

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

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>ASBESTOS WORKERS LOCAL 84 PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1961</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1961</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1961</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ASBESTOS WORKERS LOCAL 84 PENSION</u> <u>PO BOX 50440</u> <u>INDIANAPOLIS, IN 46250</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-6009649</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>800-398-6144</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>238900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-6009649</u>	2c Plan Sponsor's telephone number <u>800-398-6144</u>	2d Business code (see instructions) <u>238900</u>	
2b Employer Identification Number (EIN) <u>34-6009649</u>					
2c Plan Sponsor's telephone number <u>800-398-6144</u>					
2d Business code (see instructions) <u>238900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2022	CARL HUGHES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	198
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)	127
a(2) Total number of active participants at the end of the plan year		6a(2)	135
b Retired or separated participants receiving benefits.....		6b	47
c Other retired or separated participants entitled to future benefits		6c	19
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	201
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	10
f Total. Add lines 6d and 6e		6f	211
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	22
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**

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

A Name of plan ASBESTOS WORKERS LOCAL 84 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ASBESTOS WORKERS LOCAL 84 PENSION	D Employer Identification Number (EIN) 34-6009649

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

1a Enter the valuation date: Month 12 Day 31 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	22030444
(2) Actuarial value of assets for funding standard account	1b(2)	20524884
c (1) Accrued liability for plan using immediate gain methods	1c(1)	19803318
(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)	19803318
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)	42421780
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	3636574
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	1271288
(3) Expected plan disbursements for the plan year.....	1d(3)	1284509

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	07/25/2022
Signature of actuary	Date
KATHRYN A. GARRITY	20-05379
Type or print name of actuary	Most recent enrollment number
UNITED ACTUARIAL SERVICES INC	317-580-8688
Firm name	Telephone number (including area code)
11590 N MERIDIAN STREET SUITE 610, CARMEL, IN 46032-4529	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule MB (Form 5500) 2021
v. 201209

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	22030444
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	55	17295712
(2) For terminated vested participants	17	1624023
(3) For active participants:		
(a) Non-vested benefits.....		2319849
(b) Vested benefits.....		21182196
(c) Total active	135	23502045
(4) Total	207	42421780
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	51.93 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2021	2255389				
			Totals ▶	3(b)	2255389
				3(c)	
				3(d)	1

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	103.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.08 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	AF	AF	
d Valuation liability interest rate	6d	7.00 %	7.00 %	
e Expense loading	6e	7.3 % ☐ N/A	%	☒ N/A
f Salary scale	6f	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	9.6 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.2 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-766485	-78650
4	-101956	-10462

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	1249882
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)	7598868
(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	149388
e Total charges. Add lines 9a through 9d.....	9e	2283505

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	5862058
g Employer contributions. Total from column (b) of line 3.....	9g	2255389
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	2458376
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	517291
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	6837813
(2) "RPA '94" override (90% current liability FFL)	9j(2)	20612816
(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	9034856
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	6751351
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2021 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	0
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ASBESTOS WORKERS LOCAL 84 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASBESTOS WORKERS LOCAL 84 PENSION	D Employer Identification Number (EIN) 34-6009649	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

UNITED ACTUARIAL SERVICES, INC

35-2156428

(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	ACTUARY	14000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YURCHYK & DAVIS CPA'S INC.

34-1638235

(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	AUDITOR	7900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MACALA & PIATT LLC

601 S MAIN STREET
330-493-1570
NORTH CANTON, OH 44720

(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	ATTORNEY	9283	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PBGC PREMIUM

PO BOX 77000
DETROIT, MI 48277-0430

(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?
73	NONE	6138	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSULATORS 84 COMBINED FUND

3660 STUTZ DRIVE, STE 101
CANFIELD, OH 44406

(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?
99	COLLECTION FUND	6250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEALTHSCOPE BENEFITS, INC.

12448 COLLECTIONS CTR DR
CHICAGO, IL 60693

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	THIRD PARTY ADMINISTRATOR	14701	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PNC BANK

25-1197336

(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 28	INVESTMENT CUSTODIAN	11329	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANCORA ADVISORS

6060 PARKLAND BLVD
CLEVELAND, OH 44124

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	101912	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ASBESTOS WORKERS LOCAL 84 PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASBESTOS WORKERS LOCAL 84 PENSION	D Employer Identification Number (EIN) 34-6009649	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	355699	243676
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	48181	138649
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	720113	1895270
(2) U.S. Government securities	1c(2)	660265	1399021
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4970133	3779880
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5912225	7453706
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7877048	10133885
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1528729	1056677

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	22072393 26100764
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	41949 70613
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	41949 70613
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	22030444 26030151

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2255388
	(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)	2255388
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	127
	(B) U.S. Government securities	2b(1)(B)	8559
	(C) Corporate debt instruments	2b(1)(C)	96044
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	23920
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	128650
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	247221
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	137521
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	384742
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	836159
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	836159
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	611310
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	611310

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2077767
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5457857
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1272822	
(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)		1272822
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	133095	
(2) Contract administrator fees.....	2i(2)	14701	
(3) Investment advisory and management fees.....	2i(3)	11329	
(4) Other.....	2i(4)	26203	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		185328
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1458150
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3999707
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: YURCHYK & DAVIS CPA'S INC.

