |
| (U.S. Bank - Custodian):                                           |                          |                          |                                |               |                   |
| <u>Common Stocks:</u>                                              |                          |                          |                                |               |                   |
| Zoetis Inc                                                         |                          |                          | 6,943                          | \$ 552,931    | \$ 1,694,300      |
| Total Common Stocks                                                |                          |                          |                                | \$ 18,734,338 | \$ 38,380,298     |
| <u>Cash and Cash Equivalents:</u>                                  |                          |                          |                                |               |                   |
| Money Market                                                       |                          |                          |                                | \$ 115,258    | \$ 115,258        |
| Total Cash and Cash Equivalents                                    |                          |                          |                                | \$ 115,258    | \$ 115,258        |
| Total Investments through Polen Capital (U.S.<br>Bank - Custodian) |                          |                          |                                | \$ 18,849,596 | \$ 38,495,556     |
| <u>Through Atlanta Capital Management</u>                          |                          |                          |                                |               |                   |
| (U.S. Bank - Custodian):                                           |                          |                          |                                |               |                   |
| <u>Common Stocks:</u>                                              |                          |                          |                                |               |                   |
| Acuity Brands, Inc.                                                |                          |                          | 1,327                          | \$ 107,696    | \$ 280,952        |
| Advance Drainage Systems                                           |                          |                          | 940                            | 104,769       | 127,962           |
| Affiliated Mgrs Group Inc                                          |                          |                          | 2,583                          | 248,151       | 424,929           |
| Aptar Group Inc                                                    |                          |                          | 4,150                          | 274,289       | 508,292           |
| Aramark Holdings Corporation                                       |                          |                          | 20,620                         | 470,079       | 759,847           |
| Bio-Techne Corp                                                    |                          |                          | 605                            | 62,793        | 312,991           |
| Blackbaud Inc                                                      |                          |                          | 4,278                          | 151,912       | 337,876           |
| Black Knight Inc                                                   |                          |                          | 4,148                          | 310,573       | 343,828           |
| Booz Allen Hamilton Hldg Cl-A                                      |                          |                          | 4,291                          | 313,916       | 363,834           |
| Broadridge Fin Sol LLC                                             |                          |                          | 1,470                          | 97,254        | 268,745           |
| Brown & Brown Inc                                                  |                          |                          | 6,815                          | 306,375       | 478,958           |
| Burlington Stores Inc                                              |                          |                          | 641                            | 105,519       | 186,858           |
| Caci International Inc                                             |                          |                          | 1,616                          | 388,214       | 435,043           |
| Carlisle Cos Inc                                                   |                          |                          | 3,935                          | 321,966       | 976,352           |
| Caseys Gen Stores Inc                                              |                          |                          | 1,280                          | 260,935       | 252,608           |
| Choice Hotels                                                      |                          |                          | 3,285                          | 268,532       | 512,427           |
| Columbia Sportswear Co                                             |                          |                          | 3,502                          | 214,077       | 341,235           |
| Deckers Outdoor Corp                                               |                          |                          | 468                            | 135,160       | 171,433           |
| Dentsply International Inc                                         |                          |                          | 3,897                          | 182,586       | 217,414           |

(Continued)

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

Attachment to Form 5500, Schedule H, Line 4i

INVESTMENTS

EIN: 58-1233396 PLAN NO.: 001

DECEMBER 31, 2021

(Continued)

|                                           | <u>Interest<br/>Rate</u> | <u>Maturity<br/>Date</u> | <u>Par Value<br/>Or Shares</u> | <u>Cost</u> | <u>Fair Value</u> |
|-------------------------------------------|--------------------------|--------------------------|--------------------------------|-------------|-------------------|
| <u>Through Atlanta Capital Management</u> |                          |                          |                                |             |                   |
| (U.S. Bank Custodian): (Continued)        |                          |                          |                                |             |                   |
| <u>Common Stocks: (Continued)</u>         |                          |                          |                                |             |                   |
| Dolby Cla A Com Stk                       |                          |                          | 5,208                          | \$ 435,116  | \$ 495,906        |
| Envista Hldgs Corp                        |                          |                          | 15,200                         | 359,039     | 684,912           |
| Factset Research Systems Inc              |                          |                          | 525                            | 74,537      | 255,155           |
| Gartner Inc                               |                          |                          | 933                            | 73,556      | 311,921           |
| Godaddy Inc                               |                          |                          | 3,477                          | 252,075     | 295,058           |
| Graco Inc                                 |                          |                          | 2,740                          | 29,360      | 220,899           |
| Jack Henry Associates Inc                 |                          |                          | 1,284                          | 82,289      | 214,415           |
| Hexcel Corp New                           |                          |                          | 6,160                          | 255,588     | 319,088           |
| Hunt J B Trans Svcs Inc                   |                          |                          | 3,351                          | 280,031     | 684,944           |
| IAA Spingo Inc                            |                          |                          | 8,974                          | 437,460     | 454,264           |
| IDEX Corporation Delaware                 |                          |                          | 1,415                          | 46,810      | 334,393           |
| Jones Lang Lasalle Inc                    |                          |                          | 1,645                          | 186,100     | 443,064           |
| Kirby Corp                                |                          |                          | 4,614                          | 295,256     | 274,164           |
| Landstar System                           |                          |                          | 2,069                          | 131,988     | 370,392           |
| Lennox Intl Inc                           |                          |                          | 1,417                          | 255,420     | 459,618           |
| LKQ Corporation                           |                          |                          | 6,895                          | 266,662     | 413,907           |
| Manhattan Assoc Inc                       |                          |                          | 1,576                          | 77,921      | 245,052           |
| Markel Corp                               |                          |                          | 373                            | 216,760     | 460,282           |
| Morningstar Inc                           |                          |                          | 1,322                          | 113,549     | 452,111           |
| Nordson Corp                              |                          |                          | 1,266                          | 156,194     | 323,172           |
| Pool Corporation                          |                          |                          | 413                            | 82,556      | 233,758           |
| Prosperity Bancshares Inc                 |                          |                          | 3,247                          | 219,635     | 234,758           |
| RPM International Inc.                    |                          |                          | 5,292                          | 341,552     | 534,492           |
| SEI Investments                           |                          |                          | 7,848                          | 356,052     | 478,257           |
| Schein Henry Inc                          |                          |                          | 1,991                          | 49,893      | 154,362           |
| Service Corp Intl                         |                          |                          | 2,563                          | 105,986     | 181,947           |
| Teleflex                                  |                          |                          | 974                            | 262,172     | 319,940           |
| Terminix Global Hldgs Inc                 |                          |                          | 12,691                         | 433,059     | 574,014           |
| Trimble Inc                               |                          |                          | 1,696                          | 53,518      | 147,874           |
| Ulta Beauty Inc                           |                          |                          | 899                            | 168,204     | 370,694           |
| Umpqua Holdings                           |                          |                          | 11,105                         | 139,603     | 213,660           |
| Wex Inc                                   |                          |                          | 3,266                          | 312,632     | 458,514           |

(Continued)

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

Attachment to Form 5500, Schedule H, Line 4i

INVESTMENTS

EIN: 58-1233396 PLAN NO.: 001

DECEMBER 31, 2021

(Continued)

|                                                                | <u>Interest<br/>Rate</u> | <u>Maturity<br/>Date</u> | <u>Par Value<br/>Or Shares</u> | <u>Cost</u>   | <u>Fair Value</u> |
|----------------------------------------------------------------|--------------------------|--------------------------|--------------------------------|---------------|-------------------|
| <u>Through Atlanta Capital Management</u>                      |                          |                          |                                |               |                   |
| (U.S. Bank Custodian): (Continued)                             |                          |                          |                                |               |                   |
| <u>Common Stocks: (Continued)</u>                              |                          |                          |                                |               |                   |
| Woodward Inc                                                   |                          |                          | 1,577                          | \$ 189,769    | \$ 172,618        |
| WR Berkley Corp                                                |                          |                          | 11,684                         | 555,737       | 962,645           |
| Total Common Stocks                                            |                          |                          |                                | \$ 11,620,870 | \$ 20,051,836     |
| <u>Cash and Cash Equivalents:</u>                              |                          |                          |                                |               |                   |
| Money Market                                                   |                          |                          |                                | \$ 597,786    | \$ 597,786        |
| Total Cash and Cash Equivalents                                |                          |                          |                                | \$ 597,786    | \$ 597,786        |
| <u>Total Investments through Atlanta Capital Management</u>    |                          |                          |                                |               |                   |
| (U.S. Bank - Custodian)                                        |                          |                          |                                |               |                   |
|                                                                |                          |                          |                                | \$ 12,218,656 | \$ 20,649,622     |
| <u>Through The Principal Financial Group:</u>                  |                          |                          |                                |               |                   |
| <u>Mutual Fund - Real Estate:</u>                              |                          |                          |                                |               |                   |
| Principal U.S. Property Separate Account                       |                          |                          | 205,886                        | \$ 4,570,743  | \$ 14,634,915     |
| Total Mutual Fund - Real Estate                                |                          |                          |                                | \$ 4,570,743  | \$ 14,634,915     |
| <u>Total Investments Through The Principal Financial Group</u> |                          |                          |                                |               |                   |
|                                                                |                          |                          |                                | \$ 4,570,743  | \$ 14,634,915     |
| <u>Through Lazard Int'l.</u>                                   |                          |                          |                                |               |                   |
| (U.S. Bank-Custodian):                                         |                          |                          |                                |               |                   |
| <u>Common Stocks:</u>                                          |                          |                          |                                |               |                   |
| ABB Ltd                                                        |                          |                          | 9,404                          | \$ 188,328    | \$ 358,951        |
| Accenture Plc Ireland                                          |                          |                          | 1,064                          | 182,250       | 441,081           |
| Adidas Ag                                                      |                          |                          | 1,634                          | 281,815       | 235,296           |
| AIA Group                                                      |                          |                          | 5,973                          | 203,136       | 240,858           |
| Air Liquide Adr                                                |                          |                          | 9,130                          | 284,082       | 318,363           |
| Akzo Nobel Nv                                                  |                          |                          | 7,885                          | 305,178       | 289,695           |
| Anglo American Plc Spon A D R                                  |                          |                          | 10,530                         | 207,590       | 216,707           |
| Aon Plc                                                        |                          |                          | 1,389                          | 216,696       | 417,478           |
| Banco Santander SA                                             |                          |                          | 59,544                         | 134,462       | 195,900           |

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ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

