

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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.	10/09/2025	TERRY NEWSOME JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2025	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 <input checked="" type="checkbox"/> 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:		4b EIN	
a Sponsor's name			
c Plan Name		4d PN	
5 Total number of participants at the beginning of the plan year		5	4730
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)	2339
a(2) Total number of active participants at the end of the plan year		6a(2)	2639
b Retired or separated participants receiving benefits.....		6b	1117
c Other retired or separated participants entitled to future benefits		6c	959
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	4715
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	337
f Total. Add lines 6d and 6e		6f	5052
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)	
g(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	138

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

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

a Pension Schedules		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>	(3) <input checked="" type="checkbox"/> C (Service Provider Information)	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	(4) <input type="checkbox"/> G (Financial Transaction Schedules)	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(5) <input type="checkbox"/> G (Financial Transaction Schedules)		(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

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.

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		01/01/2024	12/31/2024

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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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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	

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	25361801
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 24386152
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2) 975649
	(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) 975649
d	Total of balance and additions (add lines 7b and 7c(6))	7d 25361801
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 25361801

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

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.

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		01/01/2024	12/31/2024

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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(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	8816170

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)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	<u>415274091</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>442971746</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>429638516</u>
(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)	<u>429638516</u>
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)	<u>705892524</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>17890639</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>26648269</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>25402559</u>

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

SIGN HERE <u>MARK STEWART</u> Type or print name of actuary <u>HORIZON ACTUARIAL SERVICES, LLC</u> Firm name <u>990 HAMMOND DRIVE, SUITE 220</u> <u>ATLANTA, GA 30328</u> Address of the firm	<u>09/10/2025</u> Date <u>23-06075</u> Most recent enrollment number <u>678-317-4104</u> Telephone number (including area code)
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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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	6.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> 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	6.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.5 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> 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)	502984
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1977148	197441

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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	7979524

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)	107718145	16024024
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		1560231
e Total charges. Add lines 9a through 9d.....	9e		25563779
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		88934184
g Employer contributions. Total from column (b) of line 3.....	9g		17749902
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	32117191	4100479
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		6624125
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	118511211	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	204141440	
(3) FFL credit	9j(3)		
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		117408690
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		91844911
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)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		
(3) Total as of valuation date.....	9o(3)		
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			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

GREAT GRAY TRUST COMPANY LLC

92-1941236

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

(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	1392112	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	190934	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CONSTITUTION CAPITAL PARTNERS LLC

82-0831325

(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	187321	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	180907	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	162000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	143182	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	126298	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	118829	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LAZARD ASSET MANAGEMENT LLC

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	102774	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	95564	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CLEAR BRIDGE INTERNATIONAL

20-5991122

(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	78118	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HORIZON ACTUARIAL SERVICES LLC

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	62226	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	52158	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	46265	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	34137	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	30531	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	29710	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	12706	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARTWELL INVESTMENT PARTNERS

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	9871	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
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)
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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>11548130</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>53313445</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>40365024</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>65453461</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>32226637</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>7565402</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>8816170</u>

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1672791	1885948
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1438442	1787100
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1936446	1915496
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	24184188	6771472
(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)	1160	812
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	122076752	108236028
(5) Partnership/joint venture interests	1c(5)	22885255	36627732
(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)	176604870	238089098
(10) Value of interest in pooled separate accounts	1c(10)	12856972	8816170
(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)	23730568	20099787
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	24386152	25361801
(15) Other	1c(15)	3861140	2573911

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	415634736	452165355
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	225875	224579
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	134770	178554
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	360645	403133
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	415274091	451762222

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)	17749902	
(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)		17749902
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	776828	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	3682	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	3319124	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4099634
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1508726	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	383099	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1891825
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	69414634	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	51508072	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		17906562
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-9914790	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-9914790

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		33084974
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		429508
(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)		1598032
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		66845647

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26993134	
(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)		26993134
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)	162000	
(3) Recordkeeping fees	2i(3)	6960	
(4) IQPA audit fees	2i(4)	22750	
(5) Investment advisory and investment management fees	2i(5)	2780031	
(6) Bank or trust company trustee/custodial fees	2i(6)	12706	
(7) Actuarial fees	2i(7)	62226	
(8) Legal fees	2i(8)	46265	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	17770	
(11) Other expenses	2i(11)	253674	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3364382
j Total expenses. Add all expense amounts in column (b) and enter total	2j		30357516

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		36488131
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 FRANCELLA, 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.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		39201643
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 593708.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
----------	--

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): 58-1233396

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
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

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

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 **3824453**

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 **2025**

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 **2698294**

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 **2025**

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 **1569605**

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 **2025**

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 **1075598**

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 **2025**

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 **579453**

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 **2025**

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 **361335**

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 **2025**

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 **VIKING INDUSTRIAL**

b EIN **41-0840224**

c Dollar amount contributed by employer

461465

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 **2025**

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 **P&PF NATIONAL PENSION FUND**

b EIN **52-6152779**

c Dollar amount contributed by employer

388869

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 **2025**

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

743050

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 **2025**

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

441961

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 **2025**

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	1.07
b The corresponding number for the second preceding plan year	15b	1.02

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 55.3 % Private Equity: 8.2 % Investment-Grade Debt and Interest Rate Hedging Assets: 16.5 %
 High-Yield Debt: 0.0 % Real Assets: 12.4 % Cash or Cash Equivalents: 1.3 % Other: 6.3 %

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, 2024

**ATLANTA PLUMBERS AND
STEAMFITTERS PENSION FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

CONTENTS

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	7
Supplemental Information	
Schedule of Assets Held at End of Year	16
Schedule of Reportable Transactions	22

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, 2024 and 2023, 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, 2024 and 2023, 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.