(2) EIN: 34-1638235

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 438095 _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>ASBESTOS WORKERS LOCAL 84 PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASBESTOS WORKERS LOCAL 84 PENSION</u>	D Employer Identification Number (EIN) <u>34-6009649</u>

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): _____ 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	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **BRAND ENERGY SERVICES**

b EIN **25-0566830**

c Dollar amount contributed by employer **1211406**

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 **05** Day **31** Year **2022**

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

(1) Contribution rate (in dollars and cents) **9.37**

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

a Name of contributing employer **RL BONDY INSULATION LLC**

b EIN **46-2876586**

c Dollar amount contributed by employer **428614**

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 **05** Day **31** Year **2022**

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

(1) Contribution rate (in dollars and cents) **9.37**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

0

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

14b

0

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

14c

0

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Asbestos Workers Local No. 84 Pension Plan

Report on Audit of Financial Statements
And Supplementary Information

For the Years Ended December 31, 2021 and 2020

Yurchyk & Davis
Certified Public Accountants, Inc.
3701 Boardman-Canfield Road, Suite 2
Canfield, Ohio 44406
Telephone: (330) 533-5000

Asbestos Workers Local No. 84 Pension Plan

For the Years Ended December 31, 2021 and 2020

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Independent Auditor's Report

To the Board of Trustees of
Asbestos Workers Local No. 84 Pension Plan

Opinion

We have audited the financial statements of Asbestos Workers Local No. 84 Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, 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 Asbestos Workers Local No. 84 Pension Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Asbestos Workers Local No. 84 Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Asbestos Workers Local No. 84 Pension 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 Asbestos Workers Local No. 84 Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Asbestos Workers Local No. 84 Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter—Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment and reportable transactions as of December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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


Yurchyk & Davis CPA's, Inc.
Canfield, Ohio
July 12, 2022

Asbestos Workers Local No. 84 Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

ASSETS

	<u>2021</u>	<u>2020</u>
Investments, at Fair Value:		
Registered Investment Companies	\$ 10,133,885	\$ 7,877,048
Money Market Funds	844,751	523,990
Common Stocks	7,453,706	5,912,225
US Government Securities	1,399,021	660,265
Corporate Bonds	3,779,880	4,970,133
Mortgage Obligations	1,056,677	1,528,729
Total Investments, at Fair Value	<u>24,667,920</u>	<u>21,472,390</u>
Receivables:		
Employers' Contributions	243,676	355,699
Accrued Interest	40,927	45,380
Total Receivables	<u>284,603</u>	<u>401,079</u>
Other Assets:		
Interest-bearing Cash	1,050,519	196,123
Prepaid Expenses	97,722	2,801
Total Other Assets	<u>1,148,241</u>	<u>198,924</u>
 Total Assets	 26,100,764	 22,072,393

LIABILITIES

Accounts Payable - Administration	14,519	6,358
Accounts Payable - Reciprocity	<u>56,094</u>	<u>35,591</u>
 Total Liabilities	 <u>70,613</u>	 <u>41,949</u>
 Net Assets Available for Benefits	 \$ <u>26,030,151</u>	 \$ <u>22,030,444</u>

The accompanying notes are an integral part of these statements.

Asbestos Workers Local No. 84 Pension Plan

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions to Net Assets:		
Investment Income:		
Interest and Dividend Income	\$ 513,392	\$ 406,071
Net Appreciation in		
Fair Value of Investments	2,689,077	2,077,483
Less: Investment Fees	(11,329)	(9,196)
Total Investment Income	<u>3,191,140</u>	<u>2,474,358</u>
Employers' Contributions	2,781,510	1,459,861
Less: Reciprocity Paid	(526,122)	(90,674)
Total Employers' Contributions	<u>2,255,388</u>	<u>1,369,187</u>
Total Additions	5,446,528	3,843,545
Deductions from Net Assets:		
Benefits Paid to Participants	1,272,822	1,251,742
Administrative Expenses:		
Third Party Administrator	14,701	27,212
Actuarial Services	14,000	14,000
Legal Fees	9,283	6,953
Investment Consultant Fee	101,912	78,961
Accounting and Auditing Services	7,900	7,500
Collection Agency Fees	6,250	6,230
Insurance	8,651	8,153
Office and Administrative Expense	1,051	3,434
Computer Programming Expense	-	9,103
Travel, Meetings, and Conventions	10,251	8,860
Miscellaneous Expense	<u>-</u>	<u>576</u>
Total Deductions	<u>1,446,821</u>	<u>1,422,724</u>
Net Increase	3,999,707	2,420,821
Net Assets Available for Benefits, Beginning of Year	<u>22,030,444</u>	<u>19,609,623</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 26,030,151</u></u>	<u><u>\$ 22,030,444</u></u>

The accompanying notes are an integral part of these statements.