Attachment to Form 5500, Schedule H, Line 4i

INVESTMENTS

EIN: 58-1233396 PLAN NO.: 001

DECEMBER 31, 2021

(Continued)

|                                | Interest<br>Rate | Maturity<br>Date | Par Value<br>Or Shares | Cost       | Fair Value |
|--------------------------------|------------------|------------------|------------------------|------------|------------|
| <u>Through Lazard Int'l.</u>   |                  |                  |                        |            |            |
| (U.S. Bank-Custodian): (Cont.) |                  |                  |                        |            |            |
| <u>Common Stocks: (Cont.)</u>  |                  |                  |                        |            |            |
| Bandai Namco Hldgs Inc         |                  |                  | 4,907                  | \$ 195,022 | \$ 190,882 |
| Barclays Plc A D R             |                  |                  | 26,066                 | 266,847    | 269,783    |
| BP Plc Spon                    |                  |                  | 12,332                 | 311,396    | 328,401    |
| Bureau Veritas Sa A D R        |                  |                  | 3,055                  | 192,001    | 204,166    |
| Carlsberg                      |                  |                  | 8,972                  | 234,585    | 311,508    |
| Cie Financiere Rich Unsp A D R |                  |                  | 13,042                 | 161,850    | 194,978    |
| Clarivate Plc                  |                  |                  | 8,204                  | 194,942    | 192,958    |
| Compass Group Plc A D R        |                  |                  | 11,611                 | 236,259    | 267,866    |
| Continental Ag Spon A D R      |                  |                  | 20,749                 | 225,381    | 218,694    |
| Daikin Industries Unsp         |                  |                  | 9,679                  | 203,511    | 219,326    |
| Daiwa House Ind                |                  |                  | 6,022                  | 178,410    | 172,831    |
| DBS Group Holdings Ltd         |                  |                  | 2,118                  | 158,317    | 206,208    |
| Enel Societa Adr               |                  |                  | 32,996                 | 279,808    | 262,648    |
| Engie Adr                      |                  |                  | 26,391                 | 370,679    | 390,059    |
| Equinor Asa                    |                  |                  | 5,622                  | 135,831    | 148,027    |
| Ferguson Plc                   |                  |                  | 1,824                  | 144,873    | 327,207    |
| Fujitsu Ltd Adr New            |                  |                  | 7,105                  | 201,193    | 245,265    |
| Hitachi Ltd A D R              |                  |                  | 1,841                  | 145,068    | 199,509    |
| Inditex Unsp A D R             |                  |                  | 14,252                 | 234,004    | 230,726    |
| Infineon Technologies A D R    |                  |                  | 2,672                  | 117,091    | 122,912    |
| Koninklijke Dsm Nv A D R       |                  |                  | 5,938                  | 167,330    | 336,150    |
| Legrand Sa Unsp A D R          |                  |                  | 11,236                 | 242,020    | 262,473    |
| Makita Corp                    |                  |                  | 7,368                  | 343,726    | 314,319    |
| Medtronic Plc                  |                  |                  | 2,899                  | 286,121    | 299,902    |
| Merck Kgaa Spd Adr             |                  |                  | 5,821                  | 172,519    | 303,274    |
| Novartis                       |                  |                  | 2,655                  | 200,932    | 232,233    |
| Pearson P L C A D R            |                  |                  | 15,099                 | 127,309    | 126,832    |
| Pernod Ricard Sa Adr           |                  |                  | 4,984                  | 175,223    | 241,624    |
| Prudential Plc                 |                  |                  | 3,993                  | 152,149    | 137,479    |
| Relx Plc Sponsored Adr         |                  |                  | 16,753                 | 355,522    | 546,315    |
| Ryanair Hldgs Plc              |                  |                  | 2,173                  | 198,646    | 222,363    |
| Ryohin Keikaku Co              |                  |                  | 9,924                  | 252,239    | 151,539    |
| Safran Sa Unsp A D R           |                  |                  | 10,989                 | 374,976    | 336,154    |
| Sampo Oyj A Adr                |                  |                  | 9,975                  | 248,976    | 250,173    |
| Sandvik Ab Adr                 |                  |                  | 10,562                 | 222,131    | 295,208    |

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ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

Attachment to Form 5500, Schedule H, Line 4i

INVESTMENTS

EIN: 58-1233396 PLAN NO.: 001

DECEMBER 31, 2021

(Continued)

|                                               | Interest<br>Rate | Maturity<br>Date | Par Value<br>Or Shares | Cost          | Fair Value    |
|-----------------------------------------------|------------------|------------------|------------------------|---------------|---------------|
| <u>Through Lazard Int'l.</u>                  |                  |                  |                        |               |               |
| (U.S. Bank-Custodian): (Cont.)                |                  |                  |                        |               |               |
| <u>Common Stocks: (Cont.)</u>                 |                  |                  |                        |               |               |
| Sanofi ADR                                    |                  |                  | 9,340                  | \$ 425,501    | \$ 467,934    |
| Shimano Inc ADR                               |                  |                  | 13,338                 | 268,931       | 356,658       |
| Smith Nephew Plc Spon A D R                   |                  |                  | 3,550                  | 125,908       | 122,901       |
| Sumitomo Mitsui Finl Group                    |                  |                  | 32,891                 | 266,391       | 223,330       |
| Suncor Energy Inc.                            |                  |                  | 8,569                  | 281,558       | 214,482       |
| Suzuki Mtr Corp ADR                           |                  |                  | 991                    | 197,887       | 152,713       |
| Telenor ASA                                   |                  |                  | 11,189                 | 215,393       | 175,444       |
| Tesco Plc Sponsored ADR                       |                  |                  | 27,411                 | 316,365       | 328,110       |
| Unilever Plc                                  |                  |                  | 5,507                  | 302,454       | 296,222       |
| Universal Music Group NV A D R                |                  |                  | 5,247                  | 81,241        | 72,933        |
| Vestas Wind Systems A/S                       |                  |                  | 24,031                 | 183,328       | 244,395       |
| Volkswagen AG RP Prf ADR                      |                  |                  | 11,465                 | 200,792       | 230,217       |
| Wolters Kluwer                                |                  |                  | 2,150                  | 130,832       | 254,001       |
| Total Common Stocks                           |                  |                  |                        | \$ 12,707,003 | \$ 14,613,662 |
| <u>Cash and Cash Equivalents:</u>             |                  |                  |                        |               |               |
| Money Market                                  |                  |                  |                        | \$ 681,828    | \$ 681,828    |
| Total Cash and Cash Equivalents               |                  |                  |                        | \$ 681,828    | \$ 681,828    |
| <u>Total Investments through Lazard Int'l</u> |                  |                  |                        |               |               |
| (U.S. Bank-Custodian)                         |                  |                  |                        |               |               |
|                                               |                  |                  |                        | \$ 13,388,831 | \$ 15,295,490 |
| <u>Through Chartwell Management</u>           |                  |                  |                        |               |               |
| (U.S. Bank - Custodian):                      |                  |                  |                        |               |               |
| <u>Common Stocks:</u>                         |                  |                  |                        |               |               |
| Allison Transmn Hldgs Inc                     |                  |                  | 5,988                  | \$ 198,428    | \$ 217,664    |
| Allstate Corp                                 |                  |                  | 2,762                  | 239,652       | 324,949       |
| Ameren Corp                                   |                  |                  | 2,986                  | 167,578       | 265,784       |
| Autozone Inc                                  |                  |                  | 172                    | 114,263       | 360,579       |
| Ciena Corp New                                |                  |                  | 5,553                  | 277,132       | 427,414       |
| CMS Energy CP                                 |                  |                  | 3,269                  | 156,208       | 212,648       |
| Columbia Sportswear Co                        |                  |                  | 2,150                  | 194,687       | 209,496       |
| Conagra Brands Inc                            |                  |                  | 4,297                  | 163,511       | 146,743       |

(Continued)

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

Attachment to Form 5500, Schedule H, Line 4i

INVESTMENTS

EIN: 58-1233396 PLAN NO.: 001

DECEMBER 31, 2021

(Continued)

|                                                       | Interest<br>Rate | Maturity<br>Date | Par Value<br>Or Shares | Cost         | Fair Value   |
|-------------------------------------------------------|------------------|------------------|------------------------|--------------|--------------|
| <u>Through Chartwell Management</u>                   |                  |                  |                        |              |              |
| (U.S. Bank - Custodian):                              |                  |                  |                        |              |              |
| <u>Common Stocks:</u>                                 |                  |                  |                        |              |              |
| Diamondback Energy Inc.                               |                  |                  | 2,061                  | \$ 204,870   | \$ 222,279   |
| Dolby Laboratories Inc Cl A                           |                  |                  | 3,255                  | 214,011      | 309,941      |
| Dollar Tree Inc                                       |                  |                  | 2,558                  | 253,015      | 359,450      |
| DXC Technology Co                                     |                  |                  | 4,786                  | 179,959      | 154,061      |
| Expedia Group Inc.                                    |                  |                  | 1,546                  | 191,606      | 279,393      |
| F M C Corporation                                     |                  |                  | 3,217                  | 253,747      | 353,516      |
| Gates Industrial Corp Plc                             |                  |                  | 13,937                 | 232,911      | 221,738      |
| Genuine Parts Co                                      |                  |                  | 1,424                  | 138,560      | 199,645      |
| Hanover Ins Group Inc                                 |                  |                  | 1,658                  | 141,210      | 217,297      |
| Healthcare Trust of Ame Cl A                          |                  |                  | 9,565                  | 272,879      | 319,375      |
| Healthpeak Properties Inc                             |                  |                  | 5,688                  | 190,340      | 205,280      |
| Keycorp New                                           |                  |                  | 9,125                  | 159,648      | 211,061      |
| Lamb Weston Hldgs Inc                                 |                  |                  | 2,643                  | 195,283      | 167,513      |
| Life Storage Stock                                    |                  |                  | 1,902                  | 136,224      | 291,348      |
| Lincoln National Corp                                 |                  |                  | 3,648                  | 230,898      | 249,012      |
| M T Bank Corp                                         |                  |                  | 693                    | 109,519      | 106,431      |
| Mid-Amer Apt Cmnty Inc                                |                  |                  | 1,970                  | 206,377      | 451,997      |
| Pinnacle Fincl Partners Inc                           |                  |                  | 3,392                  | 226,891      | 323,936      |
| Pioneer Natural Resources Co                          |                  |                  | 1,336                  | 202,204      | 242,992      |
| Public Svc Enterprise Group Inc                       |                  |                  | 5,240                  | 246,952      | 349,665      |
| Quest Diagnostics Inc                                 |                  |                  | 2,526                  | 257,844      | 437,023      |
| Service Corp Intl                                     |                  |                  | 3,217                  | 141,150      | 228,375      |
| Snap-On Inc                                           |                  |                  | 814                    | 133,318      | 175,319      |
| Synchrony Financial                                   |                  |                  | 3,805                  | 106,723      | 176,514      |
| Syneos Health Inc                                     |                  |                  | 2,624                  | 202,370      | 269,432      |
| Univar Solutions Inc                                  |                  |                  | 10,819                 | 291,656      | 306,719      |
| Universal Hlth Svcs Inc Cl B                          |                  |                  | 1,751                  | 223,629      | 227,035      |
| Vulcan Matls Co                                       |                  |                  | 1,992                  | 249,817      | 413,499      |
| Total Common Stocks                                   |                  |                  |                        | \$ 7,105,072 | \$ 9,635,126 |
| <u>Cash and Cash Equivalents:</u>                     |                  |                  |                        |              |              |
| Money Market                                          |                  |                  |                        | \$ 294,046   | \$ 294,046   |
| Total Cash and Cash Equivalents                       |                  |                  |                        | \$ 294,046   | \$ 294,046   |
| <u>Total Investments through Chartwell Management</u> |                  |                  |                        |              |              |
| (U.S. Bank - Custodian):                              |                  |                  |                        |              |              |
|                                                       |                  |                  |                        | \$ 7,399,118 | \$ 9,929,172 |