Novak Francella LLC

Boston, Massachusetts
September 22, 2025

**ATLANTA PLUMBERS AND
STEAMFITTERS PENSION FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
INVESTMENTS - at fair value		
Common stock	\$ 108,236,028	\$ 122,076,752
Corporate obligations	812	1,160
Mutual funds	20,099,787	23,730,568
Pooled separate account	8,816,170	12,856,972
Common collective trusts	238,089,098	176,604,870
Hedge fund of funds	2,573,911	3,861,140
Limited partnerships	36,627,732	22,885,255
Short-term investments	5,659,048	23,464,624
Total fair value investments	420,102,586	385,481,341
INVESTMENT - at contract value		
Guaranteed annuity contract	25,361,801	24,386,152
Total investments	445,464,387	409,867,493
RECEIVABLES		
Employer and reciprocal contributions	1,787,100	1,438,442
Accrued interest and dividends	114,002	227,030
Total receivables	1,901,102	1,665,472
PREPAID PENSION		
	1,760,964	1,669,618
PREPAID EXPENSES		
	40,530	39,798
CASH		
	2,998,372	2,392,355
Total assets	452,165,355	415,634,736
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	224,579	225,875
Reciprocal contributions payable	178,554	134,770
Total liabilities	403,133	360,645
NET ASSETS AVAILABLE FOR BENEFITS	\$ 451,762,222	\$ 415,274,091

**ATLANTA PLUMBERS AND
STEAMFITTERS PENSION FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 42,907,766	\$ 36,121,567
Interest and dividends	6,187,979	6,677,845
	49,095,745	42,799,412
Less investment expenses	(2,792,737)	(2,872,263)
Investment income - net	46,303,008	39,927,149
 Contributions		
Employer contributions	18,187,755	15,568,033
Reciprocal contributions	1,063,930	1,068,186
Less reciprocals out	(1,501,783)	(948,643)
Contributions - net	17,749,902	15,687,576
 Total additions	64,052,910	55,614,725
 DEDUCTIONS		
Benefits	26,993,134	24,128,046
 Administrative expenses		
Professional fees		
Third party administrative expense	162,000	127,747
Actuarial	62,226	68,305
Audit and accounting fees	29,710	25,050
Legal fees	46,265	43,946
Office and data processing fees		
Stationary, printing and mailing	20,932	12,979
Bank service charges	9,731	10,081
Other		
Insurance	216,645	202,756
U.A. Reciprocal Program Fee	1,680	1,600
Conference and meetings	17,770	13,082
Dues	4,686	4,641
Total administrative expenses	571,645	510,187
 Total deductions	27,564,779	24,638,233

See accompanying notes to financial statements.

	<u>2024</u>	<u>2023</u>
NET INCREASE	\$ 36,488,131	\$ 30,976,492
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>415,274,091</u>	<u>384,297,599</u>
End of year	<u><u>\$ 451,762,222</u></u>	<u><u>\$ 415,274,091</u></u>

**ATLANTA PLUMBERS AND
STEAMFITTERS PENSION FUND**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

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, 2024. Information in the report included the following:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants and beneficiaries currently receiving benefits	\$ 228,290,398
Other participants	188,811,333
	<u>417,101,731</u>
Nonvested benefits	12,536,785
	<u>12,536,785</u>
Total actuarial present value	<u>\$ 429,638,516</u>

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended December 31, 2024 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 416,294,297
Increase (decrease) during the year attributable to:	
Benefits paid	(24,128,046)
Interest	26,744,618
Benefits accumulated, net experience gain or loss and changes in data	10,727,647
Net increase	<u>13,344,219</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 429,638,516</u>

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, 2024 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:

Age	Retirement Rate	%	Age	Retirement 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 - 3.29% 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, 2024, 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, 2024, 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, 2024. The complete financial status is presented as of December 31, 2023.

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, 2024, 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, 2024			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 108,236,028	\$ 108,236,028	\$ -	\$ -
Mutual funds	20,099,787	20,099,787	-	-
Short-term investments	5,659,048	5,659,048	-	-
Corporate bonds	812	-	812	-
Total assets in the fair value hierarchy	133,995,675	\$ 133,994,863	\$ 812	\$ -
Investments measured at NAV (A)	286,106,911			
Total investments	\$ 420,102,586			

	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	1,160.00	-	1,160	-
Total assets in the fair value hierarchy	169,273,104	\$ 169,271,944	\$ 1,160	\$ -
Investments measured at NAV (A)	216,208,237			
Total investments	\$ 385,481,341			

(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, 2024 and 2023 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, 2024 and 2023:

	2024 Fair Value	2023 Fair Value	2024 Unfunded Commitments	2023 Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts :						
AFL-CIO Building Investment Trust	\$ 7,565,402	\$ 7,536,716	\$ -	\$ -	Quarterly	Quarterly
ASB Real Estate Fund	11,548,130	14,016,911	-	-	Quarterly	Quarterly
Columbia Strategic Income Fund	27,616,999	-	-	-	Daily	Daily
J.P Morgan Core Bond Fund	53,313,445	47,281,761	-	-	Daily	Daily
Longview Broad Mkt. 3000 Index	40,365,024	29,338,413	-	-	Daily	Daily
Longview Large Cap 500 Index	65,453,461	66,475,320	-	-	Daily	Daily
Longview Large Cap 1000 Growth Index	32,226,637	11,955,749	-	-	Daily	Daily
Hedge fund of funds:						
ARES Private Credit Solutions	2,573,911	3,861,140	3,561,568	3,561,568	**	**
Pooled separate account:						
Principal Real Estate	8,816,170	12,856,972	-	-	Daily	5 days
Limited partnerships:						
Boyd Watterson GSA Fund, LP	9,217,040	9,799,804	160,000	160,000	Quarterly	60 days
Crescent Credit Solution VIIIA-2, LP	9,779,312	6,847,807	3,842,781	6,680,718	Monthly	30 days
Ironsides Opportunities Fund II	874,454	611,999	1,241,439	1,427,534	@	@
Ironsides Co-investment Fund VI	4,227,162	4,297,973	540,944	443,446	@	@
Ironsides Partnership Fund VI	2,090,153	1,327,672	2,173,503	2,705,455	@	@
Ullico Infrastructure Fund LP	10,439,611	-	-	-	U	U
Total	<u>\$ 286,106,911</u>	<u>\$ 216,208,237</u>	<u>\$ 11,520,235</u>	<u>\$ 14,978,721</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.

U - For the Union Labor Life Insurance (ULLICO) Infrastructure, a redemption of all or a portion of its units is permitted after the expiration of the four-year Lock-up period. Upon 45 days notice, the redemption request will be placed in a redemption queue. A redemption request that is up next in the queue will be able to have all or a portion of its requested units redeemed.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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.

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.

Ullico Infrastructure Tax-Exempt Fund, L.P. (the “Partnership”), a Delaware limited partnership, was organized and commenced operations on April 17, 2012. The Partnership had its first closing on April 17, 2012. The Master Fund makes investments on behalf of the Partnership with both minority and controlling interests in a diverse portfolio of quality infrastructure businesses, focusing on underserved and growing markets of the United States and Canada. Certain investments are made through a U.S. blocker corporation established to reduce the recognition of Unrelated Business Taxable Income (“UBTI”) as defined by IRS Section 512. The Master Fund seeks to achieve risk-adjusted returns with significant annual cash yield and relatively low volatility. There can be no assurance that the Partnership’s or the Master Fund’s investment objectives will be achieved.