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

NOTE A - DESCRIPTION OF PLAN

The following brief description of the Asbestos Workers Local No. 84 Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

1. **General** - The Plan is a multi-employer defined benefit pension plan covering all union member employees of participating employers of the Asbestos Workers Local No. 84 Union who meet minimum service requirements. An employee will become eligible at the beginning of the Plan year or on July 1st, whichever is earlier, following 400 hours of covered service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.
2. **Contributions** – Participating employers are required to make contributions for each hour worked on behalf of each active union member. The hourly contribution rates were \$8.76 from January 1, 2020 to May 31, 2020, \$9.12 from June 1, 2020 to May 31, 2021, and \$9.37 from June 1, 2021 to December 31, 2021.

The Plan's funding policy is for participating employers to contribute an amount which will meet, or exceed, the annual ERISA minimum funding requirements. The contributions for the years ended December 31, 2021 and 2020 met the minimum funding requirements of ERISA. See Note G for the status of the Plan.

3. **Pension Benefits** – Each participant who has attained normal retirement age is entitled to annual pension benefits. Normal retirement age means the participant is at least 65 years of age or the 5th anniversary of commencement of Plan participation, whichever is later.

The Plan permits early retirement for a participant who has attained early retirement age. For collectively bargained employees, prior to January 1, 1988, early retirement age means the participant is 55 through 64 years of age and has at least ten years of credited service. For collectively bargained employees, effective January 1, 1998, early retirement age means the participant is 55 through 64 years of age, has at least five years of credited service and has earned at least one hour of service on or after January 1, 1998. Effective January 1, 1989, for employees who performed work under agreements, other than collective bargaining agreements, early retirement age means the participant is 55 through 64 years of age and has at least five years of credit service. Normal retirement benefits will be paid as a qualified joint and 50% survivor annuity, unless the participant and spouse elect otherwise or unless the participant has no surviving spouse.

4. **Disability Benefits** – Disability benefits are available for a participant who becomes totally and permanently disabled. In order to qualify for disability benefits, a participant must have at least ten years of credited service; have accrued at least one year of service in the three Plan years preceding the disability; and has not performed any non-covered asbestos work within the Plan's geographical area. Effective April 1, 2018, a participant shall only be considered totally and permanently disabled if he or she has been granted disability benefits from the Social Security Administration.

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

NOTE A - DESCRIPTION OF PLAN - Continued

5. **Vesting and Covered Service** – A participant, prior to January 1, 1989, for non-collectively bargained employees and January 1, 1998, for collectively bargained employees, will be 100% vested in their accrued benefit once they attain credit for vesting through hours of service and have at least ten years of service.

A non-collectively bargained participant on or after January 1, 1989, will be 100% vested in their accrued benefit once they attain credit for vesting through hours of service and have at least five years of service.

A collectively bargained participant on or after January 1, 1998, will be 100% vested in their accrued benefit once they attained credit for vesting through hours of service, have at least five years of service and earn at least one hour of service on or after January 1, 1998.

Effective January 1, 1998, a participant is granted one year of service once the initial requirements of initial participation are met. A participant earns one additional year of vesting service after at least 400 hours of work within a Plan year. Total years of service shall not include any years of break in service. One year of service is equal to one credit for vesting under the Plan.

6. **Plan Termination** – Although there are no plans to do so, in the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:
- a. Benefits payable as a pension.
 - b. Other benefits guaranteed under Title IV of ERISA
 - c. All other vested benefits under the Plan.
 - d. All other benefits under the Plan.

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. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the contributing employers subject to the collective bargaining agreement and may also depend on the level of benefits guaranteed by the PBGC.

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

NOTE A - DESCRIPTION OF PLAN - Continued

7. **Suspension of Benefits** – Prior to normal retirement age, a participant's monthly benefit will be suspended for any month in which he/she engages in totally disqualifying employment.

After normal retirement age, a participant's monthly benefit will be suspended for any month in which he/she engages in totally disqualifying employment for forty or more hours in any payroll period which falls within a calendar month.

Totally disqualifying employment means employment or self-employment that is; (1) employment in an industry covered by the Plan when the benefit began, (2) in the geographical area covered by the Plan when the benefit began, and (3) in any occupation covered by the Plan at the time the benefit began.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. **Basis of Accounting** – The accompanying financial statements are prepared on the accrual basis of accounting.
2. **Investment Valuation and Income Recognition** – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustees determine the Plan's valuation policies utilizing information provided by their investment advisors and custodians. See Note D for a discussion of fair value measurements.