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

Attachment to Form 5500, Schedule H, Line 4i

INVESTMENTS

EIN: 58-1233396 PLAN NO.: 001

DECEMBER 31, 2021

(Continued)

|                               | <u>Interest<br/>Rate</u> | <u>Maturity<br/>Date</u> | <u>Par Value<br/>Or Shares</u> | <u>Cost</u> | <u>Fair Value</u> |
|-------------------------------|--------------------------|--------------------------|--------------------------------|-------------|-------------------|
| <u>Through Fiera</u>          |                          |                          |                                |             |                   |
| (U.S. Bank - Custodian):      |                          |                          |                                |             |                   |
| <u>Common Stocks:</u>         |                          |                          |                                |             |                   |
| Academy Sports Outdoors Inc   |                          |                          | 6,549                          | \$ 300,642  | \$ 287,501        |
| Aci Worldwide Inc             |                          |                          | 4,492                          | 146,796     | 155,872           |
| Adaptive Biotechnologies      |                          |                          | 2,760                          | 81,687      | 77,446            |
| Advanced Energy Industries    |                          |                          | 3,901                          | 305,421     | 355,225           |
| Agco Corp                     |                          |                          | 2,619                          | 222,935     | 303,856           |
| American Eagle Outfitters     |                          |                          | 11,715                         | 312,468     | 296,624           |
| Amicus Therapeutics Inc       |                          |                          | 34,855                         | 354,756     | 402,575           |
| Amn Healthcare Svcs Inc       |                          |                          | 2,695                          | 258,656     | 329,679           |
| Applied Indl Technologies Inc |                          |                          | 1,972                          | 174,049     | 202,524           |
| Arrowhead Pharmaceuticals Inc |                          |                          | 7,467                          | 315,334     | 495,062           |
| Asgn Inc                      |                          |                          | 2,449                          | 312,329     | 302,207           |
| Atricure Inc                  |                          |                          | 5,673                          | 291,362     | 394,444           |
| Avient Corporation            |                          |                          | 5,643                          | 287,728     | 315,726           |
| Bausch Health Cos Inc         |                          |                          | 23,330                         | 319,927     | 644,141           |
| Biohaven Pharma Hldg Co Ltd   |                          |                          | 2,841                          | 167,884     | 391,518           |
| Blackline Inc                 |                          |                          | 3,187                          | 223,766     | 329,982           |
| Brp Group Inc                 |                          |                          | 9,336                          | 364,060     | 337,123           |
| Championx Corporation         |                          |                          | 20,251                         | 338,057     | 409,273           |
| Deckers Outdoor Corp          |                          |                          | 1,623                          | 398,970     | 594,521           |
| Dicks Sporting Goods Inc      |                          |                          | 3,375                          | 122,465     | 388,091           |
| Dolby Laboratoris Inc Cl A    |                          |                          | 3,786                          | 167,011     | 360,503           |
| Emcor Group Inc               |                          |                          | 3,593                          | 275,335     | 457,712           |
| Exelixis Inc.                 |                          |                          | 20,890                         | 291,045     | 381,869           |
| Exlservice Hldgs Inc          |                          |                          | 2,249                          | 145,195     | 325,588           |
| Guardant Health Inc           |                          |                          | 2,094                          | 159,563     | 209,442           |
| Houlihan Lokey Inc            |                          |                          | 3,100                          | 362,421     | 320,912           |
| Hyatt Hotels Corp Cl A        |                          |                          | 6,909                          | 377,303     | 662,573           |
| Inari Med Inc                 |                          |                          | 3,594                          | 191,527     | 328,024           |
| Insperty Inc                  |                          |                          | 3,390                          | 303,098     | 400,393           |
| Iradimed Corporation          |                          |                          | 2,432                          | 61,922      | 112,383           |
| Irhythm Technologies Inc      |                          |                          | 5,652                          | 506,554     | 665,184           |
| Itt Inc                       |                          |                          | 3,091                          | 113,200     | 315,869           |
| Lhc Group Inc                 |                          |                          | 1,742                          | 222,761     | 239,055           |
| Lithia Motors Inc A           |                          |                          | 1,876                          | 489,458     | 557,078           |
| Materion Corp                 |                          |                          | 3,280                          | 244,531     | 301,563           |

(Continued)

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

Attachment to Form 5500, Schedule H, Line 4i

INVESTMENTS

EIN: 58-1233396 PLAN NO.: 001

DECEMBER 31, 2021

(Continued)

|                                   | <u>Interest<br/>Rate</u> | <u>Maturity<br/>Date</u> | <u>Par Value<br/>Or Shares</u> | <u>Cost</u>       | <u>Fair Value</u> |
|-----------------------------------|--------------------------|--------------------------|--------------------------------|-------------------|-------------------|
| <u>Through Fiera</u>              |                          |                          |                                |                   |                   |
| (U.S. Bank - Custodian):          |                          |                          |                                |                   |                   |
| <u>Common Stocks:</u>             |                          |                          |                                |                   |                   |
| Medpace Hldgs Inc                 |                          |                          | 1,353                          | \$ 305,616        | \$ 294,467        |
| Mohawk Inds Inc                   |                          |                          | 2,542                          | 277,236           | 463,102           |
| National Vision Holdings Inc      |                          |                          | 4,698                          | 305,241           | 225,457           |
| New York Times Co                 |                          |                          | 10,113                         | 280,536           | 488,458           |
| Novocure Ltd                      |                          |                          | 2,541                          | 223,317           | 190,778           |
| Outset Med Inc Com                |                          |                          | 4,895                          | 233,832           | 225,611           |
| Pinnacle Financial Partners       |                          |                          | 3,650                          | 363,907           | 348,575           |
| Power Integrations Inc            |                          |                          | 3,789                          | 158,652           | 351,960           |
| Pubmatic Inc                      |                          |                          | 11,878                         | 448,173           | 404,446           |
| Regal Beloit Corp                 |                          |                          | 3,725                          | 435,533           | 633,921           |
| Renaissance Re Holdings Ltd       |                          |                          | 2,303                          | 356,712           | 389,967           |
| Repligen Cp                       |                          |                          | 1,924                          | 199,040           | 509,552           |
| Ritchie Brothers Auctioneers      |                          |                          | 3,297                          | 88,316            | 201,809           |
| Sandy Spring Bancorp Inc          |                          |                          | 7,141                          | 359,981           | 343,339           |
| Semtech Corp                      |                          |                          | 3,562                          | 179,656           | 316,769           |
| Shockwave Med Inc                 |                          |                          | 2,567                          | 279,638           | 457,773           |
| Shutterstock Inc                  |                          |                          | 4,072                          | 420,471           | 451,503           |
| Smith A O Corp                    |                          |                          | 6,142                          | 241,154           | 527,291           |
| SPX Cp                            |                          |                          | 2,536                          | 66,530            | 151,348           |
| Springworks Therapeutics Inc      |                          |                          | 4,929                          | 398,523           | 305,499           |
| Stepstone Group Inc               |                          |                          | 7,201                          | 362,390           | 299,346           |
| Topbuild Corp Com                 |                          |                          | 2,089                          | 418,276           | 576,376           |
| Ttec Holdings Inc                 |                          |                          | 4,007                          | 338,986           | 362,834           |
| Turning Point Therapeutics Inc    |                          |                          | 2,373                          | 177,208           | 113,192           |
| Universal Display Corporation     |                          |                          | 1,149                          | 127,935           | 189,619           |
| Veracyte Inc                      |                          |                          | 7,723                          | 287,955           | 318,188           |
| Zentaris Pharmaceuticals Inc      |                          |                          | 3,027                          | 235,029           | 254,450           |
| Zurn Water Solutions Corp Com     |                          |                          | 10,206                         | <u>209,554</u>    | <u>371,497</u>    |
| Total Common Stocks               |                          |                          |                                | \$ 16,989,614     | \$ 22,418,667     |
| <u>Cash and Cash Equivalents:</u> |                          |                          |                                |                   |                   |
| Money Market                      |                          |                          |                                | \$ 463,262        | \$ 463,262        |
| Total Cash and Cash Equivalents   |                          |                          |                                | <u>\$ 463,262</u> | <u>\$ 463,262</u> |

(Continued)

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

Attachment to Form 5500, Schedule H, Line 4i

INVESTMENTS

EIN: 58-1233396 PLAN NO.: 001

DECEMBER 31, 2021

(Continued)

|                                                | Interest<br>Rate | Maturity<br>Date | Par Value<br>Or Shares | Cost          | Fair Value    |
|------------------------------------------------|------------------|------------------|------------------------|---------------|---------------|
| <u>Through Fiera</u>                           |                  |                  |                        |               |               |
| (U.S. Bank - Custodian): (Continued)           |                  |                  |                        |               |               |
| <u>Total Investments through through Fiera</u> |                  |                  |                        |               |               |
| (U.S. Bank - Custodian):                       |                  |                  |                        |               |               |
|                                                |                  |                  |                        | \$ 17,452,876 | \$ 22,881,929 |
| <u>Through Lazard EM ADR</u>                   |                  |                  |                        |               |               |
| (U.S. Bank - Custodian):                       |                  |                  |                        |               |               |
| <u>Common Stocks:</u>                          |                  |                  |                        |               |               |
| AAC Technologies                               |                  |                  | 26,116                 | \$ 243,385    | \$ 101,330    |
| America Movil                                  |                  |                  | 18,625                 | 283,499       | 393,174       |
| Anglo American Plc Spons A D R                 |                  |                  | 9,408                  | 86,801        | 193,617       |
| Anhui Conch Cement Adr                         |                  |                  | 8,919                  | 261,254       | 223,421       |
| Ase Technology Holding                         |                  |                  | 56,658                 | 439,159       | 442,499       |
| ASM Pacific                                    |                  |                  | 6,947                  | 237,033       | 223,832       |
| Astra International A D R                      |                  |                  | 23,549                 | 274,999       | 187,686       |
| Banco Do Brasil                                |                  |                  | 48,471                 | 390,340       | 249,626       |
| Bank Mandiri Tbk Unspans A D R                 |                  |                  | 30,730                 | 289,612       | 303,459       |
| Bidvest Group                                  |                  |                  | 6,941                  | 160,793       | 166,376       |
| Bp Seguridade Parti Spon A D R                 |                  |                  | 51,585                 | 338,763       | 188,801       |
| China Construct Unspan A D R                   |                  |                  | 31,925                 | 512,215       | 438,650       |
| China Merchants Bk Co Ltd Unsp                 |                  |                  | 7,045                  | 164,192       | 272,642       |
| China Shenhua Energy Ltd                       |                  |                  | 15,719                 | 140,959       | 146,658       |
| Commercial Intl Bank A D R                     |                  |                  | 74,628                 | 209,797       | 239,183       |
| Engie Brasil Energia Sa A D R                  |                  |                  | 20,212                 | 163,643       | 136,229       |
| Galp Energia Sgps Unspan A D R                 |                  |                  | 56,212                 | 345,534       | 271,504       |
| Grupo Fin Banorte Spon A D R                   |                  |                  | 6,456                  | 173,374       | 209,626       |
| Hengan Intl Group Unspan A D R                 |                  |                  | 8,281                  | 324,402       | 212,822       |
| Himax Technologies Inc A D R                   |                  |                  | 15,180                 | 204,898       | 242,728       |
| Infosys Ltd Sp A D R                           |                  |                  | 3,116                  | 26,894        | 78,866        |
| Kasikornbank Pcl Unspan A D R                  |                  |                  | 9,044                  | 176,684       | 152,211       |
| KB Financial Group A D R                       |                  |                  | 7,156                  | 335,218       | 330,321       |
| Kimberly Clark De Mexico A D R                 |                  |                  | 20,552                 | 194,607       | 156,812       |
| Lenova Group Ltd A D R                         |                  |                  | 9,816                  | 207,675       | 225,572       |
| Life Healthcare A D R                          |                  |                  | 30,072                 | 184,909       | 178,477       |
| Lukoil Pjsc Spon A D R                         |                  |                  | 2,580                  | 157,113       | 231,684       |