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 22, 2025, 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, 2024

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	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
<u>Common stock:</u>						
3I Group Plc Unspn ADR		11,345			\$ 187,122	\$ 256,397
Abb Ltd ADR		6,334			282,267	340,199
Adidas Ag		742			81,792	90,353
Advanced Drainage Systems Inc		1,597			196,811	184,613
Affiliated Managers Group Inc		4,116			548,955	761,131
Aia Group Ltd ADR		2,885			104,562	83,146
Air Liquide S ADR		3,927			112,371	126,646
Albany Intl		3,018			184,176	241,349
Alcon Inc		1,135			77,867	96,350
Alibaba Group Hldg Ltd ADR		1,380			105,002	117,010
Alphabet Inc CL C		8,148			401,772	1,551,705
America Movil ADR		7,417			117,431	106,137
Anhui Conch Cement Co Ltd ADR		6,187			149,582	77,771
Aon Plc Shs CL A		454			90,313	163,059
Aptar Group		6,187			661,289	971,978
Aramark		25,025			659,901	933,683
Argenx SE ADR		474			179,225	291,510
Armstrong World Inds Inc		3,888			301,343	549,491
Ase Technology Holding Co Ltd ADR		18,378			141,443	185,066
Asics Corp Unsp ADR		9,119			112,343	179,553
Asm Intl Nv ADR		65			23,081	36,995
Asml Holdings Nv ny Reg Shs		652			378,205	451,888
Asmpt Limited ADR		2,725			90,730	78,221
Astra International ADR		14,243			133,831	83,891
Astrazeneca PLC Spsd ADR		6,126			441,259	401,376
Atlas Copco Ab Spons ADR		13,924			198,466	210,672
Avery Dennison Corp		3,711			732,619	694,439
Azenta Inc		6,936			179,180	346,800
Badger Meter Inc		898			36,692	190,484
Ball Corp		3,609			191,461	198,964
Banco Bilbao		20,060			214,182	194,983
Banco Do Brasil SA ADR		28,030			112,864	107,075
Bank Mandiri Tbk Unspns ADR		7,574			71,381	104,445
Bank of Hawaii Corp		4,742			371,797	337,820
Bankinter SA		6,370			51,430	49,813
Bb Seguridade Parti Spon ADR		21,828			141,089	128,130
Berkshire Hathaway Inc CL B		3,042			506,211	1,378,878
Bidvest Group		3,026			71,828	84,144
Bio Techne Corp		7,158			427,286	515,591
Blackbaud Inc		7,770			465,082	574,358
Booking Holdings Inc		265			391,295	1,316,631
Booz Allen Hamilton Holding		7,112			868,638	915,314
Brambles Ltd Sponsored ADR		7,844			148,107	188,023

(a)	(b) Issuer, Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value
		Shares/ Interest		Maturity		
		Type	Principal	Rate		
<u>Common stock (continued):</u>						
	Broadridge Financial Solutions LLC		1,932		\$ 283,510	\$ 436,806
	Brown Brown Inc		10,640		792,905	1,085,493
	Bureau Veritas Sa ADR		3,808		232,203	229,547
	Burlington Stores Inc		4,130		863,168	1,177,298
	Caci International Inc		2,488		870,491	1,005,301
	Canadian Pacific Kansas City		4,752		353,928	343,902
	Capgemini SE unsponsor ADR		2,960		114,808	96,082
	Carlisle Cos Inc		4,583		1,297,435	1,690,394
	Caseys Gen Stores Inc		2,634		789,445	1,043,670
	Cemex Sab		18,544		116,411	104,588
	Check Point Software Tech Ltd		589		119,375	109,966
	Cheesecake Factory Inc		9,721		440,699	461,164
	China Construct Unspn ADR		13,480		216,277	221,746
	China Merchants Bank ADR		6,236		148,804	157,475
	Choice Hotels Intl Inc		9,535		1,104,808	1,353,779
	Chubb Limited Com		233		52,698	64,378
	Cie Financiere Rich Unsp ADR		7,033		95,519	106,761
	Columbia Bkg Sys Inc		7,136		168,750	192,743
	Columbia Sportswear Co		9,122		677,605	765,609
	Compass Group Plc ADR		10,900		285,670	366,131
	Constellation Brands Inc A		5,397		1,394,816	1,192,737
	Construction Partners Inc A		8,490		175,592	751,025
	Continental Ag Spon ADR		5,089		46,927	33,638
	Crh Plc		3,563		209,628	329,649
	Croda International Uns ADR		2,030		54,322	42,569
	Csw Industrials Inc		763		177,524	269,186
	Danone Spon ADR		20,214		286,907	270,665
	Dbs Group Hldgs Ltd Spon ADR		545		38,463	69,782
	Deutsche Boerse Ag Unspn ADR		11,901		221,574	273,842
	Deutsche Telekom Ag Spon ADR		10,542		213,990	314,679
	Diageo Plc Sponsored ADR		11,007		1,357,494	1,399,320
	Diploma Plc ADR		426		75,936	90,925
	Disco Corp ADR		1,185		31,697	31,485
	Dolby Laboratories Inc Cl A		14,471		1,111,842	1,130,185
	Dsv Panalpina		354		37,712	37,595
	Dun Bradstreet Hldgs Inc Com		116,798		1,839,521	1,455,303
	Edp Energias Portugal SA Spon ADR		3,105		145,220	99,919
	Engie Brasil Energia SA ADR		7,720		62,504	44,506
	Envista Holdings Corporation Com		26,667		601,140	514,406
	Epiroc Ab Unsp ADR		4,013		75,480	69,666
	Evertec Inc		11,294		440,103	389,982
	Experian Group Ltd ADR		2,132		86,502	91,100
	FactSet Research Systems Inc		911		287,631	437,535
	Fanuc Corp ADR		5,479		77,812	71,446
	Fastenal Co		17,540		370,076	1,261,301
	Ferrari NV		497		186,441	211,145
	First Finl Bankshares Inc		4,012		81,105	144,633
	Fti Consulting Inc		2,662		502,395	508,788
	Fuller HB Co		5,176		367,897	349,276
	Getty Rity Corp New		11,575		358,969	348,755
	Gildan Activewear Inc		1,987		74,273	93,488
	Givaudan Sa ADR		1,915		114,992	166,753
	GoDaddy Inc Class A		8,561		928,672	1,689,685
	Graco Inc		4,954		244,078	417,573

