

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 09/27/1973
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND 2010 N.W. 150TH AVE, STE 100 PEMBROKE PINES, FL 33028-2887
2b	Employer Identification Number (EIN) 58-1233396
2c	Plan Sponsor's telephone number 954-266-6322
2d	Business code (see instructions) 238220

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2024	TERRY NEWSOME JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2024	JON STERLING
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4619
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2279 6a(2) 2339 6b 1116 6c 944 6d 4399 6e 331 6f 4730 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 96

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:

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 2
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND	D Employer Identification Number (EIN) 58-1233396	

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

(a) Name of insurance carrier
EMPOWER

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	017555		02/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 24386152**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 23674703**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)** 711449
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 711449**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 24386152**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 24386152

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND	D Employer Identification Number (EIN) 58-1233396	

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	801543		01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	12856972

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

0

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)

0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND	D Employer Identification Number (EIN) 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 2023	
b Assets	
(1) Current value of assets	1b(1) 384297599
(2) Actuarial value of assets for funding standard account	1b(2) 423174116
c (1) Accrued liability for plan using immediate gain methods	1c(1) 416294297
(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) 416294297
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 776691070
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 20771149
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 25514363
(3) Expected plan disbursements for the plan year	1d(3) 24394162

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	09/10/2024
Signature of actuary MARK STEWART	Date 23-06075
Type or print name of actuary HORIZON ACTUARIAL SERVICES, LLC	Most recent enrollment number 678-317-4104
Firm name 990 HAMMOND DRIVE, SUITE 220, ATLANTA, GA 30328	Telephone number (including area code)
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 ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	384297599
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1453	336568682
(2) For terminated vested participants	919	139750547
(3) For active participants:		
(a) Non-vested benefits		22282549
(b) Vested benefits		278089292
(c) Total active	2209	300371841
(4) Total	4581	776691070
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	49.48 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	15687576				
			Totals ▶	3(b)	15687576
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)
					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	101.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		2.55 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	6.50 %	6.50 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.7 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-14.7 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	487331	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-12409678	-1239252

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	7712724

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	115702323	16415002
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c**9d** 1568302**e** Total charges. Add lines 9a through 9d**9e** 25696028**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 88324676**g** Employer contributions. Total from column (b) of line 3**9g** 15687576**h** Amortization credits as of valuation date**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 6517546**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

	Outstanding balance	
9h	34257466	4100479
9j(1)	136356314	
9j(2)	288354177	

9j(3) 0**k (1)** Waived funding deficiency**9k(1)** 0**(2)** Other credits**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 114630277**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 88934249**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☐ Yes ☒ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND	D Employer Identification Number (EIN) 58-1233396	

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

 Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b

 If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AXONIC CAPITAL
27-3918539

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK ADVISORS LLC
23-2784752

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
COLUMBIA MANAGEMENT INVESTMENT ADVI
41-1533211

(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)

CRESCENT CAPITAL GROUP LP

27-2698206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	195222	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONFLUENCE INVESTMENT MANAGEMENT

26-1764456

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	157014	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHEVY CHASE TRUST COMPANY

52-6257033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	154197	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ATLANTA CAPITAL MANAGEMENT

26-3757865

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	152134	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	142478	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POLEN CAPITAL MANAGEMENT

26-0319356

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	141700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NATIONAL EMPLOYEE BENEFIT ADMIN

65-0498809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	127747	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAZARD ASSET MANAGEMENT LLC

20-0169148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	127207	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIERA CAPITAL

13-2726734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	121962	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JP MORGAN ASST MANAGEMENT

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	102012	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HORIZON ACTUARIAL SERVICES LLC

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	68305	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KAYNE ANDERSON RUDNICK INVESTMENT

95-4575414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	67550	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CONGRESS ASSET MANAGEMENT

04-2848965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	61758	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARES MANAGEMENT LLC

01-0605583

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	51598	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGG MASON & CO LLC

21-3171699

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	44195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ARNALL GOLDEN GREGORY LLP

58-0543673

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	43946	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REYNOLDS CONSULTING SERVICES

20-1899564

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	40500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARTWELL INVESTMENT PARTNERS

36-4776242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	28713	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PNC BANK, N.A.

52-6328901

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	23838	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	22750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMALGAMATED BANK

46-2044954

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	16791	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

REGIONS BANK

63-0371391

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	10081	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BHA CONSULTING LLC

26-1384808

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	5742	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASB ALLEGIANCE REAL ESTATE FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN <u>52-6257033-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14016911</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COMMINGLED PENSION TRUST-CORE BOND</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>20-3847783-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>47281761</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW BROAD MARKET 3000 INDEX FD</u>		
b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
c EIN-PN <u>46-2044954-020</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29338413</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW LARGE CAP 500 INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
c EIN-PN <u>13-4920330-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>66475320</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW LARGE CAP 1000 GROWTH INDEX</u>		
b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
c EIN-PN <u>42-2032992-019</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11955749</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO BUILDING INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>PNC BANK, N.A.</u>		
c EIN-PN <u>52-6328901-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7536716</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL US PROPERTY SEP. ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12856972</u>

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, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND	D Employer Identification Number (EIN) 58-1233396	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1542637	1672791
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1465391	1438442
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1795382	1936446
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	21937260	24184188
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4058	1160
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	138620829	122076752
(5) Partnership/joint venture interests	1c(5)	16030178	22885255
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	135690954	176604870
(10) Value of interest in pooled separate accounts	1c(10)	15222608	12856972
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	24759404	23730568
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	23674703	24386152
(15) Other	1c(15)	3952169	3861140

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	384695573	415634736
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	347147	225875
i Acquisition indebtedness	1i		
j Other liabilities	1j	50827	134770
k Total liabilities (add all amounts in lines 1g through 1j)	1k	397974	360645
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	384297599	415274091

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	15687576	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		15687576
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1371062	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	3714	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	2549753	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3924529
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2016167	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	732409	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		2748576
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	70383031	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	59116229	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		11266802
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	25862333	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		15833
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-2365636
(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)		1346975
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		58486988

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24128046	
(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)		24128046
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	127747	
(3) Recordkeeping fees.....	2i(3)	2300	
(4) IQPA audit fees.....	2i(4)	22750	
(5) Investment advisory and investment management fees	2i(5)	2729785	
(6) Bank or trust company trustee/custodial fees	2i(6)	142478	
(7) Actuarial fees	2i(7)	68305	
(8) Legal fees	2i(8)	43946	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	13082	
(11) Other expenses	2i(11)	232057	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3382450
j Total expenses. Add all expense amounts in column (b) and enter total	2j		27510496

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		30976492
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: **NOVAK FRANCELLE, LLC**

(2) EIN: **61-1436956**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		26746395
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 519724.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND		D Employer Identification Number (EIN) 58-1233396
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 58-1233398		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 **3661178**

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 **2024**

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 **1501677**

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 **2024**

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 **1541229**

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 **2024**

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 **MAXAIR INCORPORATED**

b EIN **58-1773064**

c Dollar amount contributed by employer **1007471**

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 **2024**

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 **ACTION ELECTRIC CO., INC.**

b EIN **58-0666276**

c Dollar amount contributed by employer **475355**

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 **2024**

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&W MECHANICAL CONTRACTORS, INC.**

b EIN **58-1021874**

c Dollar amount contributed by employer **363172**

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 **2024**

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):

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **CLEVELAND ELECTRIC**

b EIN **58-0898446**

c Dollar amount contributed by employer **393310**

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 **2023**

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 **JOHNSON CONTROLS**

b EIN **39-0380010**

c Dollar amount contributed by employer **319095**

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 **2023**

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 **MANN MECHANICAL CO., INC.**

b EIN **58-1118147**

c Dollar amount contributed by employer **534001**

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 **2023**

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 **VULCAN INDUSTRIAL CONTRACTORS CO.**

b EIN **83-0361852**

c Dollar amount contributed by employer **622431**

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 **2023**

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):

- 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)

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)

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)

14a	
14b	
14c	

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

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

b The corresponding number for the second preceding plan year

15a	1.02
15b	1.07

- 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

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

16a	
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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 56.1 % Private Equity: 5.6 % Investment-Grade Debt and Interest Rate Hedging Assets: 17.3 %
 High-Yield Debt: 0.0 % Real Assets: 8.4 % Cash or Cash Equivalents: 5.7 % Other: 6.9 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 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. _____

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- ☐ Design-based safe harbor method
- ☐ "Prior year" ADP test
- ☐ "Current year" ADP test
- ☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**ATLANTA PLUMBERS AND
STEAMFITTERS PENSION FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2023

**ATLANTA PLUMBERS AND
STEAMFITTERS PENSION FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2023 AND 2022

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of the
Atlanta Plumbers and Steamfitters Pension Fund

Opinion

We have audited the financial statements of the Atlanta Plumbers and Steamfitters Pension Fund (the 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, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, 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.