(Continued)

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

Attachment to Form 5500, Schedule H, Line 4i

INVESTMENTS

EIN: 58-1233396 PLAN NO.: 001

DECEMBER 31, 2021

(Continued)

|                                                | <u>Interest<br/>Rate</u> | <u>Maturity<br/>Date</u> | <u>Par Value<br/>Or Shares</u> | <u>Cost</u>          | <u>Fair Value</u>    |
|------------------------------------------------|--------------------------|--------------------------|--------------------------------|----------------------|----------------------|
| <u>Through Lazard EM ADR</u>                   |                          |                          |                                |                      |                      |
| (U.S. Bank - Custodian): (Continued)           |                          |                          |                                |                      |                      |
| <u>Common Stocks: (Continued)</u>              |                          |                          |                                |                      |                      |
| Mobile Telesystems A D R                       |                          |                          | 18,944                         | \$ 175,740           | \$ 150,605           |
| Mondi Plc Unspn A D R                          |                          |                          | 3,087                          | 135,549              | 152,837              |
| Nedbank Group Ltd A D R                        |                          |                          | 19,102                         | 217,155              | 208,212              |
| Opap Sa Unspn A D R                            |                          |                          | 24,753                         | 179,392              | 176,736              |
| Petrobras Distribuidora A D R                  |                          |                          | 16,800                         | 135,949              | 129,024              |
| Petroleo Brasileiro S A A D R                  |                          |                          | 24,148                         | 280,713              | 265,145              |
| Ping An Insurance Adr                          |                          |                          | 16,525                         | 318,284              | 236,969              |
| PJSC Gazprom Spon Spons A D R                  |                          |                          | 19,363                         | 117,254              | 177,946              |
| PT Telekomunikasi Indonesia A D R              |                          |                          | 12,355                         | 339,070              | 358,171              |
| Sanlam Ltd A D R                               |                          |                          | 13,376                         | 132,610              | 99,919               |
| Sberbank Spon A D R                            |                          |                          | 11,829                         | 135,354              | 186,307              |
| Shinhan Financial Group A D R                  |                          |                          | 6,037                          | 243,346              | 186,604              |
| Sinopharm Group Co Unsp Adr                    |                          |                          | 19,310                         | 269,482              | 208,741              |
| Standard Bank Group A D R                      |                          |                          | 13,852                         | 147,547              | 121,621              |
| Taiwan Semiconductor A D R                     |                          |                          | 2,364                          | 86,178               | 284,413              |
| Tingyi Cayman Islands Hldgs Co A D R           |                          |                          | 4,368                          | 159,553              | 184,985              |
| Unilever Plc Sponsored A D R                   |                          |                          | 6,609                          | 381,943              | 355,498              |
| Vale Sa Sp A D R                               |                          |                          | 12,099                         | 165,119              | 169,628              |
| Vodacom Group Ltd                              |                          |                          | 11,498                         | 141,033              | 96,468               |
| Weichai Power Co Undp A D P                    |                          |                          | 15,498                         | <u>140,125</u>       | <u>241,769</u>       |
| Total Common Stocks                            |                          |                          |                                | \$ 10,429,152        | \$ 10,189,400        |
| <u>Cash and Cash Equivalents:</u>              |                          |                          |                                |                      |                      |
| Money Market                                   |                          |                          |                                | \$ 325,886           | \$ 325,886           |
| Total Cash and Cash Equivalents                |                          |                          |                                | <u>\$ 325,886</u>    | <u>\$ 325,886</u>    |
| <u>Total Investments Through Lazard EM ADR</u> |                          |                          |                                |                      |                      |
| (U.S. Bank - Custodian)                        |                          |                          |                                |                      |                      |
|                                                |                          |                          |                                | <u>\$ 10,755,038</u> | <u>\$ 10,515,286</u> |
| <u>Through Lehman Brothers</u>                 |                          |                          |                                |                      |                      |
| (U.S. Bank - Custodian)                        |                          |                          |                                |                      |                      |
| Money Market                                   |                          |                          |                                | \$ 4,185             | \$ 4,185             |
| Corporate Floating Rate Bonds                  |                          |                          |                                | <u>\$ 1,093,678</u>  | <u>\$ 6,377</u>      |

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

Attachment to Form 5500, Schedule H, Line 4i

INVESTMENTS

EIN: 58-1233396 PLAN NO.: 001

DECEMBER 31, 2021

(Continued)

|                                                                    | Interest<br>Rate | Maturity<br>Date | Par Value<br>Or Shares | Cost          | Fair Value    |
|--------------------------------------------------------------------|------------------|------------------|------------------------|---------------|---------------|
| <u>Through Lehman Brothers</u>                                     |                  |                  |                        |               |               |
| (U.S. Bank - Custodian) (Continued)                                |                  |                  |                        |               |               |
| <u>Total Investments Through Lehman Brothers</u>                   |                  |                  |                        |               |               |
| (U.S. Bank - Custodian)                                            |                  |                  |                        |               |               |
|                                                                    |                  |                  |                        | \$ 1,097,863  | \$ 10,562     |
| <u>Through AFL-CIO Building Investment Trust</u>                   |                  |                  |                        |               |               |
| (Mercantile-Safe Deposit and Trust -Custodian):                    |                  |                  |                        |               |               |
| <u>Mutual Fund - Real Estate:</u>                                  |                  |                  |                        |               |               |
| AFL-CIO Building Investment Trust                                  |                  |                  | 1,383                  | \$ 2,943,024  | \$ 11,824,982 |
| Total Mutual Fund                                                  |                  |                  |                        | \$ 2,943,024  | \$ 11,824,982 |
| <u>Total Investments through AFL-CIO Building Investment Trust</u> |                  |                  |                        |               |               |
| (Mercantile-Safe Deposit and Trust - Custodian)                    |                  |                  |                        |               |               |
|                                                                    |                  |                  |                        | \$ 2,943,024  | \$ 11,824,982 |
| <u>Through ASB Capital Management</u>                              |                  |                  |                        |               |               |
| (Chevy Chase Trust - Custodian):                                   |                  |                  |                        |               |               |
| <u>Money Market</u>                                                |                  |                  |                        |               |               |
|                                                                    |                  |                  |                        | \$ 22         | \$ 22         |
| ASB Real Estate Fund                                               |                  |                  | 8,647                  | \$ 4,621,552  | \$ 16,461,197 |
| <u>Total Investments through ASB Capital Management</u>            |                  |                  |                        |               |               |
| (Chevy Chase Trust - Custodian)                                    |                  |                  |                        |               |               |
|                                                                    |                  |                  |                        | \$ 4,621,574  | \$ 16,461,219 |
| <u>Through Amalgamated Bank:</u>                                   |                  |                  |                        |               |               |
| Longview Broad Mkt. 3000 Index                                     |                  |                  | 78,523                 | \$ 26,000,021 | \$ 28,851,166 |
| Longview Large Cap 500 Index                                       |                  |                  | 19,080                 | 29,000,026    | 32,836,628    |
| <u>Total through Amalgamated Bank</u>                              |                  |                  |                        |               |               |
|                                                                    |                  |                  |                        | \$ 55,000,047 | \$ 61,687,794 |
| <u>Through U.S. Bank:</u>                                          |                  |                  |                        |               |               |
| Money Market                                                       |                  |                  |                        | \$ 28,566,112 | \$ 28,566,112 |
| Columbia Strategic Income Fund                                     |                  |                  | 564,779                | 13,708,044    | 13,571,634    |
| Lord Abbott Convertible R6                                         |                  |                  | 376,771                | 7,231,453     | 6,160,213     |
| <u>Total Through U.S. Bank</u>                                     |                  |                  |                        |               |               |
|                                                                    |                  |                  |                        | \$ 49,505,609 | \$ 48,297,959 |

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

Attachment to Form 5500, Schedule H, Line 4i

INVESTMENTS

EIN: 58-1233396 PLAN NO.: 001

DECEMBER 31, 2021

(Continued)

|                                      | <u>Interest<br/>Rate</u> | <u>Maturity<br/>Date</u> | <u>Par Value<br/>Or Shares</u> | <u>Cost</u>           | <u>Fair Value</u>     |
|--------------------------------------|--------------------------|--------------------------|--------------------------------|-----------------------|-----------------------|
| <u>Alternative Investments:</u>      |                          |                          |                                |                       |                       |
| Money Market                         |                          |                          |                                | \$ 2,176,114          | \$ 2,176,114          |
| Boyd Watterson GSA                   |                          |                          |                                | 2,650,000             | 2,684,648             |
| Blackrock Global L/S Credit          |                          |                          | 874,370                        | 8,939,891             | 8,673,756             |
| ARES Private Credit Solutions        |                          |                          |                                | <u>1,619,338</u>      | <u>4,713,043</u>      |
| <u>Total Alternative Investments</u> |                          |                          |                                | <u>\$ 15,385,343</u>  | <u>\$ 18,247,561</u>  |
| Total Investments - Exhibit "A"      |                          |                          |                                | <u>\$ 338,097,559</u> | <u>\$ 455,959,119</u> |