(a)	(b) Issuer, Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value	
		Type	Shares/ Principal	Interest Rate			Maturity Date
			<u>Common stock (continued):</u>				
	Grupo Fin Banorte Spon ADR		2,650		\$ 77,777	\$ 85,065	
	Haleon Plc Spon Ads ADR		8,682		65,404	82,826	
	Halma plc		1,117		60,686	76,515	
	Hdfc Bank Ltd		3,332		204,496	212,782	
	Hengan Intl Group Unspn ADR		5,331		182,535	77,193	
	Hermes Intl ADR		552		127,841	131,945	
	Hexagon Ab Unsp ADR		2,882		28,576	27,278	
	Hillman Solutions Corp		49,041		436,011	477,659	
	Himax Technologies Inc ADR		9,220		119,575	74,129	
	Houlihan Lokey Inc		4,965		251,665	862,222	
	Hoya Corp ADR		2,777		309,198	344,348	
	Hunt JB Trans Svcs Inc		3,396		416,308	579,561	
	Icon Plc		1,122		339,907	235,295	
	I dex Corp		3,331		501,467	697,145	
	Illinois Tool Works Inc		5,141		707,798	1,303,552	
	Imcd NV ADR		1,079		80,089	80,137	
	Inditex Unspn ADR		17,271		286,124	440,583	
	Infosys Ltd Sp ADR		3,993		58,031	87,527	
	ING Groep NV Sponsored ADR		5,790		74,553	90,729	
	Insight Enterprises Inc		1,273		237,646	193,623	
	Intesa Sanpaolo Spon ADR		11,703		219,090	282,627	
	Jack Henry Associates Inc		3,601		423,784	631,255	
	James Hardie Inds Plc Spon ADR		1,562		60,073	48,125	
	Jbt Marel Corporation Com		3,691		350,129	469,126	
	Jd com Inc		2,954		76,116	102,415	
	Jones Lang Lasalle Inc		2,829		509,009	716,133	
	Kao Corp ADR		4,703		37,910	38,000	
	Kasikornbank Pcl Unspn ADR		3,985		74,438	69,877	
	Kb Financial Group ADR		3,040		142,407	172,976	
	Kbc Groep NV Unsp ADR		2,200		73,322	84,854	
	Keysight Technologies Inc		7,494		1,195,745	1,203,761	
	Kimberly Clark De Mexico ADR		12,223		108,132	88,739	
	Kinsale Capital Group Inc		953		396,192	443,269	
	Kirby Corp Com		5,126		486,094	542,331	
	Kt Corp Sp ADR		6,272		87,647	97,341	
	Lakeland Financial Corp		1,756		134,882	120,743	
	Landstar Sys Inc		7,398		896,782	1,271,420	
	Lennox International Inc		1,724		577,068	1,050,433	
	Lenovo Group Ltd ADR		10,912		249,272	280,984	
	Life Healthcare ADR		25,686		120,652	87,076	
	Linde Plc Shs		467		102,758	195,519	
	Lkq Corporation		31,176		1,266,496	1,145,718	
	Lloyds Banking Group Plc ADR		78,821		224,787	214,393	
	London Stock Exchg Unsp ADR		15,654		334,078	558,691	
	Loreal Unspn ADR		3,297		189,255	232,142	
	Lowe's Co Inc		5,321		426,643	1,313,223	
	Lvmh Moet Hennessy ADR		1,942		187,288	253,800	
	Manhattan Assocs Inc		1,534		229,475	414,548	
	Markel Group Inc		1,669		1,764,799	2,881,078	
	Martin Marietta Matls Inc		2,503		1,188,816	1,292,800	
	Masco Corp		21,925		1,039,291	1,591,097	
	Mastercard Inc		2,631		378,436	1,385,406	
	Mitsubishi Ufj Finl Grp ADR		11,809		139,373	138,401	
	Mitsui Fudosan Unspn ADR		2,504		71,724	59,996	

(a)	(b) Issuer, Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value	
		Type	Shares/ Principal	Interest Rate			Maturity Date
			<u>Common stock (continued):</u>				
	Mizuho Fnl Grp ADR		26,682		\$ 110,802	\$ 130,475	
	Mol Hungarian Oil Sp ADR		21,809		81,679	77,858	
	Monotaro Co Ltd Unsp ADR		5,373		78,758	90,428	
	Morningstar Inc		4,056		925,366	1,365,899	
	Mtu Aero Engines Unsp ADR		657		78,396	108,852	
	National Beverage Corp		7,285		219,036	310,851	
	Nedbank Group Ltd ADR		8,176		92,946	122,722	
	Netease Inc ADR		1,539		146,661	137,294	
	Nippon Sanso Hldgs Corp		10,436		169,723	142,791	
	Nitori Hldgs Co Ltd Unsp ADR		5,930		82,862	70,211	
	Nomura Research Ins Unsp ADR		5,389		149,848	158,329	
	Nordea Bank Abp Spon ADR		3,700		43,549	40,293	
	Nordson Corp		2,496		476,676	522,263	
	Novo Nordisk ADR		7,157		375,780	615,645	
	Nxp Semiconductors NV Com		6,302		609,899	1,309,871	
	Olympus Corp Spon ADR		13,362		245,421	198,827	
	Opap Sa Unsp ADR		8,587		64,511	70,285	
	Oracle Corporation		7,988		393,190	1,331,120	
	Paycom Software Inc		6,339		949,494	1,299,305	
	PepsiCo Inc		7,009		806,400	1,065,789	
	Petrobras Distribuidora ADR		10,218		77,838	58,447	
	Petroleo Brasileiro SA ADR		8,525		99,532	109,632	
	Ping An Insurance ADR		10,213		178,875	118,879	
	Pool Corporation		1,459		476,050	497,431	
	Prestige Brands Hldgs Inc		3,619		257,195	282,608	
	Primerica Inc		2,026		147,358	549,897	
	Progressive Corp		3,394		688,297	813,236	
	Prosperity Bancshares Inc		4,073		291,593	306,901	
	PT Telekomunikasi Indonesia ADR		6,002		143,294	98,733	
	Pt Utd Tractors Tbk ADR		2,118		82,271	74,066	
	Publicis Groupe SA ADR		6,871		180,345	182,288	
	Puma SE DR		9,092		42,748	41,187	
	Rbc Bearings Inc		1,729		182,724	517,213	
	Recruit Holdings Co Ltd ADR		4,352		27,594	60,797	
	Relx Plc Spon ADR		12,433		360,273	564,707	
	Renesas Electronics Corp ADR		4,950		33,924	31,309	
	Rentokil Initial Plc Sp ADR		3,301		89,073	83,581	
	Rli Corp		2,382		132,174	392,625	
	Rpm International Inc		8,069		773,414	992,971	
	Ryanair Holdings Plc Sp ADR		1,912		71,096	83,344	
	Safran Sa Unsp ADR		3,097		122,518	168,787	
	Sampo Oyj A ADR		3,767		92,518	76,244	
	Sanlam Limited ADR		13,122		103,919	119,279	
	Sap SE Spon ADR		2,493		304,833	613,802	
	Schlumberger Ltd		1,760		77,838	67,478	
	Schneider Elect SE Unsp ADR		6,101		269,083	302,854	
	Sea Ltd ADR		2,735		207,475	290,184	
	SEI Investments Co		10,860		609,640	895,733	
	Service Corp Intl		5,003		296,556	399,339	
	Shin Etsu Chem Unsp ADR		3,799		73,389	62,759	
	Shinhan Financial Group ADR		3,369		129,206	110,773	
	Shopify Inc A		2,467		155,636	262,316	
	Siemens Ag ADR		1,058		100,339	102,287	
	Simpson Mfg		2,299		421,740	381,243	