Norak Francella LLC

Boston, Massachusetts
September 9, 2024

**ATLANTA PLUMBERS AND
STEAMFITTERS PENSION FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2023 AND 2022

	2023	2022
ASSETS		
INVESTMENTS - at fair value		
Common stock	\$ 122,076,752	\$ 138,620,829
Corporate obligations	1,160	4,058
Mutual funds	23,730,568	24,759,404
Pooled separate account	12,856,972	15,222,608
Common collective trusts	176,604,870	135,690,954
Hedge fund of funds	3,861,140	3,952,169
Limited partnerships	22,885,255	16,030,178
Short-term investments	23,464,624	21,937,260
Total fair value investments	<u>385,481,341</u>	<u>356,217,460</u>
INVESTMENT - at contract value		
Guaranteed annuity contract	24,386,152	23,674,703
Total investments	<u>409,867,493</u>	<u>379,892,163</u>
RECEIVABLES		
Employer and reciprocal contributions	1,438,442	1,465,391
Accrued interest and dividends	227,030	164,367
Total receivables	<u>1,665,472</u>	<u>1,629,758</u>
PREPAID PENSION	<u>1,669,618</u>	<u>1,595,706</u>
PREPAID EXPENSES	<u>39,798</u>	<u>35,309</u>
CASH, ESCROW	<u>2,392,355</u>	<u>1,542,637</u>
Total assets	<u>415,634,736</u>	<u>384,695,573</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	225,875	347,147
Reciprocal contributions payable	<u>134,770</u>	<u>50,827</u>
Total liabilities	<u>360,645</u>	<u>397,974</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 415,274,091</u>	<u>\$ 384,297,599</u>

**ATLANTA PLUMBERS AND
STEAMFITTERS PENSION FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 36,121,567	\$ (69,398,374)
Interest and dividends	6,677,845	4,967,033
	<u>42,799,412</u>	<u>(64,431,341)</u>
Less investment expenses	(2,872,263)	(2,284,944)
Investment income (loss) - net	<u>39,927,149</u>	<u>(66,716,285)</u>
Contributions		
Employer contributions	15,568,033	13,997,813
Reciprocal contributions	1,068,186	1,560,938
Less reciprocals out	(948,643)	(568,360)
Contributions - net	<u>15,687,576</u>	<u>14,990,391</u>
Total additions	<u>55,614,725</u>	<u>(51,725,894)</u>
DEDUCTIONS		
Benefits	<u>24,128,046</u>	<u>23,488,693</u>
Administrative expenses		
Professional fees		
Third party administrative expense	127,747	127,722
Actuarial	68,305	83,164
Audit and accounting fees	25,050	24,642
Legal fees	43,946	43,821
Office and data processing fees		
Computer programming and consulting fees	-	13,058
Stationary, printing and mailing	12,979	29,792
Bank service charges	10,081	8,409
Other		
Insurance	202,756	177,193
U.A. Reciprocal Program Fee	1,600	1,600
Conference and meetings	13,082	16,333
Dues	4,641	4,404
Total administrative expenses	<u>510,187</u>	<u>530,138</u>
Total deductions	<u>24,638,233</u>	<u>24,018,831</u>

See accompanying notes to financial statements.

	<u>2023</u>	<u>2022</u>
NET INCREASE (DECREASE)	\$ 30,976,492	\$ (75,744,725)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>384,297,599</u>	<u>460,042,324</u>
End of year	<u><u>\$ 415,274,091</u></u>	<u><u>\$ 384,297,599</u></u>

**ATLANTA PLUMBERS AND
STEAMFITTERS PENSION FUND**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 1. DESCRIPTION OF PLAN

The following brief description of the Atlanta Plumbers and Steamfitters Pension Fund (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

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 (the Union).

The Atlanta Plumbers and Steamfitters Pension Fund (the Plan) was established on August 1, 1973 under a trust agreement, with amendments since that time, and is maintained pursuant to collective bargaining agreements which provide for the rate of employer contributions, the type of work and areas of work for which contributions are payable and certain other terms governing contributions. The Plan's purpose is to provide for retirement, disability and death benefits to eligible participants. The Plan is administered by a Board of Trustees (the Trustees) consisting of representatives of both the employers and the Union.

The Plan is a non-contributory, defined benefit plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended. The Trustees have engaged an actuary to determine the benefit level that can be provided by the hourly contribution rates specified in the collective bargaining agreements. This rate, as actuarially computed, provides for funding of the current service cost and amortization of the unfunded accrued liability.

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.

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

NOTE 1. DESCRIPTION OF PLAN (continued)

- 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 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements are prepared using the accrual basis of accounting.

Investments and Income recognition - Investments in common stock, mutual funds, corporate obligations, and short-term investments are carried at fair value as provided by the investment custodian, which generally represents quoted market prices or the net asset value of mutual fund as of the last business day of the year or use of pricing models that use similar observable inputs for similar securities.

The investments in the limited partnerships, hedge fund of funds, and common collective trusts are carried at estimated fair value as provided by the Partnership and Trust. The investment in the pooled separate accounts is carried at estimated fair value as reported by the Insurance Company at year-end. The fair value of certain investments in the underlying funds, which include securities for which fair value may not be readily available, are determined in good faith by the respective underlying fund, and are all subject to a third party annual audit. The estimated fair values may differ from the values that would have been used, had a ready market existed for these investments, and those differences may be significant.

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

The Guaranteed annuity contract is carried at contract value. Interest is credited on a contract balance daily using the accumulated asset rate times balance on last day of preceding year plus daily equivalent of the new money rate times the balance each day less balance on the last day of the preceding year. The credited interest rate is determined on the first day of each calendar year by Empower Annuity Insurance Company of America. The credited interest rate is established using various factors including constant maturity treasury rates. The contract can be terminated by either party at any time by written notice and will be effective on date indicated in notice or 15 days after notice is given, whichever is later.

Contributions Receivable - Contributions due and not paid prior to the year-end are recorded as contributions receivable. Allowance for uncollectible accounts is considered unnecessary and is not provided.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Payments of Benefits - Benefit payments are recorded upon distribution.

Estimates - 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 certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Revenue Recognition - The Fund is funded by contributions from participating employers under the terms of collective bargaining agreements (CBA). Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. It is the policy of the Trustees to pursue monies due.

NOTE 3. TAX STATUS

The Plan obtained its latest determination letter on November 23, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a).

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, tax years will remain open for three years; however, this may differ depending upon circumstances of the Plan.

NOTE 4. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the

Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

The Pension Benefit Guaranty Corporation (PBGC) does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all. In addition, certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions.

NOTE 5. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary as of January 1, 2023. Information in the report included the following:

Actuarial present value of accumulated plan benefits

Vested benefits

Participants and beneficiaries

currently receiving benefits

\$ 224,499,628

Other participants

179,477,499

403,977,127

Nonvested benefits

12,317,170

Total actuarial present value

\$ 416,294,297

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended December 31, 2022 were as follows:

Actuarial present value of accumulated plan

benefits at beginning of year

\$ 421,123,202

Increase (decrease) during the year attributable to:

Benefits paid

(23,488,693)

Interest

27,082,055

Benefits accumulated, net experience gain

or loss and changes in data

(8,422,267)

Net (decrease)

(4,828,905)

Actuarial present value of accumulated plan

benefits at end of year

\$ 416,294,297

The actuarial valuation was made using the Unit Credit cost method. Some of the more significant actuarial assumptions used in the valuation as of January 1, 2023 were as follows:

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

Retirement age -

Active employees - Retirement from active employment was assumed to be in accordance with retirement rates shown below:

Retirement			Retirement		
Age	Rate		Age	Rate	
55-61	2	%	65	75	%
62	50		66-69	25	
63-64	25		70	100	

Applying these rates results in an average age at retirement of age 62.

NOTE 5. ACTUARIAL INFORMATION (continued)

Percent married - 80% of non-retired participants.

Interest rate - 2.55% per annum for calculating current liability and SFAS 35 liability and 6.50% per annum for calculating all other liabilities.

Administrative expenses - The amount assumed for operating expenses is the average of the expenses for the three plan years preceding the valuation.

The above 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 actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since information on the actuarial present value of accumulated plan benefits as of December 31, 2023, and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2023, and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2023. The complete financial status is presented as of December 31, 2022.

Under the Pension Protection Act of 2006, the Plan is required to provide an actuarial certification as to its funded status. Therefore, as of January 1, 2023, the Plan is neither in endangered status nor critical status.

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

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 for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Fair Value Measurements at December 31, 2023				
	Total	Level 1	Level 2	Level 3
Common stock	\$ 122,076,752	\$ 122,076,752	\$ -	\$ -
Mutual funds	23,730,568	23,730,568	-	-
Short-term investments	23,464,624	23,464,624	-	-
Corporate bonds	1,160	-	1,160	-
Total assets in the fair value hierarchy	169,273,104	<u>\$ 169,271,944</u>	<u>\$ 1,160</u>	<u>\$ -</u>
Investments measured at NAV (A)	216,208,237			
Total investments	<u>\$ 385,481,341</u>			

Fair Value Measurements at December 31, 2022				
	Total	Level 1	Level 2	Level 3
Common stock	\$ 138,620,829	\$ 138,620,829	\$ -	\$ -
Mutual funds	24,759,404	24,759,404	-	-
Short-term investments	21,937,260	21,937,260	-	-
Corporate bonds	4,058	-	4,058	-
Total assets in the fair value hierarchy	185,321,551	<u>\$ 185,317,493</u>	<u>\$ 4,058</u>	<u>\$ -</u>
Investments measured at NAV (A)	170,895,909			
Total investments	<u>\$ 356,217,460</u>			

(A) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statement of Net Assets Available for Benefits.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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 period.