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

SCHEDULE OF EMPLOYER CONTRIBUTIONS - CASH BASIS  
DECEMBER 31, 2021 AND 2020

| <u>Employer:</u>            | <u>2021</u> | <u>2020</u> |
|-----------------------------|-------------|-------------|
| A Accurate Plumbing         | \$ 5,833    | \$ 4,909    |
| ABM Bldg. Solutions         | 219,064     | 235,352     |
| Action Electric             | 325,617     | 330,678     |
| Air Duct & Mechanical Corp  | 6,084       | 6,769       |
| Aircond Corp                | 59,376      | 52,776      |
| ARC Union Services          | 2,473       | - 0 -       |
| ARS Mechancial LLC          | 96,629      | 109,454     |
| Art Plumbing Co.            | 1,304,436   | 782,600     |
| Ashton & Company            | 61,132      | 31,056      |
| Atlantic City Guys          | 1,712       | - 0 -       |
| Atlantic Plant Maintenance  | 3,334       | 5,996       |
| Augusta Chiller Service     | 141,175     | 138,639     |
| Azz Welding Services        | 87,822      | 49,394      |
| B & W Mechanical            | 402,679     | 362,058     |
| Batchelor & Kimball         | 2,379,163   | 1,381,205   |
| BHI Energy Specialty        | 12,663      | 13,318      |
| Bldg Envir. Sys. Services   | 29,146      | 36,255      |
| Blue Chip Air, Inc          | 44,203      | 50,022      |
| C & M Piping                | - 0 -       | 1,065       |
| C. R. Meyer & Sons          | 409,950     | 131,307     |
| Carlton Mechanical          | - 0 -       | 6,490       |
| Carrier Corp                | 68,198      | 97,052      |
| CCSI Power, Inc.            | - 0 -       | 10,307      |
| Central Electrical          | 4,177       | 36,772      |
| Certified Air Conditioning  | 4,602       | 6,490       |
| CFM/VR Tesco                | 62          | 478         |
| B & M Plumbing              | 1,510       | - 0 -       |
| Cleveland Electric          | 491,922     | 264,134     |
| Climate Pros                | 8,912       | - 0 -       |
| Corval Group                | - 0 -       | 31,809      |
| Creek Construction          | 38,439      | 30,766      |
| Crescent Mechanical Systems | 30,537      | 14,520      |
| Dale Sims Htg & Ajc         | 20,283      | 26,678      |
| Day & Zimmermann            | 3,707       | 8,575       |
| DC Mechanical               | 7,115       | 26,044      |
| Dynamic Systems             | 149,737     | 149,262     |
| Emcon Services              | 42,561      | 16,094      |
| F & S Mechanical            | 249,115     | 301,726     |

(Continued)

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

SCHEDULE OF EMPLOYER CONTRIBUTIONS - CASH BASIS  
DECEMBER 31, 2021 AND 2020  
(Continued)

| <u>Employer:</u>                    | <u>2021</u> | <u>2020</u> |
|-------------------------------------|-------------|-------------|
| First Mechanical Service            | \$ 143,922  | \$ 120,594  |
| Fletcher Mechanical                 | - 0 -       | 21,119      |
| Fluor Maintenance                   | - 0 -       | 24,237      |
| Frazier Service Co                  | 50,980      | 46,400      |
| Galgon Hvac                         | 81,025      | 86,187      |
| Georgia Hot Tap                     | 6,306       | - 0 -       |
| Georgia/Carolina Pipe Trades        | 21,509      | 12,168      |
| Harris Mountain West                | 31,092      | 133,927     |
| Honeywell, Inc                      | 18,377      | 26,989      |
| Huff Mechanical                     | 41,089      | 47,738      |
| Hvac Control Services               | 11,443      | 14,430      |
| HVH Mechanical Partners             | 105,659     | 70,123      |
| Industrial Air                      | 25,370      | 41,661      |
| Inglett & Stubbs, LLC               | 111,185     | 108,252     |
| J. S. Thomas Mechanical, Llc        | 312         | 2,340       |
| J. S. Thomas Service                | 100,651     | 102,649     |
| Johnson Controls                    | 347,397     | 384,589     |
| Joint Apprenticeship Training Trust | 59,826      | 66,612      |
| K & D Plumbing                      | - 0 -       | 527         |
| Kinetic Systems                     | 2,968       | 13,295      |
| J. R. Mechanical                    | 21,426      | 1,069       |
| Lanier Jones Mechanical             | 44,357      | 39,098      |
| M& S Specialty                      | 47,497      | 30,579      |
| Mallory & Evans Service Co          | 167,191     | 146,317     |
| Mann Mechanical                     | 320,061     | 308,587     |
| Maxair                              | 814,589     | 667,905     |
| Mcabee Construction                 | 151,557     | 146,675     |
| Mckenney's                          | 3,081,390   | 2,771,194   |
| Mechanical Services of CE           | 13,371      | 16,835      |
| Mechanical Services                 | 76,000      | 70,730      |
| Mechanical Concepts                 | 59,638      | 65,904      |
| Mitchell Mechanical                 | 3,042       | - 0 -       |
| MMC Contractor                      | 55,732      | - 0 -       |
| Nax Enterprises                     | 11,191      | 9,390       |
| Nooter Corporation                  | 2,575       | 4,149       |
| P.I.E., Inc                         | 108,859     | 130,386     |
| Padgett Services                    | - 0 -       | 88,787      |
| Peachtree Mechanical                | 39,542      | 42,863      |

(Continued)

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
ATLANTA, GEORGIA

SCHEDULE OF EMPLOYER CONTRIBUTIONS - CASH BASIS  
DECEMBER 31, 2021 AND 2020  
(Continued)

| <u>Employer:</u>                          | <u>2021</u>          | <u>2020</u>          |
|-------------------------------------------|----------------------|----------------------|
| Player & Company                          | \$ 172,903           | \$ 151,439           |
| Plumbers Local 72                         | 73,127               | 78,237               |
| Popham Mech. Contractors                  | 90,381               | 61,267               |
| Powell Construction Services              | 30,336               | 32,654               |
| Prestige Mechancial                       | 23,433               | 29,295               |
| Quality Mechanical                        | 3,034                | - 0 -                |
| Ragan Enterprises                         | 112,302              | 107,225              |
| Rdh Mechanical                            | 180,082              | 156,544              |
| Rend Lake Flbg                            | - 0 -                | 7,064                |
| Rome Mechanical                           | 37,673               | 51,634               |
| S. R. Key Plumbing                        | - 0 -                | 4,847                |
| Seimens Industry Inc.                     | 75,569               | 94,259               |
| Seimens Generation Service                | 1,076                | - 0 -                |
| Southern Mechanical                       | 10,612               | 11,969               |
| Southern Chiller & Control Svc            | 10,678               | 14,861               |
| Specialty Mechanical                      | 124,016              | 146,736              |
| Spx/MCT Services                          | - 0 -                | 23,297               |
| Stateline Mechanical                      | 6,084                | 6,135                |
| Stephen & Mcrae Mechanical                | 33,429               | 34,435               |
| Summit Refrigeration Grp                  | - 0 -                | 15,619               |
| System Controls & Services                | 6,084                | 6,185                |
| Tenant Mechanical                         | 70,041               | 61,005               |
| The Dickerson Group                       | 14,976               | 15,101               |
| TK, LLC                                   | - 0 -                | 7,823                |
| Tm Black Plbg Co                          | 8,268                | 7,238                |
| Total Facility Solutions                  | 4,894                | 4,900                |
| Tweet Garot Mechanical                    | 19,190               | 2,683                |
| Unity Data & Electrical                   | 49,403               | 62,456               |
| V Specialty Services                      | 10,044               | - 0 -                |
| Venture Mechanical                        | 25,757               | 19,053               |
| Vulcan Industrial                         | 391,906              | 392,990              |
| W. Georgia Mechanical                     | 647                  | 4,737                |
| Watson Heating & Air                      | 6,591                | 6,287                |
| Willis Mechanical                         | 101,776              | 91,426               |
| WMC, Inc                                  | - 0 -                | 9,966                |
| Yandle Tubes, LLC                         | 2,746                | 3,120                |
|                                           | <hr/>                | <hr/>                |
| Total Employer Contributions - Cash Basis | <u>\$ 14,587,555</u> | <u>\$ 12,336,842</u> |

ATLANTA PLUMBERS AND STEAMFITTERS PENSION FUND  
 ATLANTA, GEORGIA  
 EIN: 58-1233396                      PIN: 501

SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2021

| <u>Description of Asset</u>        | <u>Purchase<br/>Price</u> | <u>Selling<br/>Price</u> | <u>Cost<br/>of Asset</u> | <u>Net<br/>Gain/Loss</u> |
|------------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| Vanguard Total Stock Mkt           | \$ 37,146,293             | \$ 63,824,198            | \$ 37,146,293            | \$ 26,677,905            |
| Longview Broad Mkt 3000 Index Fund | \$ 26,000,000             | \$ - 0 -                 | \$ 26,000,000            | \$ - 0 -                 |
| Longview Large Cap 500 Index Fund  | \$ 26,000,000             | \$ - 0 -                 | \$ 26,000,000            | \$ - 0 -                 |

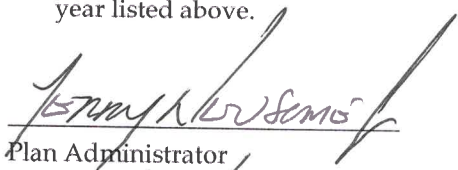
**E-SIGNATURE AUTHORIZATION**  
**for**  
**ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND**  
**58-1233396/001**  
**For Plan Year 01/01/2021 through 12/31/2021**

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.

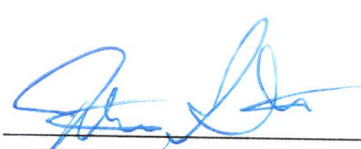
I/We understand that by granting this authority:

- 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

|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><b>▶ Complete all entries in accordance with the Instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="font-size: 24pt; font-weight: bold; text-align: center;">2021</div><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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.)

**B** This return/report is: ☐ a single-employer plan; ☐ a DFE (specify) \_\_\_\_\_

☐ 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**

|                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1a</b> Name of plan<br>ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND                                                                                                                                                                                                                                                                                                                  | <b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                                                                                                                                           |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions)<br><br>ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND<br><br>2010 N. W. 150TH AVE, STE 100<br><br>US PEMBROKE PINES FL 33028 | <b>1c</b> Effective date of plan<br><u>09/27/1973</u><br><br><b>2b</b> Employer Identification Number (EIN)<br><u>58-1233396</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>(954) 266-6322</u><br><br><b>2d</b> Business code (see instructions)<br><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 |                                    | <u>09/08/22</u> | Terry Newsome Jr.                                            |
|           | Signature of plan administrator    | Date            | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                    | <u>7/8/2022</u> | Jon Steadling                                                |
|           | Signature of employer/plan sponsor | Date            | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                    |                 |                                                              |
|           | Signature of DFE                   | Date            | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 201209

|                                                                                                                                                                                                                                                                                           |                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan name | <b>4b</b> EIN<br><br><b>4d</b> PN                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                   | <b>5</b> 4,372                                                                  |
| <b>6</b> 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).                                                                                                                                  |                                                                                 |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year                                                                                                                                                                                                         | <b>6a(1)</b> 2,228                                                              |
| <b>a(2)</b> Total number of active participants at the end of the plan year                                                                                                                                                                                                               | <b>6a(2)</b> 2,256                                                              |
| <b>b</b> Retired or separated participants receiving benefits                                                                                                                                                                                                                             | <b>6b</b> 1,096                                                                 |
| <b>c</b> Other retired or separated participants entitled to future benefits                                                                                                                                                                                                              | <b>6c</b> 836                                                                   |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.                                                                                                                                                                                                                                           | <b>6d</b> 4,188                                                                 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits                                                                                                                                                                                      | <b>6e</b> 306                                                                   |
| <b>f</b> Total. Add lines 6d and 6e                                                                                                                                                                                                                                                       | <b>6f</b> 4,494                                                                 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)                                                                                                                                                 | <b>6g</b>                                                                       |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested                                                                                                                                                      | <b>6h</b>                                                                       |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)                                                                                                                                                            | <b>7</b> 98                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>1A</b>                                                                                                                 |                                                                                 |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                               |                                                                                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                 | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input checked="" type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