(a)	(b) Issuer, Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value	
		Type	Shares/ Principal	Interest Rate			Maturity Date
			<u>Common stock (continued):</u>				
	Sinopharm Group Co Unsp ADR		9,290		\$ 120,567	\$ 126,065	
	Siteone Landscape Supply Inc		2,445		131,401	322,178	
	Smc Corp Spon		5,246		127,065	101,667	
	Sociedad Quimica Minera ADR		1,376		91,079	50,031	
	Sony Group Corporation ADR		16,255		273,920	343,956	
	SP Global Inc		2,971		674,187	1,479,647	
	Spotify Technology Sa		366		147,361	163,741	
	Standard Bank Group ADR		9,119		93,837	106,692	
	Starbucks Corp		12,008		808,146	1,095,730	
	Stock Yards Bancorp Inc		5,132		260,931	367,502	
	Straumann Holdings Ag ADR		8,118		100,558	101,069	
	Stryker Corp		4,297		650,528	1,547,135	
	Suncor Energy Inc		2,089		71,249	74,536	
	Suzuki Motor Corporation ADR		1,320		65,896	59,440	
	Symrise Ag Unsp ADR		2,404		73,314	63,490	
	Taiwan Semiconductor ADR		3,658		328,789	722,418	
	Techtronic Industries Sp ADR		1,201		77,986	78,798	
	Teleflex Inc		6,673		1,480,769	1,187,661	
	Tencent Hldgs Ltd ADR		1,600		59,134	85,088	
	Ternium Sa Sponsored ADR		1,970		77,175	57,288	
	Terumo Corp Unsp ADR		9,680		189,385	188,760	
	Thales AD		2,656		68,366	75,882	
	The Scotts Miracle Gro Company		3,808		305,534	252,623	
	Thermo Fisher Scientific Inc		2,595		457,158	1,349,997	
	Thomson Reuters Corp		1,623		184,337	260,297	
	Thor Industries Inc		3,778		300,937	361,592	
	Tingyi Cayman Islands Hldgs Co ADR		4,056		137,586	105,132	
	Tjx Companies Inc		12,469		448,301	1,506,380	
	Tokyo Electron Ltd ADR		4,776		367,582	360,540	
	Tokyo Marine Holdings ADR		5,980		234,746	215,400	
	Transunion		8,160		630,619	756,513	
	Trimble Nav Ltd		14,969		870,423	1,057,709	
	Tyler Technologies Inc		1,047		491,466	603,742	
	Ucb SA ADR		2,189		157,697	216,383	
	Ulta Beauty Inc Com		1,129		365,772	491,036	
	Unifirst Corp Mass		1,960		372,735	335,336	
	Unilever Plc Sponsored ADR		10,340		561,782	586,278	
	Universal Music Group Nv ADR		6,044		65,930	77,121	
	Vale Sa Sp ADR		10,958		133,045	97,197	
	Vat Group AG ADR		646		32,340	24,341	
	Vodacom Group Ltd Sp ADR		13,496		124,169	72,339	
	Watsco Inc Com		1,356		193,344	642,595	
	WD 40 Co		1,561		186,374	378,823	
	Wex Inc		4,727		683,656	828,738	
	WR Berkely Corp		54,012		1,781,773	3,160,782	
	Zai Lab Ltd ADR		2,461		185,511	64,454	
			Total common stock		79,219,490	108,236,028	
			<u>Corporate obligations:</u>				
	Leham Brothers		1,000,000	0.315 %	12/30/16	1	700
	Leham Brothers		57,997	0.302	10/14/18	1	41
	Leham Brothers		101,496	0.301	10/22/18	1	71
			Total corporate obligations			3	812

(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>Mutual funds:</u>							
	Axonix Alternative Income Fund		986,735			\$ 19,420,002	\$ 20,099,787
<u>Pooled separate account:</u>							
	Principal US Property Separate Acct		136,723			9,254,619	8,816,170
<u>Common collective trusts:</u>							
	AFL-CIO Building Investment Trust		1,383			10,492,972	7,565,402
	ASB Allegiance Real Estate Fund		8,289			4,430,072	11,548,130
	Columbia Strategic Income Fund		2,728,952			27,500,000	27,616,999
	JP Morgan Core Bond Fund		2,513,643			54,939,513	53,313,445
	Longview Broad Market 3000 Index Fund		87,233			32,851,627	40,365,024
	Longview Largecap 1000 Growth Index Fund		45,376			25,250,789	32,226,637
	Longview Largecap 500 Index Fund		29,425			52,534,488	65,453,461
Total common collective trusts						207,999,461	238,089,098
<u>Hedge fund of funds:</u>							
	Ares Priv Credit Solutions (Cayman), L.P.		495,002			495,002	2,573,911
<u>Limited partnerships:</u>							
	Boyd Watterson GSA Fund, L.P.		8,830			9,939,401	9,217,040
	Crescent Credit Solutions VIII A-2, L.P.		1			8,114,243	9,779,312
	Ironsides Opportunities Fund II, L.P.		1			758,561	874,454
	Ironsides Co-investment Fund VI, L.P.		1			3,192,677	4,227,162
	Ironsides Partnership Fund VI, L.P.		1			1,826,497	2,090,153
	Ullico Infrastructure Fund L.P.		35,072			9,962,500	10,439,611
Total limited partnerships						33,793,879	36,627,732
<u>Short term investments:</u>							
*	ASB-Blackrock Liq Feds Fed Fund		221			221	221
*	First Am Treas Ob Fd Cl Z		5,658,827			5,658,827	5,658,827
Total short term investments						5,659,048	5,659,048
<u>Guaranteed annuity contract:</u>							
	Empower Retirement Stable Value Fund		1			25,361,801	25,361,801
Total investment:						\$ 381,203,305	\$ 445,464,387