For the years ended December 31, 2023 and 2022 there were no transfers in or out of Levels 1, 2, or 3.

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of December 31, 2023 and 2022:

	2023 Fair Value	2022 Fair Value	2023 Unfunded Commitments	2022 Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts :						
AFL-CIO Building Investment Trust	\$ 7,536,716	\$ 11,420,638	\$ -	\$ -	Quarterly	Quarterly
ASB Real Estate Fund	14,016,911	18,218,543	-	-	Quarterly	Quarterly
J.P Morgan Core Bond Fund	47,281,761	44,577,666	-	-	Daily	Daily
Longview Broad Mkt. 3000 Index	29,338,413	23,305,291	-	-	Daily	Daily
Longview Large Cap 500 Index	66,475,320	38,168,816	-	-	Daily	Daily
Longview Large Cap 1000 Growth Index	11,955,749	-	-	-	Daily	Daily
Hedge fund of funds:						
ARES Private Credit Solutions	3,861,140	3,952,169	3,561,568	3,561,568	**	**
Pooled separate account:						
Principal Real Estate	12,856,972	15,222,608	-	-	Daily	5 days
Limited partnerships:						
Boyd Watterson GSA Fund, LP	9,799,804	10,266,056	160,000	160,000	Quarterly	60 days
Crescent Credit Solution VIIIA-2, LP	6,847,807	5,764,122	6,680,718	8,028,006	Monthly	30 days
Ironsides Opportunities Fund II	611,999	-	1,427,534	-	@	@
Ironsides Co-investment Fund VI	4,297,973	-	443,446	-	@	@
Ironsides Partnership Fund VI	1,327,672	-	2,705,455	-	@	@
Total	<u>\$ 216,208,237</u>	<u>\$ 170,895,909</u>	<u>\$ 14,978,721</u>	<u>\$ 11,749,574</u>		

** - No Limited Partner may withdrawal any amount from its capital account unless the General Partner determines that continued undiminished membership of the Limited Partner in the Partnership would cause such Limited Partner or any of its Affiliates to be in violation of ERISA, or applicable state law, rule, or regulation (any Limited Partner giving such a notice, an "Affected Partner"), or would cause the underlying assets of any Qualified Investment to be deemed to be "plan assets" of any Limited Partner under the Plan Asset Regulations.

@ - Investment is a private equity vehicle and does not offer redemption rights for limited partners. Any transfer of interests is at the discretion of the general partner.

The Principal U.S. Property Separate Account is an open-end, commingled real estate account available to retirement plans meeting the requirements for qualification under Section 401(a) of the Internal Revenue Code of 1986 ("Code"), as amended, and governmental plans meeting the requirements of Section 457 of the Code, as amended, since 1982. The Separate Account is an insurance company separate account sponsored by Principal Life Insurance Company and managed by Principal Real Estate Investors. The Separate Account is a diversified real estate equity portfolio consisting primarily of high quality, well-leased real estate properties in the multifamily, industrial, office, retail and hotel sectors.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

There ARES Private Credit Solutions 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.

The Boyd Watterson GSA Fund LP investment objective is to generate a stable stream of investment grade income while also preserving wealth using risk parameters and portfolio management strategies established by the General Partner.

The Crescent Credit Solutions VIIIA-2, L.P. was formed for the purpose of allowing qualified investors to pool their assets to invest in privately negotiated junior debt, unitranche debt, and equity securities issued by larger middle-market companies. Such investments include securities issued in connection with leveraged transactions, specifically management buyouts, acquisitions, refinancing, recapitalizations and later-stage growth capital financing. In furtherance of such investments, Fund VIII may also pursue other related investments, including convertible securities, senior debt, equity investments, and partnership interest. The overall objective of Fund VIII is to provide current income and long-term capital appreciation by investing in a diversified portfolio of junior debt, unitranche debt, and equity securities.

The Ironsides Partnership Fund VI, Ironsides Co-investment Fund VI and Ironsides Opportunities Fund II are limited partnership private equity funds of funds that focus on investing in high quality, small to mid-cap buyout funds principally organized in North America and primarily investing in certain private equity partnerships whose principal operations are in North America. The manager focuses on small to midcap buyout funds because it believes that these funds have the potential to generate strong risk adjusted returns over the long run.

NOTE 7. RISKS AND UNCERTAINTIES

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

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and participant 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 relevant note in financial statements.

NOTE 8. PARTIES IN INTEREST

Certain plan investments are shares of mutual funds managed by U.S. Bank (US Bank). U.S. Bank is the custodian, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental schedules of assets held at end of year and reportable transactions.

The transactions above qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 9. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 9, 2024, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**ATLANTA PLUMBERS AND
STEAMFITTERS PENSION FUND**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2023

Schedule H, line 4i

EIN 58-1233396
Plan No. 001

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type Principal	Interest Rate	Maturity Date		
		Common stock:				
	3I Group Plc Unspn ADR	9,616			\$ 82,718	\$ 149,529
	Abb Ltd ADR	3,795			73,329	168,119
	Abbott Laboratories	3,943			333,947	434,006
	Accenture Plc Ireland Shs Class A	2,295			432,658	805,338
	Aci Worldwide Inc	2,307			75,392	70,594
	Adobe Inc	1,314			273,402	783,932
	Advanced Drainage Systems Inc	767			85,487	107,871
	Advanced Energy Inds Com	2,002			156,742	218,058
	Advantest Corp ADR	2,971			90,259	100,271
	Affiliated Managers Group Inc	2,872			316,047	434,878
	Aia Group Ltd ADR	11,971			440,320	415,035
	Air Liquide S ADR	5,057			143,045	196,970
	Airbnb Inc Cl A	3,607			538,088	491,057
	Airbus SE ADR	9,664			283,842	372,740
	Akzo Nobel Nv	5,462			192,234	151,516
	Albany Intl	3,018			184,176	296,428
	Alcon Inc	3,309			227,014	258,499
	Alexandria Real Estate Equities	912			112,684	115,614
	Alibaba Group Hldg Ltd ADR	492			37,800	38,135
	Align Technology Inc	420			54,353	115,080
	Allstate Corp	1,194			103,600	167,136
	Alphabet Inc CL C	19,065			834,350	2,686,830
	Amadeus It Group, SA ADR	2,721			161,386	196,130
	Amazon Com Inc	7,870			1,084,435	1,195,768
	Ameren Corp	1,467			82,330	106,123
	America Movil ADR	7,417			117,431	137,363
	American Software Inc CL A	8,280			169,160	93,564
	Amicus Therapeutics Inc	22,641			235,898	321,276
	Amn Healthcare Svcs Inc	1,385			132,927	103,709
	Anglo American Plc Spon ADR	5,047			74,958	62,987
	Anhui Conch Cement Co Ltd ADR	5,212			138,867	60,146
	Aon Plc Shs CL A	663			103,434	192,946
	Apellis Pharmaceuticals Inc	3,556			198,067	212,862
	Applied Indl Technologies Inc	1,012			89,319	174,762
	Aptar Group	3,914			258,691	483,849
	Aramark	14,722			247,935	413,688
	Argenx SE ADR	394			143,844	149,889
	Armstrong World Inds Inc	3,888			301,343	382,268
	Ase Technology Holding Co Ltd ADR	21,013			161,723	197,732
	Asics Corp Unsp ADR	3,213			52,610	100,888
	Asm Intl Nv ADR	376			133,514	195,219
	Asml Holdings Nv ny Reg Shs	736			321,126	557,093
	Asmpt Limited ADR	2,305			76,959	65,808