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

3. **Property and Equipment** – Property and equipment is valued at cost or estimated cost if actual cost is not available. Depreciation is computed using the straight-line method over the estimated useful lives of the assets which are five to ten years. Assets were disposed of in 2020 due to a change in administrators.
4. **Payment of Benefits** – Benefits are recorded when paid.
5. **Use of Estimates** – The preparation of financial statements in accordance with accounting policies generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statement and changes therein.
6. **Subsequent Events** – The Plan has evaluated subsequent events through July 12, 2022, the date the financial statements were available to be issued.
7. **Concentrations of Credit Risk** – The Plan maintains cash balances with regulated financial institutions. Balances with the financial institutions may exceed insured limits.

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

- 8. Actual 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 participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on the participant's years of service and the amount the employer(s) have contributed for each eligible participant. The accumulated plan benefits for all employees are based on their past and future service and employer contributions made as of the date the benefit information is presented (the valuation date). Benefits payable under all circumstances, retirement, death, disability and termination of employment, are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

An independent actuary from United Actuarial Services Inc. determines the actuarial present value of plan benefits. The actuarial present value of the plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time values of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawals, or retirement) between the valuation date and the expected date of payment. The actuarial cost method used is the individual entry age normal method.

The significant actuarial assumptions used in the valuations as of December 31, 2020 were (a) life expectancy of participants (for 2020: The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the 2020 projection scale, for males a 115% multiplier was added and for females a 105% multiplier was added, for 2019: 110% of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2019 projection scale, for female annuitants the contingent survivor table was used, (b) assumed investment return of 7.00% and 7.00% after investment expenses for the plan years ended December 31, 2020 and 2019, respectively, (c) operational expenses estimated was \$95,000 per year excluding investment expenses for the plan years ended December 31, 2020 and 2019, (d) current liability interest rate was 2.08% for the plan year ended December 31, 2020, and 2.95% for the plan year ended December 31, 2019, (e) the contribution rate was \$9.12 per hour, effective June 1, 2020 and \$8.76 per hour, effective June 1, 2019, and (f) average future annual hours were; 1,600 for vested and 1,100 for non-vested participants for 2020, and 1,600 for vested and 1,250 for non-vested participants for 2019. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable to determine the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2021 and 2020. Had the valuations been performed as of December 31, there would be no material differences.

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

NOTE C – ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits as of December 31, 2020 and 2019 was as follows:

Actuarial Present Value of Accumulated Plan Benefits	<u>2020</u>	<u>2019</u>
Vested Benefits:		
Participants Currently Receiving Payments	\$ 10,830,091	\$ 11,252,417
Expenses on parts. Currently rec. benefits	758,106	759,538
Other Participants	8,115,521	7,071,547
Expenses on other participants	<u>568,086</u>	<u>477,329</u>
Total Vested Benefits	20,271,804	19,560,831
Nonvested Benefits		
Nonvested accumulated benefits	\$ 857,706	\$ 786,840
Expenses on nonvested benefits	<u>60,039</u>	<u>53,112</u>
Total Nonvested Benefits	<u>\$ 917,745</u>	<u>\$ 839,952</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 21,189,549</u>	<u>\$ 20,400,783</u>

The changes in Accumulated Plan Benefits were as follows:

Actuarial present value of Accumulated Plan Benefits as of December 31, 2019	\$ 20,400,783
Increase (Decrease) during the year attributable to:	
Plan amendment	\$ -
Change in actuarial assumptions	(59,332)
Benefits accumulated and experience gain	763,806
Interest due to decrease in discount period	1,428,055
Benefits paid	(1,251,742)
Operational expenses paid	<u>(92,021)</u>
	<u>\$ 788,766</u>
Actuarial present value of Accumulated Plan Benefits as of December 31, 2020	<u>\$ 21,189,549</u>

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

NOTE D – 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 (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical assets in inactive markets
- Inputs other than quoted prices that are observable for the asset;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset.

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

The asset'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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Common stocks & money market funds – Valued at the closing price reported on the active market on which the individual securities are traded.

Registered investment companies – Valued at the daily closing price reported by the Fund. The funds are open-ended and are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. These funds are deemed to be actively traded.

US government securities & mortgage obligations – Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds – Valued using models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credits ratings. When quoted prices are not available for similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instrument, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

NOTE D – FAIR VALUE MEASUREMENTS – Continued

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value at December 31, 2021 and 2020:

Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Total
Registered Investment Companies	\$ 10,133,885	\$ -	10,133,885
Money Market Funds	844,751	-	844,751
Common Stocks	7,453,706	-	7,453,706
US Government Securities	1,399,021	-	1,399,021
Corporate Bonds	3,779,880	-	3,779,880
Mortgage Obligations	-	1,056,677	1,056,677
Total assets in the fair value hierarchy	23,611,243	1,056,677	24,667,920
Investments measured at NAV	-	-	-
Total Investments, at Fair Value	\$ <u>23,611,243</u>	\$ <u>1,056,677</u>	\$ <u>24,667,920</u>

Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Total
Registered Investment Companies	\$ 7,877,048	\$ -	7,877,048
Money Market Funds	523,990	-	523,990
Common Stocks	5,912,225	-	5,912,225
US Government Securities	660,265	-	660,265
Corporate Bonds	4,970,133	-	4,970,133
Mortgage Obligations	-	1,528,729	1,528,729
Total assets in the fair value hierarchy	7,877,048	1,528,729	21,472,390
Investments measured at NAV	-	-	-
Total Investments, at Fair Value	\$ <u>7,877,048</u>	\$ <u>1,528,729</u>	\$ <u>21,472,390</u>

NOTE E - TAX STATUS

The Plan obtained its latest determination letter on July 17, 2015, in which the Internal Revenue Service states that the Plan and related trust, as then designed, was in compliance with applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter, however the Plan sponsor believes the Plan is being operated in compliance with the applicable requirements of the IRC.

Accounting Principles generally accepted in the United States of America require Plan 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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's management believes it is no longer subject to income tax examinations for years prior to the year ended December 31, 2018.

Asbestos Workers Local No. 84 Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

NOTE F – RISKS AND UNCERTAINTIES

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

NOTE G – STATUS OF PLAN

The Plan's funding status had been certified by the Plan's actuary as "endangered" since the Plan year beginning January 1, 2011. The Plan has complied with the requirements of the Pension Protection Act of 2006 (PPA) by notifying all participants, beneficiaries, participating contractors and local unions of its status and of its adoption of a Funding Improvement Plan.

Effective October 19, 2012, the bargaining parties adopted an updated Funding Improvement Plan submitted to them by the trustees, to meet the goal of being 84.4% funded by 2022. The Funding Improvement Plan included a contribution increase effective July 1, 2013.

The Plan's certified PPA status at January 1, 2021 and 2020 was "safe".

The Trustees of the Plan are required by ERISA and the IRC to review the progress of their Funding Improvement Plan each year and to update the Plan and schedules if necessary. Contribution rates specified in the update Funding Improvement Plan are subject to change.

NOTE H – RELATED PARTY AND PARTIES – IN – INTEREST

The plan has several arrangements with service providers for administrative expenses. These transactions are considered party-in-interest transactions.

NOTE I – COVID-19

In March 2020, the Plan was susceptible to the economic uncertainties as they relate to the COVID-19 coronavirus. This virus had a vast economic impact within the economic market. By the fourth quarter of 2020, the markets appear to have stabilized. Despite the general market recovery as of December 31, 2020, the effects of COVID-19 have adversely impacted, and may continue to adversely impact, the global economy, the economies of certain nations, and individual issuers. The future duration and breadth of the adverse impact of COVID-19 on the markets in which the Plan invests cannot currently be accurately predicted and future investment activity of the Plan will be subject to these effects and the related uncertainty. The trustees will continue to monitor the pandemic's effect on markets to identify if adjustments are required to the portfolio.

MACALA & PIATT, L.L.C.
ATTORNEYS AT LAW

RONALD G. MACALA
TIMOTHY R. PIATT
TIMOTHY P. PIATT

THOMAS J. GRIFFITH
JEFFREY R. BRUNO

July 12, 2022

Sent via email only to dave@ydcpa.com

Yurchyk & Davis, CPA's, Inc.
3701 Boardman-Canfield Rd.
Canfield, Ohio 44406

Re: Local 84 Asbestos Workers Pension Fund

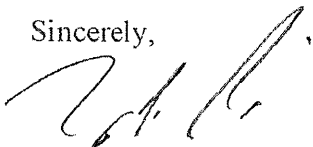
Dear Sir or Madam:

I represent the Local 84 Asbestos Workers Pension Fund ("Fund"). As of December 31, 2021, as well as through the date of this letter, I am unaware of any material litigation, claim, or assessment (excluding claims and assessments which have not been asserted) being made against the Fund. There is no pending or threatened litigation, claim or assessment for which I have been engaged but that I have not yet devoted substantive attention.

I understand that whenever, in the course of performing legal services for the Fund with respect to a matter recognized to involve an unasserted possible claim or assessment that may call for financial statement disclosure, I have formed a professional conclusion that the Fund should disclose or consider disclosure concerning such possible claim or assessment, as a matter of professional responsibility to the Fund, I will so advise the Fund and will consult with the Fund concerning the question of such disclosure and the applicable requirements of FASB Account Standards Codification 450, Contingencies.

As of December 31, 2021, the Fund had outstanding legal fees due to this office in the amount of \$1,324.15.