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

**ATLANTA PLUMBERS AND
STEAMFITTERS PENSION FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2024

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	\$ 98,702,727	N/A	\$ 98,702,727	\$ 98,702,727	N/A	
* First Am Treas Ob Fd Cl Z	N/A	\$ 116,508,471	116,508,471	116,508,471	\$ -	

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

Schedule MB, Line 6 - Summary of Plan Provisions

Plan Name	Atlanta Plumbers and Steamfitters Pension Plan
Plan Sponsor	Board of Trustees of the Atlanta Plumbers and Steamfitters Pension Plan
EIN / PN	58-1233396 / 001
Effective Date	The original effective date of the Plan is January 1, 1973. It was most recently restated effective January 1, 2014.
Plan Year	The twelve-month period beginning January 1 and ending December 31.
Employers	Any of the following entities that shall, by its agreement to make contributions to the Fund, be deemed to have accepted and to be bound by the Trust Agreement: <ul style="list-style-type: none">a) employer or contractor that is bound by a Collective Bargaining Agreement;b) the Union with respect to its full-time, salaried employees; andc) the JATT with respect only to its full-time salaried employees hired before January 1, 2015.
Participants	Participation is automatic for an employee who works for an employer required to make contributions on his behalf to the Plan.



Schedule MB, Line 6 - 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



Schedule MB, Line 6 - Summary of Plan Provisions

Normal Retirement Age Age 65.

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.

Baseline Rate	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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Early Retirement Pension – Eligibility	Age 55 and 10 years of credited service or vesting service, including at least ½ year of future credited service.
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Early Retirement Pension – Amount of Benefit	The pension is reduced by 5/12 of 1% for each month by which the participant's early retirement date precedes age 62 (or is unreduced at age 58 with 35 years of credited service) and is based upon the credited service earned to early retirement date.
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Disability Pension – Eligibility	Total and permanent disability with at least five years of credited service or vesting service, including at least ½ year of future credited service. The participant must also either earn at least 300 hours of vesting service during the 12 consecutive month period immediately preceding the effective date of the disability, or the participant must be on the Union's out of work list for at least the three consecutive month period immediately preceding the effective date of the disability, or the participant had to work for a participating employer in a position not covered by the Collective Bargaining Agreement for the period of six consecutive months immediately preceding the effective date of the disability.
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Disability Pension – Amount of Benefit	Unreduced normal retirement benefit payable after eligibility for disability benefits under the Federal Social Security Act has been determined, or determined by the Veterans Administration that the participant is 100 percent unemployable. The benefit is based on accrued credited service.
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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, 2024

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

Age	Stat	Years of Credited Service										Total
		Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	Count	53	172	10	-	-	-	-	-	-	-	235
	Avg Ben	\$35	\$172									\$152
25 - 29	Count	29	169	135	1	-	-	-	-	-	-	334
	Avg Ben	\$35	\$203	\$526								\$321
30 - 34	Count	19	112	135	48	1	-	-	-	-	-	315
	Avg Ben		\$181	\$570	\$995							\$467
35 - 39	Count	13	69	107	60	48	2	-	-	-	-	299
	Avg Ben		\$192	\$588	\$1,049	\$1,518						\$724
40 - 44	Count	29	95	70	53	53	23	1	-	-	-	324
	Avg Ben	\$38	\$174	\$580	\$1,054	\$1,610	\$2,105					\$773
45 - 49	Count	9	34	45	38	26	41	23	3	-	-	219
	Avg Ben		\$187	\$643	\$1,128	\$1,550	\$2,225	\$2,778				\$1,293
50 - 54	Count	9	17	30	30	28	47	19	35	-	-	215
	Avg Ben			\$615	\$1,028	\$1,574	\$2,237		\$3,248			\$1,711
55 - 59	Count	3	17	21	24	27	23	27	24	26	1	193
	Avg Ben			\$634	\$1,113	\$1,603	\$2,182	\$2,737	\$3,185	\$3,586		\$1,991
60 - 64	Count	2	9	19	19	7	20	16	7	4	2	105
	Avg Ben						\$2,188					\$1,702
65 - 69	Count	-	4	-	4	1	5	4	-	1	2	21
	Avg Ben											\$2,282
70 +	Count	1	1	-	-	-	-	-	-	-	-	2
	Avg Ben											
Total	Count	167	699	572	277	191	161	90	69	31	5	2,262
	Avg Ben	\$37	\$186	\$574	\$1,064	\$1,576	\$2,206	\$2,771	\$3,222	\$3,583		\$893