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Principal	Interest Rate	Maturity Date		
		Type				
		Common stock (continued):				
	Astra International ADR	11,692			\$ 117,836	\$ 85,819
	Astrazeneca PLC Spds ADR	4,662			321,109	313,986
	Atlas Copco Ab Spons ADR	13,346			182,204	229,685
	Atricure Inc	3,592			178,189	128,198
	Autodesk Inc	1,610			317,697	392,003
	AutoZone Inc	39			25,908	100,839
	Avantor Inc	6,401			134,080	146,135
	Avery Dennison Corp	1,620			290,468	327,499
	Avient Corporation	2,894			147,561	120,303
	Azenta Inc	6,936			179,180	451,811
	Badger Meter Inc	1,816			74,202	280,336
	Ball Corp	1,960			91,561	112,739
	Banco Do Brasil SA ADR	14,015			112,864	160,121
	Bandai Namco Hldgs Inc ADR	7,824			100,704	78,084
	Bank Mandiri Tbk Unspns ADR	9,400			88,590	147,862
	Bank of Hawaii Corp	4,742			371,797	343,605
	Bb Seguridade Parti Spon ADR	21,828			141,089	150,613
	Berkshire Hathaway Inc CL B	4,961			825,546	1,769,390
	Bidvest Group	2,399			56,089	65,757
	Bio Techne Corp	3,509			148,189	270,754
	Biontech SE ADR	240			29,353	25,330
	Bjs Wholesale Club Hldgs Inc	800			59,903	53,328
	Blackbaud Inc	3,941			139,945	341,685
	Blackline Inc	1,632			114,586	101,902
	Booking Holdings Inc	477			704,331	1,692,024
	Booz Allen Hamilton Holding	5,241			386,810	670,376
	Bp Plc Spon ADR	6,896			196,681	244,118
	Brambles Ltd Sponsored ADR	8,635			131,767	159,057
	Braze Inc Com CL A	2,378			130,045	126,343
	Brixmor Property Group Inc	4,904			108,753	114,116
	Broadridge Financial Solutions LLC	1,540			129,287	316,855
	Brookfield Corp	33,399			952,023	1,339,968
	Brown Brown Inc	9,688			504,103	688,914
	Bruker Corporation	4,106			313,506	301,709
	Bureau Veritas Sa ADR	3,105			186,199	157,268
	Burlington Stores Inc	2,200			362,718	427,856
	Bwx Technologies Inc	3,170			194,615	243,234
	Caci International Inc	1,755			445,677	568,374
	Canadian Pacific Kansas City	4,307			312,403	340,511
	Capgemini SE unsponsor ADR	3,191			116,035	133,543
	Carlisle Cos Inc	2,771			301,870	865,744
	Carlsberg As ADR	3,896			101,866	97,497
	Caseys Gen Stores Inc	1,280			260,935	351,667
	Championx Corporation Com	8,004			190,994	233,797
	Charles River Laboratories	500			53,385	118,200
	Cheesecake Energy Corp	754			66,081	58,013
	Cheesecake Factory Inc	9,721			440,699	340,332
	China Construct Unspn ADR	13,480			216,277	160,008
	China Merchants Bank ADR	5,011			122,664	87,041
	China Shenhua Unspn ADR	3,660			34,113	50,069
	Choice Hotels Intl Inc	3,608			323,888	408,786
	Chubb Limited Com	629			142,262	142,154
	Church And Dwight Co Inc	1,400			73,220	132,384
	Cie Financiere Rich Unsp ADR	11,385			155,039	156,828

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Principal	Interest Rate	Maturity Date		
		<u>Common stock (continued):</u>				
	Clarivate Plc	77,471			\$ 1,258,267	\$ 717,381
	Cms Energy Corp	1,930			102,042	112,075
	Coca Cola Europacific	1,959			108,014	130,744
	Cognizant Tech Solutions CL A	1,556			101,329	117,525
	Columbia Bkg Sys Inc	5,363			113,157	143,085
	Columbia Sportswear Co	5,544			381,301	440,970
	Commercial Intl Bank ADR	44,585			82,267	56,164
	Compass Group Plc ADR	8,590			176,507	238,888
	Computershare ADR	5,421			91,405	89,793
	Conagra Brands Inc	4,218			153,141	120,888
	Construction Partners Inc A	11,132			230,234	484,465
	Continental Ag Spon ADR	19,028			175,463	160,786
	Convestro Ag Sponsored ADR	3,856			91,822	112,657
	Cooper Cos Inc	300			72,424	113,532
	Copart Inc	3,500			37,295	171,500
	Crane Company	2,100			184,536	248,094
	Crh Plc	3,660			188,878	253,126
	Curtiss Wright Corp	567			106,773	126,322
	Daiichi Sankyo Co Ltd ADR	4,402			125,849	120,395
	Daikin Industries Unspn ADR	9,136			176,947	147,729
	Daiwa House Ind ADR	3,978			117,854	119,937
	Darden Restaurants Inc	700			101,750	115,010
	Dbx Group Hldgs Ltd Spon ADR	983			76,313	99,538
	Deckers Outdoor Corp	943			263,201	630,329
	Deutsche Boerse Ag Unspn ADR	13,930			247,792	286,192
	Deutsche Telekom Ag Spon ADR	12,003			226,741	289,632
	Diageo Plc Sponsored ADR	6,813			881,923	992,381
	Diamondback Energy Inc	495			49,205	76,765
	Diodes Inc	1,700			73,332	136,884
	Disco Corp ADR	5,862			59,701	144,909
	Dolby Laboratories Inc Cl A	7,844			557,776	675,996
	Dollar Tree Inc	801			79,228	113,782
	Dun Bradstreet Hldgs Inc Com	42,454			1,042,754	496,712
	Edenred Sa Unsop ADR	1,800			60,799	53,460
	Edp Energias Portugal SA Spon ADR	4,629			223,986	223,644
	Eli Lilly Co	210			124,980	122,413
	EMCOR Group Inc	1,802			238,198	388,205
	Engie ADR	17,433			244,858	306,559
	Engie Brasil Energia SA ADR	7,720			62,504	67,782
	Entegris Inc	1,300			88,134	155,766
	Envista Holdings Corporation Com	16,166			382,692	388,954
	Essilorluxottica ADR	1,907			186,753	191,635
	Etsy Inc	1,890			124,863	153,185
	Evertec Inc	11,294			440,103	462,376
	Exlservice Holdings Inc	5,775			74,566	178,159
	Expedia Inc	1,088			123,876	165,148
	Experian Group Ltd ADR	2,111			81,638	86,002
	Extra Space Storage Inc	836			66,900	134,036
	Fabrinet	600			114,327	114,198
	FactSet Research Systems Inc	844			232,460	402,630
	Fanuc Corp ADR	8,444			118,738	123,536
	Fastenal Co	28,410			599,421	1,840,116
	First Finl Bankshares Inc	4,012			81,105	121,564
	First Horizon Corp	9,275			99,592	131,334

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Principal	Interest Rate	Maturity Date		
		<u>Common stock (continued):</u>				
	FMC Corporation	1,583			\$ 124,862	\$ 99,808
	Fti Consulting Inc	1,373			233,071	273,433
	Fuller HB Co	5,176			367,897	421,378
	Galp Energia Sgps Unspn ADR	21,532			130,204	157,528
	Gartner Inc	653			61,775	294,575
	Gates Industrial Corp Plc	8,359			132,576	112,178
	Getty Rity Corp New	9,478			295,849	276,947
	Gildan Activewear Inc	2,689			95,656	88,898
	Gitlab Inc Class A Com	5,038			265,217	317,192
	Givaudan Sa ADR	2,198			126,217	182,610
	Global Payments Inc	1,105			134,256	140,335
	GoDaddy Inc Class A	5,854			437,246	621,461
	Graco Inc	4,717			110,508	409,247
	Grupo Fin Banorte Spon ADR	2,173			58,355	109,106
	Guardant Health Inc	3,918			175,679	105,982
	Haleon Plc Spon Ads ADR	31,353			234,481	258,035
	Halma plc	1,533			73,014	88,791
	Hamilton Lane Inc CL A	1,591			134,867	180,483
	Hanover Ins Group Inc	1,094			99,800	132,833
	Hdfc Bank Ltd	1,024			65,400	68,721
	Hengan Intl Group Unspn ADR	4,814			173,575	89,926
	Henkel Ag And Co Kgaa ADR	5,584			103,253	112,203
	Hexagon Ab Unsp ADR	4,252			49,238	51,109
	Hexcel Corp New	4,600			190,861	339,250
	Hillman Solutions Corp	49,041			436,011	451,668
	Himax Technologies Inc ADR	9,220			119,575	55,965
	Hologic Inc	2,300			190,015	164,335
	Hong Kong Exchanges Unsp ADR	3,467			127,563	118,745
	Houlihan Lokey Inc	6,563			438,488	786,969
	Hoya Corp ADR	3,047			327,210	379,412
	Hsbc Holdings Plc Spons ADR	5,474			175,497	221,916
	Hunt JB Trans Svcs Inc	2,236			186,855	446,619
	Hyatt Hotels Corp CL A	1,594			87,049	207,874
	I N G Group NV Spon ADR	11,478			147,793	172,399
	Iberdrola S Spon ADR	1,674			75,412	87,885
	Icon Plc	652			147,930	184,562
	Idex Corp	1,276			42,212	277,032
	Illinois Tool Works Inc	5,141			707,798	1,346,634
	Imcd NV ADR	1,215			87,131	106,859
	Immunocore Hldgs Plc ADR	3,204			180,247	218,897
	Inari Med Inc	2,839			154,897	184,308
	Inditex Unspn ADR	19,531			310,929	427,533
	Infosys Ltd Sp ADR	5,801			84,307	106,622
	Intesa Sanpaolo Spon ADR	7,632			128,953	133,865
	Ipg Photonics Corp	967			131,790	114,958
	Iradimed Corp	1,252			31,878	59,432
	Irhythm Technologies Inc	2,019			180,950	216,114
	Itt Corp New	1,590			58,230	189,719
	Jack Henry Associates Inc	2,323			195,908	379,601
	Jd com Inc	2,105			56,815	60,813
	Jfrog Ltd	7,492			189,143	259,298
	John Bean Technologies Corp	2,096			207,993	208,447
	Jones Lang Lasalle Inc	1,645			186,100	310,691
	Karuna Therapeutics Inc	1,023			176,025	323,790