Sincerely,



Timothy P. Piatt, Esq.
TPP

cc: Mel Cox, Administrator (via email only)

Asbestos Workers Local No. 84 Pension Plan

Supplementary Information

Schedule of Assets Held for Investment

Schedule of Reportable Transactions

Asbestos Workers Local No. 84 Pension Plan
EIN: 34-6009649 PN: 001

Schedule of Assets Held for Investment
(Schedule H, 4i)

December 31, 2021

Number of Shares	Issuer/Face Value	Interest Rate	Maturity Date	Cost	Current Value
Government Securities					
200,000	USA Treasury Notes	0.375%	9/30/2027	\$ 198,430	\$ 189,304
200,000	USA Treasury Notes	1.625%	8/15/2029	198,391	202,898
250,000	USA Treasury Notes	0.250%	6/30/2025	249,609	242,880
250,000	Federal Home Loan Bank	1.000%	5/26/2026	249,812	247,360
250,000	Federal Farm Credit Bank	0.640%	1/5/2027	249,250	241,640
125,000	Federal Farm Credit Bank	2.150%	12/1/2031	124,500	124,885
150,000	Federal Farm Credit Bank	2.000%	12/7/2029	150,000	150,054
	Total Government Securities			\$ 1,419,992	\$ 1,399,021
Mortgage Obligations					
130,331	Federal Natl Mtg Assn 2012 145	1.500%	1/25/2028	\$ 125,280	\$ 130,732
115,315	Federal Natl Mtg Assn 2013 5	1.500%	12/25/2032	110,415	115,727
108,674	Federal Natl Mtg Assn 2013 13	1.500%	3/25/2028	104,445	109,185
139,473	Federal Natl Mtg Assn 2013 41	1.750%	2/25/2033	133,763	140,750
155,173	Federal Home Loan Mtg Corp 4165	1.500%	2/15/2028	107,876	112,692
113,652	Federal Home Loan Mtg Corp 4182	1.750%	2/15/2033	109,568	114,543
138,078	Federal Home Loan Mtg Corp 4869	3.500%	4/15/2049	141,454	147,432
59,042	Government Natl Mtg Assn 2012 74	2.690%	5/20/2041	58,378	59,139
121,707	Government Natl Mtg Assn 2018 5	3.000%	6/20/2047	121,936	126,477
	Total Mortgage Obligations			\$ 1,013,115	\$ 1,056,677
Corporate Bonds					
250,000	American Express	3.400%	2/27/2023	\$ 253,812	\$ 257,218
250,000	American Honda	2.300%	9/9/2026	248,570	258,330
250,000	Autozone Inc	3.125%	4/18/2024	249,825	261,170
218,000	Caterpillar Financial Services	2.550%	11/29/2022	216,127	222,083
250,000	Walt Disney Company	2.000%	9/1/2029	237,275	248,678
250,000	IBM Corp	2.850%	5/13/2022	250,345	252,290
150,000	Keycorp Ser Mtn UNSC	2.250%	4/6/2027	149,818	152,456
250,000	Marsh & McLennan Companies	3.500%	3/10/2025	255,000	264,605
175,000	McCormick & Co	3.150%	8/15/2024	186,245	182,709
250,000	McDonald's Corp	3.250%	6/10/2024	254,030	262,662
78,000	Medtronic Inc	3.500%	3/15/2025	80,690	83,045
250,000	Nucor Corp	4.000%	8/1/2023	273,278	260,587
250,000	Roper Technologies Inc	2.950%	9/15/2029	276,155	258,572
250,000	Sherwin Williams Co	3.125%	6/1/2024	248,548	260,950
250,000	Stanley Black & Decker	3.400%	3/1/2026	258,620	266,538
9,000	United Technologies Corp	3.650%	8/16/2023	9,232	9,357
250,000	UnitedHealth Group Inc	3.850%	6/15/2028	275,113	278,630
	Total Corporate Bonds			\$ 3,722,683	\$ 3,779,880

Asbestos Workers Local No. 84 Pension Plan
EIN: 34-6009649 PN: 001

Schedule of Assets Held for Investment
(Schedule H, 4i)

December 31, 2021

Number of Shares	Description	Cost	Current Value
Common Stocks			
2,343	Aarons Company Inc	\$ 49,815	\$ 57,755
170	Churchill Downs Inc	23,403	40,953
1,740	Designer Brands Inc	24,638	24,725
271	Dine Brands Global Inc	18,997	20,545
800	Frontdoor Inc	31,655	29,320
800	General Motors Co	42,817	46,904
370	Golden Entertainment Inc	12,145	18,696
445	Home Depot Inc	95,772	184,679
2,771	Horizon Golden Corp	21,843	22,113
590	Kontoor Brands Inc	13,627	30,238
395	Marriott International Inc	48,596	65,270
350	McDonald's Corp	67,252	93,825
625	Nike Inc	54,238	104,169
715	Terminix Global Holdings Inc	23,805	32,339
900	Travel + Leisure Co	27,914	49,743
160	Victoria's Secret & Co	8,482	8,886
780	Weyco Group Inc	16,810	18,673
1,892	Wolverine World Wide Inc	51,139	54,509
427	Wyndham Hotels & Resorts	21,691	38,281
860	Wyndham Hotels & Resorts	49,296	77,099
1,170	Edgewell Personal Care	43,097	53,481
1,050	Nestle SA	100,860	147,389
485	Procter & Gamble Co	51,180	79,336
460	Spectrum Brands Holdings Inc	28,667	46,791
2,060	ChampionX Corporation	28,070	41,633
1,300	Chevron Corporation	152,386	152,555
990	CNX Resources Corp	12,512	13,612
1,381	DT Midstream Inc	57,606	66,260
665	EOG Resources Inc	57,521	59,072
290	Ally Financial Inc	8,579	13,807
4,690	Bank of America Corp	138,564	208,658
590	B. Riley Financial Inc	26,111	52,427
150	Blackrock Inc	67,837	137,334
490	Cannae Holdings Inc	16,373	17,224
3,330	Citizens Financial Group	118,774	157,343
3,885	Columbia Financial Inc	56,031	81,041
1,100	Discover Financial	72,513	127,116
227	Federal Agric MTG Group	22,740	28,132
185	Houlihan Lokey Inc	12,263	19,151