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, 2024, there were no active participants with unknown dates of birth in the data.
- As of January 1, 2024, 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 1/1/2024 Period	Outstanding at 1/1/2024 Balance	Annual Payment
Amendment	7/1/1994	30.00	\$ 1,277,372	-	1.00	\$ 95,562	\$ 95,562
Amendment	1/1/1997	30.00	1,851,449	-	3.00	389,087	137,944
Amendment	1/1/1999	30.00	1,113,432	-	5.00	365,710	82,632
Amendment	1/1/1999	30.00	5,120,881	-	6.00	1,955,544	379,299
Amendment	1/1/2006	30.00	5,389	-	12.00	3,432	395
Assumption	1/1/1999	30.00	2,063,990	-	5.00	677,909	153,172
Assumption	1/1/2001	30.00	4,598,212	-	7.00	1,985,647	339,949
Assumption	1/1/2005	30.00	1,932,502	-	11.00	1,161,835	141,881
Assumption	1/1/2006	30.00	2,598,577	-	12.00	1,655,031	190,473
Assumption	1/1/2007	30.00	5,671,449	-	13.00	3,801,370	415,055
Assumption	1/1/2012	15.00	1,743,204	-	3.00	499,121	176,954
Assumption	1/1/2015	15.00	12,930,667	-	6.00	6,727,646	1,304,900
Exper Loss	1/1/2010	15.00	12,024	-	2.00	2,038	1,052
Exper Loss	1/1/2012	15.00	22,041,714	-	3.00	6,311,079	2,237,474
Exper Loss	1/1/2014	15.00	6,865,066	-	5.00	3,072,015	694,115
Exper Loss	1/1/2015	15.00	7,019,236	-	6.00	3,652,011	708,347
ENIL (2008)	1/1/2009	29.00	43,476,183	-	14.00	30,823,302	3,210,847
Exper Loss	1/1/2016	15.00	10,035,582	-	7.00	5,904,432	1,010,857
Exper Loss	1/1/2017	15.00	4,913,681	-	8.00	3,203,641	494,045
Assumption	1/1/2018	15.00	1,615,530	-	9.00	1,149,417	162,146
Exper Loss	1/1/2018	15.00	4,918,412	-	9.00	3,499,345	493,648
Exper Loss	1/1/2019	15.00	4,854,611	-	10.00	3,723,991	486,408
Exper Loss	1/1/2020	15.00	4,785,356	-	11.00	3,919,735	478,669
Assumption	1/1/2020	15.00	11,121,830	-	11.00	9,110,010	1,112,492
Amendment	1/1/2021	15.00	459,404	-	12.00	398,954	45,914
Assumption	1/1/2022	15.00	10,773,129	-	13.00	9,853,174	1,075,824
Amendment	1/1/2022	15.00	1,968,015	-	13.00	1,799,959	196,529
Exper Loss	1/1/2024	15.00	1,977,148	-	15.00	1,977,148	197,441
Total Charges						\$ 107,718,145	\$ 16,024,024

Credits

[Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2024 Period	Outstanding at 1/1/2024 Balance	Annual Payment	
Method	1/1/2018	10.00	\$ 7,814,599	4.00	\$ 3,745,565	\$ 1,026,611	
Exper Gain	1/1/2021	15.00	6,979,460	12.00	6,061,062	697,552	
Exper Gain	1/1/2022	15.00	11,386,384	13.00	10,414,061	1,137,064	
Exper Gain	1/1/2023	15.00	12,409,678	14.00	11,896,503	1,239,252	
Total Credits						\$ 32,117,191	\$ 4,100,479

Net Total

\$ 75,600,954 \$ 11,923,545



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

Plan Name	Atlanta Plumbers and Steamfitters Pension Plan
Plan Sponsor	Board of Trustees of the Atlanta Plumbers and Steamfitters Pension Plan
EIN / PN	58-1233396 / 001
Interest Rates	<p>6.50% per annum, compounded annually, net of investment expense for determining costs and liabilities.</p> <p>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.</p> <p>The highest rate within the IRS range for determining Current Liability, which is 3.29% per annum as of January 1, 2024.</p>



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, 2024 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 (\$502,882) increased by 3% (\$517,968) adjusted to the beginning of year and added to the normal cost. For this year the expense assumption is \$502,984. 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

Form of Payment 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.

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

Marriage 80% of non-retired participants are assumed to be married.

Spouse Ages Husbands were assumed to be four years older than their wives

Cost Method 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.

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

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

Participant Data Participant census data as of the valuation date was provided by National Employee Benefits Administrators, Inc.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Missing or Incomplete Participant Data

The following assumptions were made for missing data elements:

- If a date of entry was missing, then this date was estimated to be the first of the year in which a participant first accrued vested service.
- If a date of birth was missing, this date was assigned to correspond with an age at entry of 30 years.
- If gender was missing, then the participant was assumed to be male.

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.
- (a) Gender was provided for all 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.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

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, 2024 and ending December 31, 2024
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, 2024 to December 31, 2024.

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 2024 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.
7. An explanation of the prior year credit balance discrepancy, as required under Line 9f.



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

Projection of Expected Benefit Payments

Measurement Date: January 1, 2024

[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
2024	1,160,914	625,699	23,896,726	25,683,339
2025	2,430,659	826,505	23,189,798	26,446,963
2026	3,527,394	1,123,162	22,517,714	27,168,270
2027	4,643,447	1,584,360	21,820,472	28,048,279
2028	5,651,506	2,049,979	21,169,570	28,871,055
2029	6,695,038	2,591,079	20,565,778	29,851,895
2030	7,529,924	2,945,320	19,948,136	30,423,380
2031	8,230,552	3,394,976	19,284,660	30,910,189
2032	8,867,534	3,764,537	18,585,807	31,217,878
2033	9,498,131	4,201,386	17,865,039	31,564,557
2034	10,055,364	4,657,012	17,132,248	31,844,624
2035	10,644,619	5,263,843	16,383,075	32,291,536
2036	11,280,917	5,594,748	15,608,847	32,484,512
2037	11,723,069	5,991,539	14,815,109	32,529,717
2038	12,139,382	6,427,195	14,006,694	32,573,271
2039	12,454,950	6,641,715	13,182,301	32,278,966
2040	12,734,164	6,865,928	12,351,128	31,951,220
2041	13,026,930	7,185,224	11,511,295	31,723,449
2042	13,322,884	7,435,726	10,676,215	31,434,825
2043	13,564,506	7,643,142	9,849,685	31,057,333
2044	13,770,693	7,720,869	9,035,545	30,527,107
2045	14,040,383	7,835,040	8,238,583	30,114,006
2046	14,148,770	7,862,766	7,463,428	29,474,964
2047	14,185,556	7,866,885	6,719,469	28,771,910
2048	14,221,616	7,881,319	6,009,070	28,112,005