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Principal	Interest Rate	Maturity Date		
		<u>Common stock (continued):</u>				
	Kasikornbank Pcl Unspn ADR	3,985			\$ 74,438	\$ 62,285
	Kb Financial Group ADR	3,256			152,525	134,701
	Kbc Groep NV Unsp ADR	3,810			126,306	123,749
	Keurig Unspn ADR	1,372			83,582	60,697
	Keysight Technologies Inc	9,042			1,355,893	1,438,492
	Kimberly Clark De Mexico ADR	10,074			92,659	113,836
	Kinsale Capital Group Inc	270			95,798	90,426
	Kirby Corp Com	3,602			230,497	282,685
	Krystal Biotech Inc	696			70,080	86,346
	Kt Corp Sp ADR	7,791			108,874	104,711
	L3Harris Technologies Inc	658			142,751	138,588
	Lakeland Financial Corp	2,623			201,478	170,915
	Landstar Sys Inc	4,855			410,999	940,171
	Lantheus Hldgs Inc	1,238			104,141	76,756
	Lattice Semiconductor Corp	3,484			178,900	240,361
	Legrand Sa Unsp ADR	7,608			158,573	158,170
	Lennox International Inc	1,144			206,211	511,963
	Lenovo Group Ltd ADR	9,496			186,602	265,603
	Leslies Inc Com	46,979			687,157	324,625
	Life Healthcare ADR	23,841			127,472	94,708
	Lincoln Elec hldgs Inc	804			160,901	174,838
	Linde Plc Shs	599			131,803	246,015
	Lithia Motors Inc Cl A	660			172,197	217,325
	Littelfuse Inc	611			123,400	163,479
	Lkq Corporation	9,501			396,076	454,053
	London Stock Exchg Unsp ADR	18,918			390,596	567,067
	Loreal Unspn ADR	2,374			115,801	235,999
	Lowes Co Inc	7,053			565,517	1,569,645
	Lvmh Moet Hennessy ADR	2,627			253,350	426,756
	Manhattan Assocs Inc	1,233			60,962	265,490
	Markel Corp	1,276			1,110,848	1,811,792
	Martin Marietta Matls Inc	1,346			552,369	671,533
	Masco Corp	21,925			1,039,291	1,468,537
	Mastercard Inc	5,040			793,699	2,149,610
	Matador Resources Co	2,718			133,346	154,545
	Materion Corp	1,685			125,620	219,269
	Mercadolibre Inc	84			115,627	132,009
	Merck Kgaa Sponsored ADR	4,200			135,166	134,106
	Mettler Toledo Intl Inc	100			59,537	121,296
	Microsoft Corp Com	3,210			607,025	1,207,088
	Mid-Amer Apt Cmnty Inc	676			70,818	90,895
	Middleby Corp	836			112,458	123,034
	Mobile Telesystems ADR Restrict	14,318			132,826	-
	Mol Hungarian Oil Sp ADR	18,483			67,555	74,302
	Monolithic Power Systems Inc	300			30,270	189,234
	Monotaro Co Ltd Unsp ADR	4,229			54,454	45,589
	Morningstar Inc	2,438			356,471	697,853
	MT Bank Corp	336			53,100	46,059
	Mtu Aero Engines Unspn ADR	671			72,473	72,428
	National Beverage Corp	7,285			219,037	362,210
	Nedbank Group Ltd ADR	8,176			92,946	97,376
	Nestle Sa Sponsored ADR	4,347			419,592	502,643
	Netflix Com Inc	1,353			526,292	658,749
	Neurocrine Biosciences Inc	1,368			132,708	180,248

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal	Maturity Rate		
		Date				
		Common stock (continued):				
	New York Times Co	5,194			\$ 144,082	\$ 254,454
	Nice LTD DR	551			153,747	109,930
	Nike Inc	2,004			68,696	217,574
	Nomura Research Ins Unsp ADR	9,298			257,970	270,200
	Nordson Corp	1,491			211,407	393,863
	Novo Nordisk ADR	11,671			772,648	1,207,365
	Nvent Electric Plc	5,634			320,069	332,913
	Nxp Semiconductors NV Com	6,302.00			609,899	1,447,443
	Ollies Bargain Outlet Hldgs	1,950			131,457	147,986
	Olympus Corp Spon ADR	13,643			256,956	195,995
	Opap Sa Unsp ADR	6,840			49,572	55,883
	Option Care Health Inc	2,982			103,628	100,464
	Oracle Corporation	10,566			520,086	1,113,973
	Outset Med Inc Com	3,566			167,102	19,292
	Paycom Software Inc	400			44,961	82,688
	Paycor Hmc Inc	8,212			236,364	177,297
	PayPal Holdings Inc	7,210			614,879	442,766
	PepsiCo Inc	7,009			806,400	1,190,409
	Perficient Inc	2,000			186,050	131,640
	Pernod Ricard Sa ADR	4,069			143,936	143,636
	Petrobras Distribuidora ADR	9,754			74,964	92,370
	Petroleo Brasileiro SA ADR	8,477			97,947	135,378
	Ping An Insurance ADR	10,213			178,875	92,121
	Pinnacle Financial Partners	1,672			111,840	145,832
	Pioneer Natural Resources Co	368			55,697	82,756
	Pool Corporation	1,098			238,004	437,784
	Power Integrations Inc	1,952			81,734	160,279
	Primerica Inc	2,026			147,358	416,870
	Prosperity Bancshares Inc	2,995			202,589	202,851
	PT Telekomunikasi Indonesia ADR	3,328			91,334	85,729
	Pt Utd Tractors Tbk ADR	2,118			82,271	62,015
	Public Svc Enterprise Group Inc	2,199			103,635	134,469
	Qualys Inc	200			16,264	39,256
	Quest Diagnostics Inc	786			80,232	108,374
	Raymond James Finl Inc	1,700			84,591	189,550
	Rb Global Inc	1,692			45,323	113,178
	Rbc Bearings Inc	1,729			182,724	492,575
	Recruit Holdings Co Ltd ADR	11,431			72,479	95,449
	Regal Beloit Corp	2,561			331,092	379,079
	Relx Plc Spon ADR	14,702			370,650	583,081
	Renaissance Re Holdings Ltd	1,188			184,009	232,848
	Renesas Electronics Corp ADR	15,374			105,362	137,443
	Rentokil Initial Plc Sp ADR	4,779			125,996	136,727
	ResMed Inc	700			50,771	120,414
	Restaurant Brands Intl Inc	1,473			100,995	115,085
	Rli Corp	2,382			132,174	317,092
	Roche Holdings Ltd Spon ADR	7,503			350,248	271,834
	Rpm International Inc	4,741			315,204	529,238
	Ryanair Holdings Plc Sp ADR	1,965			182,666	262,052
	Safran Sa Unsp ADR	6,565			241,739	289,713
	Saia Inc	400			114,987	175,288
	Salesforce Inc	2,507			464,244	659,692
	Sampo Oyj A ADR	6,590			164,487	143,926
	Sandvik Ab ADR	8,730			199,628	189,266

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type Principal	Interest Rate	Maturity Date		
		<u>Common stock (continued):</u>				
	Sanlam Limited ADR	13,122			\$ 103,919	\$ 103,806
	Sap SE Spon ADR	3,514			438,962	543,229
	Sarepta Therapeutics Inc	1,141			146,030	110,027
	SBA Communications Corp	362			84,240	91,836
	Schein Henry Inc	1,991			49,893	150,739
	Sealed Air Corp	2,647			117,049	96,668
	SEI Investments Co	7,620			345,708	484,251
	Service Corp Intl	3,619			175,387	247,721
	ServiceNow Inc	1,265			411,292	893,710
	Shin Etsu Chem Unspn ADR	7,531			145,483	157,398
	Shinhan Financial Group ADR	3,369			129,206	103,698
	Shiseido Company Limited ADR	3,755			252,726	112,800
	Shockwave Medical Inc	1,129			122,989	215,142
	Shopify Inc A	1,900			103,393	148,010
	Siemens Healthline Unsp ADR	4,128			95,254	120,249
	Sinopharm Group Co Unsp ADR	6,833			93,570	89,171
	Siteone Landscape Supply Inc	2,445			131,402	397,313
	Smc Corp Spon	7,072			171,293	188,822
	Smith AO Corp	2,161			84,848	178,153
	Snap On Inc	400			65,513	115,536
	Sociedad Quimica Minera ADR	1,185			85,320	71,361
	Sony Group Corporation ADR	3,572			294,291	338,233
	SP Global Inc	3,301			749,072	1,454,157
	Springworks Therapeutics Inc	5,567			293,818	203,196
	Sps Commerce Inc	1,000			150,415	193,840
	Standard Bank Group ADR	8,546			88,562	97,168
	Starbucks Corp	12,008			808,146	1,152,888
	Steris Plc	700			73,023	153,895
	Stifel Finl Corp	2,171			142,898	150,125
	Stock Yards Bancorp Inc	5,132			260,931	264,247
	Straumann Holdings Ag ADR	9,505			115,868	153,073
	Stryker Corp	4,297			650,528	1,286,780
	Sun Communities Inc	900			130,549	120,285
	Suncor Energy Inc	10,178			335,900	326,103
	Suzuki Motor Corporation ADR	655			130,793	111,586
	Synchrony Financial	3,687			118,733	140,807
	Taiwan Semiconductor ADR	2,648			174,380	275,392
	Take-Two Interactive Software Inc	800			105,412	128,760
	Tapestry Inc	6,157			229,013	226,639
	Teledyne Technologies Inc	400			127,148	178,516
	Teleflex Inc	2,320			593,295	578,469
	Tencent Hldgs Ltd ADR	1,024			38,019	38,697
	Tenet Healthcare Corp	1,959			104,647	148,042
	Teradata Corp	4,775			217,112	207,760
	Ternium Sa Sponsored ADR	1,465			55,669	62,218
	Thales AR	6,048			150,473	178,634
	The Scotts Miracle Gro Company	3,808			305,534	242,760
	Thermo Fisher Scientific Inc	3,223			806,481	1,710,736
	Thomson Reuters Corp	1,407			134,074	205,731
	Thor Industries Inc	4,571			364,104	540,521
	Tingyi Cayman Islands Hldgs Co ADR	3,494			123,932	82,598
	Tjx Companies Inc	17,883			642,951	1,677,604
	Tokyo Electron Ltd ADR	4,074			264,386	361,934
	Toll Bros Inc	1,242			71,637	127,665