Asbestos Workers Local No. 84 Pension Plan
EIN: 34-6009649 PN: 001

Schedule of Assets Held for Investment
(Schedule H, 4i)

December 31, 2021

Number of Shares	Description	Cost	Current Value
Common Stocks - Continued			
1,045	Houlihan Lokey Inc	\$ 58,964	\$ 108,178
975	JP Morgan Chase & Co	106,514	154,391
2,731	Jackson Financial Inc	75,272	114,238
4,049	Perella Weinberg Partners	51,979	52,070
967	Prog Holdings Inc	47,920	43,621
890	Raymond James Financial Inc	52,926	89,356
600	Voya Financial Inc Com	30,521	39,786
1,497	Westwood Holdings Group Inc	31,396	25,359
775	Medtronic PLC	67,273	80,174
1,095	Abbvie Inc	106,748	148,263
1,410	CVS Health Corporation	100,995	145,456
50	Charles RIV Laboratories Intl	6,543	18,839
90	Corvel Corp	6,103	18,720
875	Johnson & Johnson	117,282	149,686
1,800	Organon & Co	62,934	54,810
335	Pennant Group Inc	5,626	7,732
945	Henry Schein Inc	59,680	73,266
350	UnitedHealth Group Inc	79,354	175,749
222	Utah Medical Inc	18,783	22,200
800	Eaton Corp PLC	66,702	138,256
3,947	API Group Corp	52,769	101,714
8,270	Alight Inc	84,987	89,399
568	Arcosa Inc	20,576	29,934
2,485	Atlas Technical Consultants	23,448	20,924
1,623	LB Foster Co	28,382	22,316
500	GXO Logistics Inc	30,420	45,415
600	Honeywell Intl Inc	98,569	125,106
980	IAA Inc	42,939	49,608
500	L3 Harris Technologies Inc	85,921	106,620
209	Masco Corp	9,424	14,676
108	Red Violet Inc	2,813	4,287
223	Transcat Inc	5,327	20,612
440	XPO Logistics Inc	36,653	34,069
300	Accenture PLC Class A	53,546	124,365
1,060	Apple Inc	52,653	188,224
175	Broadcom Inc	55,121	116,447
950	Cisco Systems Inc	53,542	60,202
320	Concentrix Corp	31,484	57,158
527	Consensus Cloud Solution	29,841	30,497

Asbestos Workers Local No. 84 Pension Plan
EIN: 34-6009649 PN: 001

Schedule of Assets Held for Investment
(Schedule H, 4i)

December 31, 2021

Number of Shares	Description	Cost	Current Value
Common Stocks - Continued			
570	Fidelity National Information	\$ 63,436	\$ 62,215
6,460	Information Services Group	35,460	49,225
1,980	Kyndryl Holdings Inc	39,621	35,838
560	Microsoft Corp	67,656	188,339
450	Texas Instruments	51,478	84,811
1,036	Unisys Corp	15,860	21,311
2,730	Vontier Corp	88,190	83,893
1,885	Arconic Inc	36,943	62,224
1,115	Eastman Chemical Co	122,508	134,815
2,250	Element Solutions Inc	24,403	54,630
3,910	Osisko Gold Royalties LT	47,642	47,897
540	Summit Materials Inc	10,281	21,676
2,800	Sylvamo Corp	80,720	78,092
1,260	Valvoline Inc	18,700	46,985
2,021	Alpine Income Property Trust	36,390	40,501
474	CTO Newco REIT Inc	24,143	29,113
559	Gaming & Leisure Prope	21,993	27,201
900	Postal Realty Trust Inc	11,903	17,820
849	Potlatchdeltic Corp	37,279	51,127
2,980	Weyerhaeuser Co	73,949	122,716
530	Disney Walt Co	69,656	82,092
575	Frontier Communications	14,377	16,957
230	IAC/Interactive Corp	27,105	30,063
580	Iridium Communications Inc	14,451	23,948
580	Ziff Davis Inc	68,478	64,299
1,271	Liberty Sirius XM	48,382	64,630
1,620	Liberty Braves Series C	44,684	45,522
820	Loyalty Ventures Inc	26,208	24,657
590	Madison Square Garden Entertainment	45,803	41,501
600	THRYV Holdings Inc	13,769	24,678
920	Black Hills Corp	61,955	64,924
3,390	MDU Resources Group Inc	88,769	104,548
840	National Fuel Gas Co	46,553	53,710
350	RGC Resources Inc	7,845	8,054
1,542	UGI Holding Corp New	58,277	70,793
2,200	Vistra Energy Corp	42,557	50,094
	Total Common Stocks	\$ 5,314,973	\$ 7,453,706