**Schedule MB, Line 9c and 9h**  
**Schedule of Funding Standard Account Bases**

**Funding Standard Account Amortization Bases**

**Charges**

[Schedule MB, Line 9c]

| Type          | Date Established | Initial Period | Initial Balance | Ext. | Outstanding at 1/1/2021<br>Period | Balance        | Annual Payment |
|---------------|------------------|----------------|-----------------|------|-----------------------------------|----------------|----------------|
| Amendment     | 1/1/1994         | 30.00          | \$ 5,245,753    | -    | 3.00                              | \$ 1,108,183   | \$ 393,769     |
| Amendment     | 7/1/1994         | 30.00          | 1,277,372       | -    | 4.00                              | 348,281        | 95,778         |
| Amendment     | 1/1/1997         | 30.00          | 1,851,449       | -    | 6.00                              | 710,458        | 138,550        |
| Amendment     | 1/1/1999         | 30.00          | 1,113,432       | -    | 8.00                              | 535,298        | 83,165         |
| Amendment     | 1/1/1999         | 30.00          | 5,120,881       | -    | 9.00                              | 2,686,173      | 382,124        |
| Amendment     | 1/1/2006         | 30.00          | 5,389           | -    | 15.00                             | 3,952          | 400            |
| Assumption    | 1/1/1992         | 30.00          | 485,556         | -    | 1.00                              | 36,541         | 36,541         |
| Assumption    | 1/1/1999         | 30.00          | 2,063,990       | -    | 8.00                              | 992,269        | 154,161        |
| Assumption    | 1/1/2001         | 30.00          | 4,598,212       | -    | 10.00                             | 2,600,247      | 342,810        |
| Assumption    | 1/1/2005         | 30.00          | 1,932,502       | -    | 14.00                             | 1,360,870      | 143,592        |
| Assumption    | 1/1/2006         | 30.00          | 2,598,577       | -    | 15.00                             | 1,905,807      | 192,932        |
| Assumption    | 1/1/2007         | 30.00          | 5,671,449       | -    | 16.00                             | 4,314,239      | 420,758        |
| Assumption    | 1/1/2012         | 15.00          | 1,743,204       | -    | 6.00                              | 911,375        | 177,733        |
| Assumption    | 1/1/2015         | 15.00          | 12,930,667      | -    | 9.00                              | 9,241,224      | 1,314,619      |
| Exper Loss    | 1/1/2007         | 15.00          | 6,745,482       | -    | 1.00                              | 691,383        | 691,383        |
| Exper Loss    | 1/1/2009         | 15.00          | 1,909,783       | -    | 3.00                              | 549,684        | 195,318        |
| Exper Loss    | 1/1/2010         | 15.00          | 12,024          | -    | 5.00                              | 4,649          | 1,055          |
| Exper Loss    | 1/1/2012         | 15.00          | 22,041,714      | -    | 6.00                              | 11,523,766     | 2,247,316      |
| Exper Loss    | 1/1/2014         | 15.00          | 6,865,066       | -    | 8.00                              | 4,496,569      | 698,596        |
| Exper Loss    | 1/1/2015         | 15.00          | 7,019,236       | -    | 9.00                              | 5,016,472      | 713,623        |
| ENIL (2008)   | 1/1/2009         | 29.00          | 43,476,183      | -    | 17.00                             | 34,546,907     | 3,257,561      |
| Exper Loss    | 1/1/2016         | 15.00          | 10,035,582      | -    | 10.00                             | 7,731,979      | 1,019,365      |
| Exper Loss    | 1/1/2017         | 15.00          | 4,913,681       | -    | 11.00                             | 4,041,955      | 498,670        |
| Assumption    | 1/1/2018         | 15.00          | 1,615,530       | -    | 12.00                             | 1,407,645      | 163,814        |
| Exper Loss    | 1/1/2018         | 15.00          | 4,918,412       | -    | 12.00                             | 4,285,514      | 498,725        |
| Exper Loss    | 1/1/2019         | 15.00          | 4,854,611       | -    | 13.00                             | 4,451,022      | 491,847        |
| Exper Loss    | 1/1/2020         | 15.00          | 4,785,356       | -    | 14.00                             | 4,591,227      | 484,441        |
| Assumption    | 1/1/2020         | 15.00          | 11,121,830      | -    | 14.00                             | 10,670,647     | 1,125,907      |
| Amendment     | 1/1/2021         | 15.00          | 459,404         | -    | 15.00                             | 459,404        | 46,507         |
| Total Charges |                  |                |                 |      |                                   | \$ 121,223,740 | \$ 16,011,060  |

**Credits**

[Schedule MB, Line 9h]

| Type          | Date Established | Initial Period | Initial Balance | Outstanding at 1/1/2021<br>Period | Balance       | Annual Payment |
|---------------|------------------|----------------|-----------------|-----------------------------------|---------------|----------------|
| Method        | 1/1/2018         | 10.00          | \$ 7,814,599    | 7.00                              | \$ 5,990,394  | \$ 1,032,195   |
| Exper Gain    | 1/1/2021         | 15.00          | 6,979,460       | 15.00                             | 6,979,460     | 706,559        |
| Total Credits |                  |                |                 |                                   | \$ 12,969,854 | \$ 1,738,754   |

**Net Total**

\$ 108,253,886 \$ 14,272,306

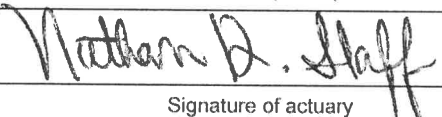
**Schedule MB, Line 9c and 9h (cont.)**  
**Schedule of Funding Standard Account Bases**

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The table on the prior page shows the outstanding amortization bases in the funding standard account as of the valuation date. The amortization bases are grouped as charges, which represent increases in the unfunded actuarial liability, and credits, which represent decreases in the unfunded actuarial liability.

Different types of amortization bases are as follows:

| Abbreviation | Description                                                       |
|--------------|-------------------------------------------------------------------|
| Initial Liab | Initial unfunded actuarial accrued liability                      |
| Exper Loss   | Actuarial experience loss (charge only)                           |
| Exper Gain   | Actuarial experience gain (credit only)                           |
| ENIL (2008)  | Eligible net investment loss under the Pension Relief Act of 2010 |
| Amendment    | Plan amendment                                                    |
| Assumption   | Change in actuarial assumptions                                   |
| Method       | Change in the actuarial cost method or asset valuation method     |
| Combined     | Combined charge base or combined credit base                      |
| Offset       | Combined and offset charge and credit bases                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small>                                                                                                                                                                                                                                                                   | <b>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public<br/>Inspection</b>                                     |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |
| <b>► Round off amounts to nearest dollar.</b><br><b>► Caution:</b> A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |
| <b>A</b> Name of plan<br>Atlanta Plumbers and Steamfitters Pension Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                            | <b>B</b> Three-digit plan number (PN) <b>►</b> <u>001</u>                                                                         |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Atlanta Plumbers and Steamfitters Pension Plan                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                            | <b>D</b> Employer Identification Number (EIN)<br>58-1233396                                                                       |
| <b>E</b> Type of plan: (1) <input checked="" type="checkbox"/> Multiemployer Defined Benefit (2) <input type="checkbox"/> Money Purchase (see instructions)                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |
| <b>1a</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2021</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |
| <b>b</b> Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |
| (1) Current value of assets.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(1)</b>                                                                                                                                                                                                                                                                                                                                               | 408,834,333                                                                                                                       |
| (2) Actuarial value of assets for funding standard account.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                                                                                                                                                                                                                                                                                                                                               | 376,501,507                                                                                                                       |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(1)</b>                                                                                                                                                                                                                                                                                                                                               | 395,017,488                                                                                                                       |
| (2) Information for plans using spread gain methods:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |
| (a) Unfunded liability for methods with bases.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(2)(a)</b>                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |
| (b) Accrued liability under entry age normal method.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(2)(b)</b>                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |
| (c) Normal cost under entry age normal method.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(2)(c)</b>                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |
| (3) Accrued liability under unit credit cost method.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(3)</b>                                                                                                                                                                                                                                                                                                                                               | 395,017,488                                                                                                                       |
| <b>d</b> Information on current liabilities of the plan:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions).....                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1d(1)</b>                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                   |
| (2) "RPA '94" information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |
| (a) Current liability.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1d(2)(a)</b>                                                                                                                                                                                                                                                                                                                                            | 785,231,617                                                                                                                       |
| (b) Expected increase in current liability due to benefits accruing during the plan year.....                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1d(2)(b)</b>                                                                                                                                                                                                                                                                                                                                            | 18,430,949                                                                                                                        |
| (c) Expected release from "RPA '94" current liability for the plan year.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1d(2)(c)</b>                                                                                                                                                                                                                                                                                                                                            | 23,980,440                                                                                                                        |
| (3) Expected plan disbursements for the plan year.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1d(3)</b>                                                                                                                                                                                                                                                                                                                                               | 22,915,146                                                                                                                        |
| <b>Statement by Enrolled Actuary</b><br>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. |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |
| <b>SIGN<br/>HERE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <br>Signature of actuary                                                                                                                                                                                                                                                |                                                                                                                                   |
| Nathan H. Slaff<br><br>Type or print name of actuary<br>Horizon Actuarial Servies, LLC<br><br>Firm name<br>1040 Crown Pointe Parkway<br>Suite 560<br>Atlanta GA 30338<br><br>Address of the firm                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                            | <b>9/30/2022</b><br>Date<br>20-04307<br>Most recent enrollment number<br>(678) 317-4122<br>Telephone number (including area code) |

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 MB (Form 5500) 2021  
v. 200204

EIN\PN: 58-1233396\001

**Schedule MB, Line 6**  
**Summary of Plan Provisions**

---

**Plan Name** Atlanta Plumbers and Steamfitters Pension Plan

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**Plan Sponsor** Board of Trustees of the Atlanta Plumbers and Steamfitters Pension Plan

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**EIN / PN** 58-1233396 / 001

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**Effective Date and Most Recent Amendment** The original effective date of the Plan is January 1, 1973.  
The most recent amendment to the Plan is the Sixth Amendment to the Plan Document amended and restated effective January 1, 2014.

---

**Plan Year** The twelve-month period beginning January 1 and ending December 31.

---

**Employers** Any of the following entities that shall, by its agreement to make contributions to the Fund, be deemed to have accepted and to be bound by the Trust Agreement:

- a) employer or contractor that is bound by a Collective Bargaining Agreement;
- b) the Union with respect to its full-time, salaried employees; and
- c) the JATT with respect only to its full-time salaried employees hired before January 1, 2015.

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**Participants** Participation is automatic for an employee who works for an employer required to make contributions on his behalf to the Plan.

---

**Schedule MB, Line 6 (cont.)**  
**Summary of Plan Provisions**

---

***Credited Service***

Credited service is equal to the sum of past credited service and future credited service.

Past Credited Service: One year of past credited service is given for each plan year prior to January 1, 1973 in which an employee was a member of the union during a continuous period commencing with the latest date on which he became a member of the union or in which he was employed by a contributing employer. Past Credited Service is reduced  $\frac{1}{2}$  year for each year prior to January 1, 1973 in which the employee was employed full time by any governmental agency. In order to qualify for Past Credited Service, a person must earn at least  $\frac{1}{2}$  year of Future Credited Service prior to January 1, 1979.