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Shares/ Type	Principal	Interest Rate	Maturity Date		
		<u>Common stock (continued):</u>					
	Topbuild Corp	541				\$ 108,323	\$ 202,475
	Transunion	4,665				261,662	320,532
	Trimble Nav Ltd	7,391				370,980	393,201
	Tyler Technologies Inc	720				257,907	301,046
	Ulta Beauty Inc Com	591				159,774	289,584
	Unifirst Corp Mass	1,960				372,735	358,504
	Unilever Plc Sponsored ADR	6,749				371,316	327,192
	UnitedHealth Group Inc Com	808				263,131	425,388
	Universal Music Group Nv ADR	9,000				96,243	128,610
	Vale Sa Sp ADR	6,793				92,589	107,737
	Valvoline Inc	3,899				145,116	146,524
	Veracyte Inc	3,973				148,135	109,297
	Victory Capital Holding A	3,190				107,328	109,864
	Visa Inc Com CL A	2,286				198,136	595,160
	Vodacom Group Ltd Sp ADR	13,496				124,169	79,761
	Vonovia SE ADR	8,316				172,570	130,520
	Vulcan Matls Co Com	472				59,193	107,149
	Waste Connections Inc	1,085				148,381	161,958
	Watsco Inc Com	1,818				259,218	778,958
	Watts Water Technologies CL A	1,000				179,834	208,340
	WD 40 Co	1,561				186,374	373,188
	Weatherford Intl Ltd	1,051				99,100	102,819
	West Pharmaceutical Svcs Inc Com	400				88,852	140,848
	Wex Inc	2,112				202,167	410,890
	Willscot Mobil Mini Hldng Corp Com	2,000				104,334	89,000
	Wingstop Inc	869				149,541	222,968
	Workday Inc	1,032				228,873	284,894
	WR Berkely Corp	27,154				906,051	1,920,332
	Xenon Pharmaceuticals Inc	2,477				104,288	114,091
	Zai Lab Ltd ADR	2,461				185,511	67,259
	Zoetis Inc Cl A	1,686				139,971	332,766
	Zozo Inc AD	19,585				95,095	90,483
	Zurn Elkay Water Solutions	5,247				107,734	154,315
	Total common stock					86,275,606	122,076,752
	<u>Corporate obligations:</u>						
	Dbarn Nim	6,160		6.500 %	02/25/47	6,160	-
	Esc Lehman	101,496		0.301	10/22/18	1	102
	Leham Brothers	1,000,000		0.315	12/30/16	1	1,000
	Leham Brothers	57,997		0.302	10/14/18	1	58
	Total corporate obligations					6,163	1,160
	<u>Mutual funds:</u>						
	Axonic Alternative Income Fund	526,233				10,039,576	10,456,253
	Columbia Strategic Income Fund	621,748				14,903,159	13,274,315
	Total mutual funds					24,942,735	23,730,568
	<u>Pooled separate account:</u>						
	Principal US Property Separate Acct	195,180				12,976,168	12,856,972

(a)	(b)	(c)	(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Shares/ Type Principal	Interest Rate	Maturity Date
		<u>Common collective trusts:</u>		
	AFL-CIO Building Investment Trust	1,383	\$ 10,492,972	\$ 7,536,716
	ASB Allegiance Real Estate Fund	8,475	4,529,215	14,016,911
	JP Morgan Core Bond Fund	2,286,352	50,085,892	47,281,761
	Longview Broad Market 3000 Index Fund	78,476	25,984,583	29,338,413
	Longview Largecap 1000 Growth Index Fund	22,437	12,000,000	11,955,749
	Longview Largecap 500 Index Fund	37,347	59,981,338	66,475,320
	Total common collective trusts		<u>163,074,000</u>	<u>176,604,870</u>
		<u>Hedge fund of funds:</u>		
	Ares Priv Credit Solutions (Cayman), L.P.	1,973,395	<u>1,973,395</u>	<u>3,861,140</u>
		<u>Limited partnerships:</u>		
	Boyd Watterson GSA Fund, L.P.	8,830	10,075,306	9,799,804
	Crescent Credit Solutions VIII A-2, L.P.	1	5,852,997	6,847,807
	Ironsides Opportunities Fund II, L.P.	1	572,466	611,999
	Ironsides Co-investment Fund VI, L.P.	1	3,556,554	4,297,973
	Ironsides Partnership Fund VI, L.P.	1	1,294,545	1,327,672
	Total limited partnerships		<u>21,351,868</u>	<u>22,885,255</u>
		<u>Short term investments:</u>		
*	ASB-Blackrock Liq Feds Fed Fund	53	53	53
*	First Am Treas Ob Fd Cl Z	23,464,571	<u>23,464,571</u>	<u>23,464,571</u>
	Total short term investments		<u>23,464,624</u>	<u>23,464,624</u>
		<u>Guaranteed annuity contract:</u>		
	Empower Retirement Stable Value Fund	1	<u>24,386,152</u>	<u>24,386,152</u>
	Total investments:		\$ 358,450,711	\$ 409,867,493

* A party-in-interest as defined by ERISA.

**ATLANTA PLUMBERS AND
STEAMFITTERS PENSION FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2023

Form 5500 Schedule H, Item 4j

EIN 58-1233396

Plan No: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
* First Am Treas Ob Fd Cl Z		\$ 33,219,733	N/A	\$ 33,219,733	\$ 33,219,733	N/A
* First Am Treas Ob Fd Cl Z		N/A	\$ 31,692,401	31,692,401	31,692,401	\$ -

* A party-in-interest as defined by ERISA.

Schedule MB, Line 6 - Summary of Plan Provisions

<i>Plan Name</i>	Atlanta Plumbers and Steamfitters Pension Plan
<i>Plan Sponsor</i>	Board of Trustees of the Atlanta Plumbers and Steamfitters Pension Plan
<i>EIN / PN</i>	58-1233396 / 001
<i>Effective Date</i>	The original effective date of the Plan is January 1, 1973.
<i>Plan Year</i>	The twelve-month period beginning January 1 and ending December 31.
<i>Employers</i>	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.
<i>Participants</i>	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 - 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 ½ 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 ½ 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 - 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 - 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 ¹	\$108.00

¹\$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, 2021 will be variable and will change based upon fund earnings compared to the baseline rate for each respective plan year

Schedule MB, Line 6 - Summary of Plan Provisions

- (e) 2.00% of contributions required for hours worked on or after January 1, 2022 but limited to a maximum contribution rate of \$2.95 for journeymen and \$2.06 for apprentices (not to exceed \$100.00 in any plan year). Benefits accruing after December 31, 2021 will be variable and will change based upon fund earnings compared to the baseline rate.
-

<i>Baseline Rate</i>	Baseline rate for 2014-2019: 7.00% Baseline rate for 2020-2021: 6.75% Baseline rate for 2022 and thereafter: 6.50%
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<i>Early Retirement Pension – Eligibility</i>	Age 55 and 10 years of credited service or vesting service, including at least ½ year of future credited service.
--	---

<i>Early Retirement Pension – Amount of Benefit</i>	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.
--	--

<i>Disability Pension – Eligibility</i>	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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<i>Disability Pension – Amount of Benefit</i>	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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Schedule MB, Line 6 - Summary of Plan Provisions

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).

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.



Schedule MB, Line 6 - Summary of Plan Provisions

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.

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).

Contribution Rates

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

Changes in Plan Provisions

There have been no changes to the plan provisions that impact the results of the actuarial valuation.



THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

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

Distribution of Active Participants

Measurement Date: January 1, 2023

[Form 5500 Sch. MB, Line 8b(2)]

		Years of Credited Service										Total
Age	Stat	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	Count	78	159	12	-	-	-	-	-	-	-	249
	Avg Ben	\$32	\$160									\$131
25 - 29	Count	42	159	122	2	-	-	-	-	-	-	325
	Avg Ben	\$35	\$202	\$502								\$297
30 - 34	Count	30	100	127	42	6	-	-	-	-	-	305
	Avg Ben	\$32	\$196	\$549	\$998							\$461
35 - 39	Count	8	83	98	63	43	2	-	-	-	-	297
	Avg Ben		\$198	\$561	\$1,089	\$1,576						\$714
40 - 44	Count	34	69	63	60	44	24	-	-	-	-	294
	Avg Ben	\$38	\$175	\$564	\$1,125	\$1,595	\$2,093					\$806
45 - 49	Count	6	29	56	37	25	46	25	1	-	-	225
	Avg Ben		\$187	\$614	\$1,120	\$1,665	\$2,224	\$2,724				\$1,318
50 - 54	Count	6	18	31	28	26	37	33	34	3	-	216
	Avg Ben			\$588	\$1,148	\$1,699	\$2,212	\$2,814	\$3,226			\$1,816
55 - 59	Count	-	16	23	27	30	21	29	28	23	-	197
	Avg Ben			\$604	\$1,122	\$1,647	\$2,267	\$2,703	\$3,251	\$3,573		\$2,008
60 - 64	Count	2	11	13	13	7	21	8	4	2	1	82
	Avg Ben						\$2,177					\$1,568
65 - 69	Count	-	2	1	2	2	6	3	1	-	2	19
	Avg Ben											
70 +	Count	-	-	-	-	-	-	-	-	-	-	-
	Avg Ben											
Total	Count	206	646	546	274	183	157	98	68	28	3	2,209
	Avg Ben	\$35	\$185	\$554	\$1,094	\$1,624	\$2,212	\$2,766	\$3,230	\$3,559		\$894

Stat Description:

- Count: Number of active participants as of the valuation date

- Avg Ben: The average accrued monthly benefit for active participants as of the valuation date

Notes

- As of January 1, 2023, there were no active participants with unknown dates of birth in the data.
- As of January 1, 2023, there were no active participants with unknown gender in the data



Schedule MB, Lines 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 1/1/2023 Period	Balance	Annual Payment
Amendment	1/1/1994	30.00	\$ 5,245,753	-	1.00	\$ 393,322	\$ 393,322
Amendment	7/1/1994	30.00	1,277,372	-	2.00	185,293	95,563
Amendment	1/1/1997	30.00	1,851,449	-	4.00	503,284	137,944
Amendment	1/1/1999	30.00	1,113,432	-	6.00	426,021	82,632
Amendment	1/1/1999	30.00	5,120,881	-	7.00	2,215,491	379,299
Amendment	1/1/2006	30.00	5,389	-	13.00	3,618	395
Assumption	1/1/1999	30.00	2,063,990	-	6.00	789,706	153,172
Assumption	1/1/2001	30.00	4,598,212	-	8.00	2,204,406	339,949
Assumption	1/1/2005	30.00	1,932,502	-	12.00	1,232,806	141,881
Assumption	1/1/2006	30.00	2,598,577	-	13.00	1,744,492	190,473
Assumption	1/1/2007	30.00	5,671,449	-	14.00	3,984,416	415,055
Assumption	1/1/2012	15.00	1,743,204	-	4.00	645,613	176,954
Assumption	1/1/2015	15.00	12,930,667	-	7.00	7,621,939	1,304,900
Exper Loss	1/1/2009	15.00	1,909,783	-	1.00	195,096	195,096
Exper Loss	1/1/2010	15.00	12,024	-	3.00	2,966	1,052
Exper Loss	1/1/2012	15.00	22,041,714	-	4.00	8,163,370	2,237,474
Exper Loss	1/1/2014	15.00	6,865,066	-	6.00	3,578,636	694,115
Exper Loss	1/1/2015	15.00	7,019,236	-	7.00	4,137,465	708,347
ENIL (2008)	1/1/2009	29.00	43,476,183	-	15.00	32,152,914	3,210,847
Exper Loss	1/1/2016	15.00	10,035,582	-	8.00	6,554,925	1,010,857
Exper Loss	1/1/2017	15.00	4,913,681	-	9.00	3,502,159	494,045
Assumption	1/1/2018	15.00	1,615,530	-	10.00	1,241,411	162,146
Exper Loss	1/1/2018	15.00	4,918,412	-	10.00	3,779,418	493,648
Exper Loss	1/1/2019	15.00	4,854,611	-	11.00	3,983,113	486,408
Exper Loss	1/1/2020	15.00	4,785,356	-	12.00	4,159,171	478,669
Assumption	1/1/2020	15.00	11,121,830	-	12.00	9,666,492	1,112,492
Amendment	1/1/2021	15.00	459,404	-	13.00	420,518	45,914
Assumption	1/1/2022	15.00	10,773,129	-	14.00	10,327,630	1,075,824
Amendment	1/1/2022	15.00	1,968,015	-	14.00	1,886,632	196,529
Total Charges						\$ 115,702,323	\$ 16,415,002

Credits					[Schedule MB, Line 9h]		
Type	Date Established	Initial Period	Initial Balance		Outstanding at 1/1/2023 Period	Balance	Annual Payment
Method	1/1/2018	10.00	\$ 7,814,599		5.00	\$ 4,543,573	\$ 1,026,611
Exper Gain	1/1/2021	15.00	6,979,460		13.00	6,388,690	697,552
Exper Gain	1/1/2022	15.00	11,386,384		14.00	10,915,525	1,137,064
Exper Gain	1/1/2023	15.00	12,409,678		15.00	12,409,678	1,239,252
Total Credits						\$ 34,257,466	\$ 4,100,479
Net Total						\$ 81,444,857	\$ 12,314,523

Schedule MB, Lines 9c and 9h- Schedule of Funding Standard Account Bases

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

Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

<i>Plan Name</i>	Atlanta Plumbers and Steamfitters Pension Plan
<i>Plan Sponsor</i>	Board of Trustees of the Atlanta Plumbers and Steamfitters Pension Plan
<i>EIN / PN</i>	58-1233396 / 001
<i>Interest Rates</i>	6.50% 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 current and prior editions 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 2.55% per annum as of January 1, 2023.



Schedule MB, Line 6

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:

Age	Not Eligible For Unreduced Retirement	Active and Eligible For 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, 2023 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.

Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Operating Expenses

The amount assumed for operating expenses is the average of the expenses for the three plan years preceding the valuation (\$487,232) increased by 3% (\$501,849) adjusted to the beginning of year and added to the normal cost. For this year the expense assumption is \$487,331. Investment management counseling fees and expenses are not included in assumed operating expenses

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.

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.

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.

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..

Schedule MB, Line 6

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

Statement of Actuarial Assumptions/Methods

<i>Form of Payment</i>	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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<i>Loading for Social Security Level Income Option</i>	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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<i>Marriage</i>	80% of non-retired participants are assumed to be married.
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<i>Spouse Ages</i>	Husbands were assumed to be four years older than their wives
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<i>Cost Method</i>	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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<i>Asset Valuation Method</i>	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.
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The actuarial value of assets was reset to the market value of assets as of January 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

<i>Participant Data</i>	Participant census data as of the valuation date was provided by National Employee Benefits Administrators, Inc.
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Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

***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.
-

***Financial
Information***

Financial information as of the valuation date was obtained from the audited financial statements supplied by the Fund's auditor, Novak Francella LLC.

***Unfunded Vested
Benefits for
Employer
Withdrawals***

Valued using an interest rate of 6.50% per annum (same as fund earnings assumption used to determine other plan costs and liabilities), and the market value of assets.

***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.

***Changes in
Assumptions and
Methods***

None.

Schedule MB – Statement by the Enrolled Actuary

Plan Sponsor:	Board of Trustees of the Atlanta Plumbers and Steamfitters Pension Plan
EIN / PN:	58-1233396 / 001
Plan Year:	Beginning January 1, 2023 and ending December 31, 2023
Plan Name:	Atlanta Plumbers and Steamfitters Pension Plan (the “Plan”)
Enrolled Actuary:	Mark Stewart
Enrollment Number:	23-06075

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 Novak Francella, LLC during the period January 1, 2023 to December 31, 2023.

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 2023 plan year, as required under Line 8b(2).
5. A schedule of projection of employer contributions and withdrawal liability payments, as required under Line 8b(3)
6. A schedule of amortization bases, as required under Lines 9c and 9h.