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, 2024

[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
2049	14,218,441	7,788,361	5,336,567	27,343,368
2050	14,175,219	7,734,084	4,705,616	26,614,919
2051	14,121,097	7,628,775	4,119,129	25,869,002
2052	13,970,950	7,463,062	3,579,175	25,013,187
2053	13,816,511	7,251,276	3,086,828	24,154,614
2054	13,597,943	7,017,174	2,642,225	23,257,342
2055	13,311,639	6,779,204	2,244,658	22,335,501
2056	13,030,701	6,504,539	1,892,653	21,427,893
2057	12,702,415	6,197,628	1,584,101	20,484,144
2058	12,306,357	5,895,743	1,316,335	19,518,436
2059	11,909,358	5,587,797	1,086,219	18,583,374
2060	11,471,347	5,268,911	890,331	17,630,590
2061	11,024,542	4,947,960	725,113	16,697,615
2062	10,544,659	4,624,986	587,016	15,756,662
2063	10,057,175	4,300,825	472,591	14,830,591
2064	9,554,168	3,982,272	378,565	13,915,005
2065	9,038,707	3,671,244	301,907	13,011,858
2066	8,527,103	3,369,497	239,859	12,136,458
2067	8,008,568	3,078,547	189,964	11,277,079
2068	7,500,639	2,799,708	150,072	10,450,419
2069	7,004,622	2,534,085	118,332	9,657,039
2070	6,523,143	2,282,597	93,179	8,898,919
2071	6,059,883	2,045,918	73,312	8,179,113
2072	5,615,069	1,824,504	57,660	7,497,233

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, 2024 [Form 5500 Sch. MB, Line 8b(3)]

Plan Year Beginning April 1	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 15,540,000	\$ 0	\$ 15,540,000
2025	\$ 14,800,000	\$ 0	\$ 14,800,000
2026	\$ 14,060,000	\$ 0	\$ 14,060,000
2027	\$ 14,060,000	\$ 0	\$ 14,060,000
2028	\$ 14,060,000	\$ 0	\$ 14,060,000
2029	\$ 14,060,000	\$ 0	\$ 14,060,000
2030	\$ 14,060,000	\$ 0	\$ 14,060,000
2031	\$ 14,060,000	\$ 0	\$ 14,060,000
2032	\$ 14,060,000	\$ 0	\$ 14,060,000
2033	\$ 14,060,000	\$ 0	\$ 14,060,000

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 4.2 million in 2024, 4.0 million in 2025 followed by 3.8 million in 2026 and all future plan 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.



Schedule MB, Line 9f-

Explanation of Prior Year Credit Balance Discrepancy

The plan's credit balance was updated due to a revision to the interest calculated on the amortization credits.

Line 9 - Funding Standard Account Statement for this plan year:

	Restated to reflect revised Interest	Originally stated on the 2023 Schedule MB
a) Prior Year Funding Deficiency, if Any	\$ 0	\$ 0
b) Employer Normal Cost	7,712,724	7,712,724
c) Amortization Charges	16,415,002	16,415,002
d) Interest as Applicable	<u>1,568,302</u>	<u>1,568,302</u>
e) Total Charges	25,696,028	25,696,028
f) Prior Year Credit Balance, if Any	88,324,676	88,324,676
g) Employer Contributions	15,687,576	15,687,576
h) Amortization Credits	4,100,479	4,100,479
i) Interest as Applicable	6,517,481	6,517,546
j) Full Funding Limitation	0	0
k) Waived funding deficiency	<u>0</u>	<u>0</u>
l) Total Credits	114,630,212	114,630,277
m) Credit Balance	88,934,184	88,934,249



<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<p>1a Name of plan ATLANTA PLUMBERS & STEAMFITTERS PENSION FUND</p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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</p> <p>2010 N.W. 150TH AVE, STE 100</p> <p>PEMBROKE PINES FL 33028-2887</p>	<p>1c Effective date of plan <u>09/27/1973</u></p> <p>2b Employer Identification Number (EIN) <u>58-1233396</u></p> <p>2c Plan Sponsor's telephone number <u>954-266-6322</u></p> <p>2d Business code (see instructions) <u>238220</u></p>

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	<input checked="" type="checkbox"/>	<p style="font-size: 8pt;">Signed by:</p> <p><i>Terry Newsome, Jr.</i></p>	<input checked="" type="checkbox"/>	10/9/2025	TERRY NEWSOME JR.
		Signature of plan administrator		Date	Enter name of individual signing as plan administrator
SIGN HERE	<input checked="" type="checkbox"/>	<p><i>Jonathan Sterling</i></p>	<input checked="" type="checkbox"/>	10/9/2025	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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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
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5 Total number of participants at the beginning of the plan year	5	4,730
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)	2,339
a (2) Total number of active participants at the end of the plan year	6a(2)	2,639
b Retired or separated participants receiving benefits	6b	1,117
c Other retired or separated participants entitled to future benefits	6c	959
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	4,715
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	337
f Total. Add lines 6d and 6e	6f	5,052
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	138

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) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>2</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

► **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 2024

b Assets		
(1) Current value of assets	1b(1)	415,274,091
(2) Actuarial value of assets for funding standard account.....	1b(2)	442,971,746
c (1) Accrued liability for plan using immediate gain methods	1c(1)	429,638,516
(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)	429,638,516
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)	705,892,524
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	17,890,639
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	26,648,269
(3) Expected plan disbursements for the plan year	1d(3)	25,402,559

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

SIGN HERE	 Signature of actuary	<u>09/10/2025</u> Date
	<u>Mark Stewart</u> Type or print name of actuary	<u>2306075</u> Most recent enrollment number
	<u>HORIZON ACTUARIAL SERVICES LLC</u> Firm name	<u>678-317-4104</u> Telephone number (including area code)
	<u>990 Hammond Drive Suite 220</u> <u>ATLANTA GA 30328</u> Address of the firm	

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** 3.29 %

	Pre-retirement			Post-retirement		
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:						
(1) Males.....	6c(1)	A		A		A
(2) Females	6c(2)	A		A		A
d Valuation liability interest rate	6d	6.50 %		6.50 %		6.50 %
e Salary scale	6e	%	<input checked="" type="checkbox"/> N/A			
f Withdrawal liability interest rate:						
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate	<input type="checkbox"/> ERISA 4044	<input type="checkbox"/> Other	<input type="checkbox"/> 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					6.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h					10.5 %
i Expense load included in normal cost reported in line 9b	6i					<input type="checkbox"/> 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)					502,984
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)					<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1,977,148	197,441

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 the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(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	7,979,524
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)	107,718,145	16,024,024
(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	1,560,231
e Total charges. Add lines 9a through 9d		9e	25,563,779
Credits to funding standard account:			
f Prior year credit balance, if any		9f	88,934,184
g Employer contributions. Total from column (b) of line 3		9g	17,749,902
h Amortization credits as of valuation date		Outstanding balance	
	9h	32,117,191	4,100,479
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	6,624,125
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1)	118,511,211	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	204,141,440	
(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	117,408,690
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m	91,844,911
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)	0
(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			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No