Future Credited Service: This is based on the number of hours worked (including military hours) in each plan year after December 31, 1972, in accordance with the following:

| Hours Worked During Plan Year    | Future Credited Service |
|----------------------------------|-------------------------|
| Less than 300                    | 0.00                    |
| at least 300 and less than 600   | 0.25                    |
| at least 600 and less than 900   | 0.50                    |
| at least 900 and less than 1,200 | 0.75                    |
| at least 1,200                   | 1.00                    |

Note there are limits on Credited Service (see Section 4.3 of the Plan Document amended and restated as of January 1, 2014).

---

***Vesting Service***

Prior to January 1, 1976, an employee is granted a year of vesting service for any plan year in which he is entitled to receive any credited service. Vesting service after December 31, 1975 will accrue on the basis of vesting hours in a plan year according to the following:

| Vesting Hours During a Plan Year | Vesting Service |
|----------------------------------|-----------------|
| Less than 1,000                  | 0.00            |
| 1,000 or more                    | 1.00            |

---

***Normal Retirement Age***    Age 65.

---

**Schedule MB, Line 6 (cont.)**  
**Summary of Plan Provisions**

---

***Break-In-Service***

An employee who fails to be credited with at least 501 vesting hours during a plan year will incur a break-in-service.

A break-in-service will not occur during the first or second year (as needed) of a maternity or paternity leave.

---

***Normal Pension-  
Eligibility***

The first day of the month coincident with or next following attainment of age 65.

---

**Schedule MB, Line 6 (cont.)**  
**Summary of Plan Provisions**

**Normal Pension –  
Amount of Benefit**

The monthly normal retirement benefit is equal to the sum of (a), (b), (c) and (d) below for a participant who completes at least ½ year of future credited service after January 31, 1979.

(a) The sum of the products of the applicable benefit level and credited service as follows:

| Plan Year in Which Credited Service Earned                  | Benefit Level Applicable to Credited Service Earned |
|-------------------------------------------------------------|-----------------------------------------------------|
| Prior to 1980                                               | \$17.00                                             |
| 1980                                                        | \$24.50                                             |
| 1981                                                        | \$29.00                                             |
| 1982                                                        | \$35.00                                             |
| 1983 through 1984                                           | \$40.00                                             |
| 1985 through 1986                                           | \$55.00                                             |
| 1987                                                        | \$60.00                                             |
| 1988 through 1989                                           | \$75.00                                             |
| 1990 through 1992                                           | \$90.00                                             |
| 1993                                                        | \$100.00                                            |
| 1994 through 1996                                           | \$102.50                                            |
| 1997 through 1998                                           | \$105.00                                            |
| 1999 through 2005 <sup>1</sup>                              | \$108.00                                            |
| <sup>1</sup> \$75.40 for Apprentices and Tradesmen in 2005. |                                                     |

- (b) 2.56% of the contributions required for hours worked from January 1, 2006 through March 31, 2010 (not to exceed \$112.00 in any plan year).
- (c) 2.56% of the contributions required for hours worked from April 1, 2010 through December 31, 2013 but limited to a maximum contribution rate of \$2.65 for journeymen and \$1.85 for apprentices (not to exceed \$112.00 in any plan year).
- (d) 2.00% of contributions required for hours worked on or after January 1, 2014 but limited to a maximum contribution rate of \$2.65 for journeymen and \$1.85 for apprentices (not to exceed \$90.00 in any plan year). Benefits accruing on and after January 1, 2014 and through December 31, 2019 will be variable and will change based upon fund earnings compared to 7.00%. Benefits accruing after December 31, 2019 will be variable and will change based upon fund earnings comparable to 6.75%.

**Schedule MB, Line 6 (cont.)**  
**Summary of Plan Provisions**

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**Early Retirement Pension – Eligibility** Age 55 and 10 years of credited service or vesting service, including at least ½ year of future credited service.

---

**Early Retirement Pension – Amount of Benefit** The pension is reduced by 5/12 of 1% for each month by which the participant's early retirement date precedes age 62 (or is unreduced at age 58 with 35 years of credited service) and is based upon the credited service earned to early retirement date.

---

**Disability Pension – Eligibility** Total and permanent disability with at least five years of credited service or vesting service, including at least ½ year of future credited service. The participant must also either earn at least 300 hours of vesting service during the 12 consecutive month period immediately preceding the effective date of the disability, or the participant must be on the Union's out of work list for at least the three consecutive month period immediately preceding the effective date of the disability, or the participant had to work for a participating employer in a position not covered by the Collective Bargaining Agreement for the period of six consecutive months immediately preceding the effective date of the disability.

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**Disability Pension – Amount of Benefit** Unreduced normal retirement benefit payable after eligibility for disability benefits under the Federal Social Security Act has been determined, or determined by the Veterans Administration that the participant is 100 percent unemployable. The benefit is based on accrued credited service.

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**Vested Benefit** A participant will become 100% vested upon completion of five or more years of vesting service.

Monthly Benefit: Accrued monthly benefit payable at normal retirement (or at early retirement, if eligible, with reduction for early commencement).

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## Schedule MB, Line 6 (cont.)

### Summary of Plan Provisions

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#### ***Pre-Retirement Death Benefits***

If a non-retired participant dies while vested and had worked in covered employment for at least one hour or had earned at least one military hour in the plan year or immediately preceding plan year of death or was on the union's out-of-work list while he was receiving loss-of-time benefits from the Atlanta Plumbers and Steamfitters Health and Welfare Fund; or was within one year from the determination date of eligibility for a disability benefit even if his death occurs after his annuity start date unless the participant waived the Qualified Annuity, his spouse (or dependent children if no spouse) will receive 50% of the participant's accrued benefit for the balance of the spouse's lifetime (to age 19 for dependent children or age 25 if a full time student or for the balance of the dependent children's lifetime if incapable of self-sustaining employment because of mental retardation or physical handicap at the time of the participant's death), commencing the first of the month following death. If a non-retired participant who is vested and married dies and does not meet the criteria above, his spouse will receive 50% of the participant's joint and survivor benefit for the balance of the spouse's lifetime commencing at the earliest date the participant would have been eligible to retire.

---

#### ***Forms of Payment***

##### *Normal Form*

The normal pension form is a monthly benefit for 36 months certain and the lifetime of the participant thereafter. If the participant is married and retires, then he will automatically receive a reduced monthly benefit payable for his lifetime with 50% continuing to his spouse after his death. With spousal consent, he may, however, reject this joint and 50% survivor form and receive the 36 months certain and lifetime thereafter pension.

##### *Optional Forms (with spousal consent)*

- (a) 10 Years Certain and Life Annuity
- (b) 75% Joint and Survivor Annuity
- (c) 100% Joint and Survivor Annuity
- (d) 50% Joint and Survivor Annuity with Pop-Up
- (e) 75% Joint and Survivor Annuity with Pop-Up
- (f) 100% Joint and Survivor Annuity with Pop-Up

In lieu of the normal form of pension, a participant may elect a Social Security "level-off" option for benefits accrued through December 31, 2013.

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**Schedule MB, Line 6 (cont.)**  
**Summary of Plan Provisions**

---

***Actuarial Equivalence***

Benefits under optional forms of payment listed above are converted from the normal form, based on assumptions of 7.0% interest and 1971 Group Annuity Mortality Table (Males Only), set back five years for Beneficiaries.

For the purposes of converting to the Social Security "level-off" option, actuarial equivalency is determined using whichever of the following results in the larger benefit: (a) 7.0% interest and 1971 Group Annuity Mortality Table (Males Only), set back five years for Beneficiaries and (b) Applicable Mortality Table and Applicable Interest Rate as defined in the Plan Document and Code Section 417(e)(3).

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***Contribution Rates***

\$3.90 per hour (for Journeyman)  
\$2.44 per hour (for Apprentice)

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***Changes in Plan Provisions***

Effective January 1, 2021, participants who worked at least 501 hours during 2020 will receive an additional 300 hours (and required contributions associated with the hours) for service credits and benefits earned.

Effective January 1, 2021, benefits accruing after December 31, 2019 will change based upon fund earnings comparable to 6.75%.

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|                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                            |                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public<br/>Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

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.

|                                                                                                                            |                                                                                                                                                                                                               |                                                                 |     |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>Atlanta Plumbers and Steamfitters Pension Plan                                                    | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">001</td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ►                         | 001 |
| <b>B</b> Three-digit plan number (PN) ►                                                                                    | 001                                                                                                                                                                                                           |                                                                 |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Atlanta Plumbers and Steamfitters Pension Plan | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>D</b> Employer Identification Number (EIN)<br/><br/>58-1233396</td> </tr> </table>                                              | <b>D</b> Employer Identification Number (EIN)<br><br>58-1233396 |     |
| <b>D</b> Employer Identification Number (EIN)<br><br>58-1233396                                                            |                                                                                                                                                                                                               |                                                                 |     |

**E** Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

|                                                                                                               |                      |
|---------------------------------------------------------------------------------------------------------------|----------------------|
| <b>1a</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2021</u>                              |                      |
| <b>b</b> Assets                                                                                               |                      |
| (1) Current value of assets.....                                                                              | 1b(1) 408,834,333    |
| (2) Actuarial value of assets for funding standard account .....                                              | 1b(2) 376,501,507    |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                    | 1c(1) 395,017,488    |
| (2) Information for plans using spread gain methods:                                                          |                      |
| (a) Unfunded liability for methods with bases .....                                                           | 1c(2)(a)             |
| (b) Accrued liability under entry age normal method .....                                                     | 1c(2)(b)             |
| (c) Normal cost under entry age normal method .....                                                           | 1c(2)(c)             |
| (3) Accrued liability under unit credit cost method .....                                                     | 1c(3) 395,017,488    |
| <b>d</b> Information on current liabilities of the plan:                                                      |                      |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..... | 1d(1)                |
| (2) "RPA '94" information:                                                                                    |                      |
| (a) Current liability.....                                                                                    | 1d(2)(a) 785,231,617 |
| (b) Expected increase in current liability due to benefits accruing during the plan year.....                 | 1d(2)(b) 18,430,949  |
| (c) Expected release from "RPA '94" current liability for the plan year.....                                  | 1d(2)(c) 23,980,440  |
| (3) Expected plan disbursements for the plan year.....                                                        | 1d(3) 22,915,146     |

**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.

|                                                                         |  |                                                          |
|-------------------------------------------------------------------------|--|----------------------------------------------------------|
| <b>SIGN<br/>HERE</b>                                                    |  | <b>9/30/2022</b><br>Date                                 |
| Signature of actuary<br>Nathan H. Slaff                                 |  | 20-04307<br>Most recent enrollment number                |
| Type or print name of actuary<br>Horizon Actuarial Servies, LLC         |  | (678) 317-4122<br>Telephone number (including area code) |
| Firm name<br>1040 Crown Pointe Parkway<br>Suite 560<br>Atlanta GA 30338 |  |                                                          |
| 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 ☐

## **Schedule MB Attachments**

### **Statement by the Enrolled Actuary**

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|                   |                                                                         |
|-------------------|-------------------------------------------------------------------------|
| Plan Sponsor      | Board of Trustees of the Atlanta Plumbers and Steamfitters Pension Plan |
| EIN / PN          | 58-1233396 / 001                                                        |
| Plan Year         | Beginning January 1, 2021 and ending December 31, 2021                  |
| Plan Name         | Atlanta Plumbers and Steamfitters Pension Plan (the "Plan")             |
| Enrolled Actuary  | Nathan H. Slaff                                                         |
| Enrollment Number | 20-04307                                                                |

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The actuarial assumptions and methods are individually reasonable and in combination represent the enrolled actuary's best estimate of anticipated experience under the plan.