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Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Projection of Expected Benefit Payments

Measurement Date: January 1, 2023

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning January 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2023	914,557	487,145	23,257,644	24,659,346
2024	1,990,431	731,638	22,599,069	25,321,137
2025	3,147,747	987,302	21,954,599	26,089,649
2026	4,165,169	1,332,582	21,343,394	26,841,145
2027	5,174,559	1,794,383	20,748,843	27,717,785
2028	6,085,446	2,257,925	20,146,614	28,489,985
2029	7,053,599	2,807,176	19,542,459	29,403,235
2030	7,826,956	3,158,919	18,924,190	29,910,065
2031	8,505,515	3,584,701	18,263,496	30,353,712
2032	9,153,864	3,924,607	17,570,304	30,648,775
2033	9,761,685	4,320,508	16,874,103	30,956,295
2034	10,320,131	4,821,235	16,160,343	31,301,710
2035	10,867,568	5,311,075	15,422,308	31,600,951
2036	11,453,022	5,604,270	14,660,961	31,718,253
2037	11,882,699	5,935,565	13,884,885	31,703,149
2038	12,258,985	6,382,080	13,093,825	31,734,889
2039	12,541,402	6,562,564	12,288,924	31,392,891
2040	12,792,134	6,762,603	11,479,769	31,034,506
2041	13,055,853	7,001,725	10,664,598	30,722,176
2042	13,339,705	7,177,383	9,856,924	30,374,012
2043	13,562,326	7,345,853	9,060,615	29,968,794
2044	13,707,381	7,426,584	8,279,536	29,413,501
2045	13,927,423	7,498,321	7,518,430	28,944,175
2046	14,003,696	7,469,617	6,781,792	28,255,105
2047	14,019,774	7,417,553	6,078,774	27,516,101

Notes

- Expected benefit payments above assume no additional accruals, no future new entrants to the Plan, and experience consistent with the valuation assumptions set forth in Appendix B.



Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Projection of Expected Benefit Payments(cont.)

Measurement Date: January 1, 2023

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning January 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2048	14,031,808	7,380,950	5,411,388	26,824,145
2049	13,971,083	7,270,532	4,783,512	26,025,127
2050	13,891,462	7,182,778	4,198,282	25,272,522
2051	13,786,963	7,057,032	3,658,037	24,502,031
2052	13,574,803	6,892,419	3,164,238	23,631,460
2053	13,368,495	6,669,652	2,717,340	22,755,488
2054	13,081,981	6,437,202	2,316,871	21,836,055
2055	12,741,109	6,191,613	1,961,528	20,894,250
2056	12,405,182	5,911,312	1,649,278	19,965,772
2057	12,027,049	5,613,382	1,377,543	19,017,974
2058	11,593,442	5,312,623	1,143,320	18,049,386
2059	11,157,723	5,017,859	943,276	17,118,859
2060	10,687,727	4,704,488	773,920	16,166,136
2061	10,214,440	4,392,354	631,750	15,238,544
2062	9,718,624	4,083,392	513,372	14,315,389
2063	9,218,292	3,779,778	415,555	13,413,625
2064	8,705,694	3,483,282	335,292	12,524,268
2065	8,188,850	3,195,607	269,856	11,654,313
2066	7,678,202	2,918,276	216,805	10,813,283
2067	7,172,382	2,652,595	174,008	9,998,985
2068	6,680,248	2,399,644	139,620	9,219,512
2069	6,203,558	2,160,296	112,067	8,475,920
2070	5,745,815	1,935,225	90,032	7,771,071
2071	5,307,644	1,724,849	72,419	7,104,912

Notes

- Expected benefit payments above assume no additional accruals, no future new entrants to the Plan, and experience consistent with the valuation assumptions set forth in Appendix B.



Schedule MB, Line 8b(3) - Projection of Employer Contributions and Withdrawal Liability Payments

Projection of Employer Contributions and Withdrawal Liability Payments

Measurement Date: January 1, 2023

[Form 5500 Sch. MB, Line 8b(3)]

Plan Year Beginning January 1	Employer Contributions	Withdrawal Liability Payments	Total
2023	14,720,000	0	14,720,000
2024	13,984,000	0	13,984,000
2025	13,248,000	0	13,248,000
2026	13,248,000	0	13,248,000
2027	13,248,000	0	13,248,000
2028	13,248,000	0	13,248,000
2029	13,248,000	0	13,248,000
2030	13,248,000	0	13,248,000
2031	13,248,000	0	13,248,000
2032	13,248,000	0	13,248,000

Notes

- The projection of employer contributions is based on a projection of industry activity for current and succeeding plan years. The projection of industry activity (in other words, covered employment levels) is based on information provided in good faith by the Board of Trustees.
- Based on the information provided by the Trustees, it was assumed that hours worked will be 4 million in 2023, 3.8 million in 2024 and 3.6 million in all future years.
- The projection of employer contributions assumes that the current terms of the collective bargaining agreement(s) and participation agreement(s) under which contributions are made to the Plan will continue in effect for succeeding plan years.
- The Plan is not assumed to receive future withdrawal liability payments.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1510-0110 1510-0089 2023 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide 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	
1a Name of plan ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND	1b Three-digit plan number (PN) 001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND 2010 N.W. 150TH AVE, STE 100 PEMBROKE PINES FL 33028-2887	1c Effective date of plan 09/27/1973 2b Employer Identification Number (EIN) 58-1233396 2c Plan Sponsor's telephone number 954-266-6322 2d Business code (see instructions) 238220

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

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

SIGN HERE	☒ <i>Terry Newsome, Jr.</i> Signature of plan administrator	10/9/2024 Date	TERRY NEWSOME JR. Enter name of individual signing as plan administrator
SIGN HERE	☒ <i>Jonathan Sterling</i> Signature of employer/plan sponsor	10/9/2024 Date	JON STERLING 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 (2023)
v. 230728

3a Plan administrator's name and address ☒ Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year

5 4,619

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).

a(1) Total number of active participants at the beginning of the plan year

6a(1) 2,279

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

6a(2) 2,339

b Retired or separated participants receiving benefits

6b 1,116

c Other retired or separated participants entitled to future benefits

6c 944

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

6d 4,399

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

6e 331

f Total. Add lines 6d and 6e

6f 4,730

g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)

6g(1)

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

6g(2)

h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested

6h

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)

7 96

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:

9a Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 (4) ☐ **DCG** (Individual Plan Information) - Number Attached _____
 (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information - Small Plan)
 (3) ☒ **A** (Insurance Information) - Number Attached 2
 (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

Round off amounts to nearest dollar.

Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND	D Employer Identification Number (EIN) 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 2023	
b Assets	
(1) Current value of assets	1b(1) 384,297,599
(2) Actuarial value of assets for funding standard account	1b(2) 423,174,116
c (1) Accrued liability for plan using immediate gain methods	1c(1) 416,294,297
(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) 416,294,297
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 776,691,070
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 20,771,149
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 25,514,363
(3) Expected plan disbursements for the plan year	1d(3) 24,394,162

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		9/10/2024
Mark Stewart	Signature of actuary	Date 2306075
HORIZON ACTUARIAL SERVICES LLC	Type or print name of actuary	Most recent enrollment number 678-317-4104
990 Hammond Drive Suite 220 ATLANTA GA 30328	Firm name	Telephone number (including area code)
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 ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	384,297,599
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,453	336,568,682
(2) For terminated vested participants	919	139,750,547
(3) For active participants:		
(a) Non-vested benefits		22,282,549
(b) Vested benefits		278,089,292
(c) Total active	2,209	300,371,841
(4) Total	4,581	776,691,070
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	49.47 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	15,687,576				
Totals ▶			3(b)	15,687,576	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	101.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

j If box h is checked, enter period of use of shortfall method	5j	
---	-----------	--

Line 3(b) contributions are paid throughout the year. There were no withdrawal liability payments

- k** Has a change been made in funding method for this plan year? ☐ Yes ☒ No
- l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No
- m** If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method 5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.55 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A A
(2) Females	6c(2)	A A
d Valuation liability interest rate	6d	6.50 % 6.50 %
e Salary scale	6e	% ☐ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-14.7 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	487,331
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-12,409,678	-1,239,252

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval.....	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)

8e**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any

9a

0

b Employer's normal cost for plan year as of valuation date

9b

7,712,724

c Amortization charges as of valuation date:

Outstanding balance

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

9c(1)

115,702,323

16,415,002

(2) Funding waivers

9c(2)

0

0

(3) Certain bases for which the amortization period has been extended

9c(3)

0

0

d Interest as applicable on lines 9a, 9b, and 9c

9d

1,568,302

e Total charges. Add lines 9a through 9d

9e

25,696,028

Credits to funding standard account:

f Prior year credit balance, if any

9f

88,324,676

g Employer contributions. Total from column (b) of line 3

9g

15,687,576

Outstanding balance

h Amortization credits as of valuation date

9h

34,257,466

4,100,479

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i

6,517,546

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

136,356,314

(2) "RPA '94" override (90% current liability FFL)

9j(2)

288,354,177

(3) FFL credit

9j(3)

0

k **(1)** Waived funding deficiency

9k(1)

0

(2) Other credits

9k(2)

0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l

114,630,277

m Credit balance: If line 9l is greater than line 9e, enter the difference

9m

88,934,249

n Funding deficiency: If line 9e is greater than line 9l, enter the difference

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

(1) Due to waived funding deficiency accumulated prior to the current plan year

9o(1)

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

0

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b)

0

(3) Total as of valuation date

9o(3)

0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)

10

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

☐

Yes

☒

No