The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the auditor. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years.

The amounts of contributions and dates paid shown in Line 3 of Schedule MB were listed in reliance on information as reported to Horizon Actuarial Services, LLC by Dennis G. Jenkins, C.P.A., LLC during the period January 1, 2021 to December 31, 2021.

***Attached as separate exhibits are:***

1. A statement of actuarial assumptions and cost methods, as required under Line 6 and an identification of benefits not included in the valuation.
2. A summary of principal eligibility and benefit provisions, as required under Line 6, including a summary of changes in principal eligibility or benefit provisions.
3. A schedule of projected expected benefit payments, as required under Line 8b(1).
4. A schedule of the active plan participant data used in the valuation for 2021 plan year, as required under Line 8b(2).
5. A schedule of amortization bases, as required under Lines 9c and 9h.

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**Atlanta Plumbers and Steamfitters Pension Plan**

EIN / PN: 58-1233396 / 001 | Plan Year Beginning January 1, 2021



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

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**Plan Name** Atlanta Plumbers and Steamfitters Pension Plan

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**Plan Sponsor** Board of Trustees of the Atlanta Plumbers and Steamfitters Pension Plan

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**EIN / PN** 58-1233396 / 001

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**Interest Rates** 6.75% per annum, compounded annually, net of investment expense for determining costs and liabilities.

The interest rate assumption used for purposes of the ERISA funding valuation and ASC 960 accounting is a reasonable estimate of the net investment return for the Plan assets over the long term. This assumption was developed based on our professional judgment, the investment policy and asset allocation for the Plan (as set by the plan sponsor) and considers the results of the 2021 edition of the Survey of Capital Market Assumptions by Horizon Actuarial Services, LLC.

The highest rate within the IRS range for determining Current Liability, which is 2.43% per annum as of January 1, 2021.

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## Schedule MB, Line 6 (cont.)

### Statement of Actuarial Assumptions/Methods

While it is important that the overall assumptions be reasonable, we select each valuation assumption as reasonable in light of this plan's provisions and characteristics. We have chosen the assumptions after reviewing recent plan experience and anticipated plan experience as described below.

#### Retirement Age

Active participants:

#### Retirement Probabilities

| Age | Not Eligible For<br>Unreduced Retirement | Active and Eligible For<br>Unreduced Retirement |
|-----|------------------------------------------|-------------------------------------------------|
| 55  | 2.0%                                     | N/A                                             |
| 56  | 2.0%                                     | N/A                                             |
| 57  | 2.0%                                     | N/A                                             |
| 58  | 2.0%                                     | 60.0%                                           |
| 59  | 2.0%                                     | 60.0%                                           |
| 60  | 2.0%                                     | 60.0%                                           |
| 61  | 2.0%                                     | 60.0%                                           |
| 62  | 50.0%                                    | 50.0%                                           |
| 63  | 25.0%                                    | 25.0%                                           |
| 64  | 25.0%                                    | 25.0%                                           |
| 65  | 75.0%                                    | 75.0%                                           |
| 66  | 25.0%                                    | 25.0%                                           |
| 67  | 25.0%                                    | 25.0%                                           |
| 68  | 25.0%                                    | 25.0%                                           |
| 69  | 25.0%                                    | 25.0%                                           |
| 70+ | 100.0%                                   | 100.0%                                          |

Inactive vested participants are assumed to retire at the later of current age or age 63 if eligible for early retirement, otherwise at the later of current age, or normal retirement age.

The weighted average retirement age for active participants is age 62. This average is based on the active population in the January 1, 2021 valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

#### Operating Expenses

The amount assumed for operating expenses is the average of the expenses for the three plan years preceding the valuation (\$468,934) increased by 3% (\$483,002) adjusted to the beginning of year and added to the normal cost. For this year the expense assumption is \$468,508. Investment management counseling fees and expenses are not included in assumed operating expenses

**Schedule MB, Line 6 (cont.)**  
**Statement of Actuarial Assumptions/Methods**

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**Hours Worked** For the purpose of projecting future benefit accruals, it is assumed that each active participant will work the same number of hours per year as worked during the plan year preceding the valuation date.

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**Contribution Income** For the purpose of projecting contributions, it is assumed that each active participant will have the same contributions made on the participant's behalf as during the plan year preceding the valuation date.

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**Active Participant** For valuation purposes, an active participant is a participant who worked at least 501 hours in the plan year preceding the valuation date and had not retired as of the valuation date.

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**Non-Disabled Mortality** *Participants:*

RP-2017 Sex Distinct Blue Collar Adjusted Table, projected generationally with 25% of Scale MP-2017.

*Retirees and Beneficiaries:*

RP-2017 Sex Distinct Blue Collar Adjusted Annuitant Table, projected generationally with 25% of Scale MP-2017.

The non-disabled mortality assumption including future improvement was chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflecting anticipated future experience and professional judgment.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

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## Schedule MB, Line 6 (cont.)

### Statement of Actuarial Assumptions/Methods

#### Disabled Mortality

RP-2017 Sex Distinct Disability Mortality Table, projected generationally with 25% of Scale MP-2017.

The disabled mortality assumption including future improvement was chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflecting anticipated future experience and professional judgment.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

#### Disability

Illustrations of the annual probabilities of disablement are shown in the table below for selected ages:

*Representative Disability Probabilities*

| Age | Males | Females |
|-----|-------|---------|
| 20  | 0.04% | 0.05%   |
| 30  | 0.07% | 0.12%   |
| 40  | 0.18% | 0.32%   |
| 50  | 0.54% | 0.80%   |
| 60  | 1.88% | 1.74%   |

#### Withdrawal

Illustrations of the annual probabilities of withdrawal (for reasons other than mortality or disablement) are shown in the table below for selected ages:

*Representative Withdrawal Rates per 100 Employees*

| Years of Vesting Service | Withdrawals per 100 Employees |
|--------------------------|-------------------------------|
| Less than 1              | 15                            |
| 1 to 2                   | 11                            |
| 2 to 5                   | 10                            |
| 5 to 10                  | 7                             |
| 10 to 15                 | 4.5                           |
| 15 to 20                 | 4                             |
| 20 to 25                 | 3                             |
| More than 25             | 1                             |

#### Reemployment

It is assumed that participants will not be reemployed following a break in service.

**Schedule MB, Line 6 (cont.)**  
**Statement of Actuarial Assumptions/Methods**

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|                        |                                                                                                                                                                                       |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form of Payment</b> | Married participants are assumed to elect the 50% joint and survivor annuity, and single participants are assumed to elect the 36 months certain and life thereafter form of payment. |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|                                                        |                                                                                                                                                |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Loading for Social Security Level Income Option</b> | Costs and liabilities for benefits earned through December 31, 2013 eligible for the Social Security Level Income Option were loaded by 6.30%. |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|

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|                 |                                                            |
|-----------------|------------------------------------------------------------|
| <b>Marriage</b> | 80% of non-retired participants are assumed to be married. |
|-----------------|------------------------------------------------------------|

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|                    |                                                                |
|--------------------|----------------------------------------------------------------|
| <b>Spouse Ages</b> | Husbands were assumed to be four years older than their wives. |
|--------------------|----------------------------------------------------------------|

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|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Cost Method</b> | The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants. |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Asset Valuation Method</b> | The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last five years at the rate of 20% per year. Expected investment return is calculated using the net market value of assets as of the beginning of the plan year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value. |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The actuarial value of assets was reset to the market value of assets as of January 1, 2018. Beginning January 1, 2018, the difference between the actual and expected returns on the market value of assets is again phased in at a rate of 20% per year.

|                         |                                                                                                                  |
|-------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>Participant Data</b> | Participant census data as of the valuation date was provided by National Employee Benefits Administrators, Inc. |
|-------------------------|------------------------------------------------------------------------------------------------------------------|

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**Atlanta Plumbers and Steamfitters Pension Plan**

EIN / PN: 58-1233396 / 001 | Plan Year Beginning January 1, 2021



**Schedule MB, Line 6 (cont.)**  
**Statement of Actuarial Assumptions/Methods**

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***Missing or Incomplete  
Participant Data***

As of the valuation date:

- (a) Date of entry was provided for all active participants.
- (b) There were no participants missing a date of birth.
- (c) Gender was provided for all active participants.

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***Financial Information***

Financial information as of the valuation date was obtained from the audited financial statements supplied by the Fund's auditor, Dennis G. Jenkins, C.P.A. LLC.

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***Nature of Actuarial  
Calculations***

The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

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***Changes in Assumptions  
and Methods***

None

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**Schedule MB, Line 8b(2)**  
**Schedule of Active Participant Data**

*Distribution of Active Participants*

Measurement Date: January 1, 2021

[Form 5500 Sch. MB, Line 8b]

Years of Credited Service

| Age      | Under 1 | 1 - 4 | 5 - 9 | 10 - 14 | 15 - 19 | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40 + | Total |
|----------|---------|-------|-------|---------|---------|---------|---------|---------|---------|------|-------|
| Under 25 | 21      | 181   | 8     | -       | -       | -       | -       | -       | -       | -    | 210   |
| 25 - 29  | 7       | 168   | 94    | 1       | -       | -       | -       | -       | -       | -    | 270   |
| 30 - 34  | 9       | 128   | 111   | 65      | 2       | -       | -       | -       | -       | -    | 315   |
| 35 - 39  | 7       | 89    | 75    | 81      | 33      | -       | -       | -       | -       | -    | 285   |
| 40 - 44  | 2       | 56    | 55    | 59      | 37      | 25      | 3       | -       | -       | -    | 237   |
| 45 - 49  | -       | 41    | 46    | 34      | 34      | 47      | 31      | 3       | -       | -    | 236   |
| 50 - 54  | 1       | 19    | 30    | 38      | 35      | 33      | 32      | 28      | 7       | -    | 223   |
| 55 - 59  | 1       | 19    | 28    | 28      | 20      | 34      | 21      | 32      | 18      | -    | 201   |
| 60 - 64  | -       | 10    | 11    | 12      | 20      | 13      | 6       | 9       | 4       | 8    | 93    |
| 65 - 69  | -       | 1     | 4     | 1       | 1       | 2       | 1       | 2       | -       | -    | 12    |
| 70 +     | -       | -     | -     | -       | -       | -       | -       | -       | -       | -    | -     |
| Total    | 48      | 712   | 462   | 319     | 182     | 154     | 94      | 74      | 29      | 8    | 2,082 |

[illegible]

SCHEDULE OF 5% TRANSACTIONS - SEE AUDIT REPORT

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