Asbestos Workers Local No. 84 Pension Plan
EIN: 34-6009649 PN: 001

Schedule of Assets Held for Investment
(Schedule H, 4i)

December 31, 2021

Number of Shares	Description	Cost	Current Value
Money Market Funds			
469,327	Federated Government Obligations - 2889	\$ 469,327	\$ 469,327
9,681	Federated Government Obligations - 2897	9,681	9,681
189,741	Federated Government Obligations - 2928	189,741	189,741
176,002	Federated Government Obligations - 2952	176,002	176,002
	Total Money Market Funds	\$ 844,751	\$ 844,751
Registered Investment Companies			
16,200	Fidelity Real Estate ETF	\$ 423,303	\$ 562,464
7,495	Invesco NASDAQ 100 ETF	1,224,833	1,225,807
10,539	iShares Russell 1000 Growth ETF	1,637,157	3,220,613
11,811	iShares Core MSCI EAFE ETF	735,884	881,573
8,261	iShares Core MSCI Emerging Markets ETF	438,163	494,503
29,304	Cohen & Steers Real Estate	459,093	646,749
12,042	Fidelity Emerging Markets Fund	421,413	525,616
26,851	Grandeur Peak Intl Stalw-Instl	603,959	684,701
63,518	Goldman Sachs GQP PRT Intl Instl	1,011,078	1,244,958
12,815	JP Morgan Ultra Short Income ETF	650,433	646,901
	Total Registered Investment Companies	\$ 7,605,316	\$ 10,133,885
	Total Investments	\$ 19,920,830	\$ 24,667,920
Total Investment Summary			
	Money Market Funds	\$ 844,751	\$ 844,751
	Registered Investment Companies	7,605,316	10,133,885
	Common Stocks	5,314,973	7,453,706
	Government Securities	1,419,992	1,399,021
	Mortgage Obligations	1,013,115	1,056,677
	Corporate Bonds	3,722,683	3,779,880
	Total Investments	\$ 19,920,830	\$ 24,667,920

Asbestos Workers Local No. 84 Pension Plan

EIN: 34-6009649 PN: 001

Schedule of Reportable Transactions
(Schedule H, 4j)

December 31, 2021

(a) Identity of party involved (b) Description of security	(c) Purchase Price	(d) Selling Price	(f) Exp. incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Purchases:						
Invesco NASDAQ 100 ETF	\$ 1,224,833	\$ -	\$ -	\$ 1,224,833	\$ 1,224,833	\$ -
Sales:						
Invesco QQQ Trust	\$ -	1,223,805	-	749,552	1,223,805	474,253
	<u>\$ 1,224,833</u>	<u>\$ 1,223,805</u>	<u>\$ -</u>	<u>\$ 1,974,385</u>	<u>\$ 2,448,638</u>	<u>\$ 474,253</u>



**United Actuarial
Services, Inc.**
Actuaries and Consultants

July 25, 2022

Mr. David Eyster, CPA
Yurchyk & Davis CPAs, Inc.
3701 Boardman-Canfield Rd., Suite 2
Canfield, OH 44406

RE: Asbestos Workers Local #84 Pension Plan

Dear David:

Attached is a PDF file of the 2021 Schedule MB attachment to the Form 5500 for electronic filing.

For purposes of preparing the Schedule C to Form 5500:

- Our firm's name (item 2(a)): United Actuarial Services, Inc.
- Our EIN (item 2(b)): 35-2156428.

The Pension Protection Act of 2006 (PPA) added additional disclosure requirements for multiemployer defined benefit pension plans. ERISA section 104(d) requires a notice be sent to all contributing employers and sponsoring employee organizations within 30 days of the due date of the Form 5500. In addition, Schedule R of Form 5500 now requires similar information to be reported. Some of the information that may be required for Schedule R and the 104(d) Notice is shown below:

Question	Schedule R Line #	ERISA 104(d)(1) Sub-sect	Answer
Did the plan make an election under ERISA 302(d)(2) or IRC 412(d)(2) relating to treating an amendment as effective on the first day of the plan year when such amendment was actually adopted after the end of the plan year?	4		No
If there was a change in actuarial method that was eligible for automatic approval, does the plan sponsor or administrator agree with the change?	8		NA
Were any amendments adopted that increased or decreased plan benefits?	9		No
Did the plan seek or receive an amortization extension under ERISA 304(d) or IRC 431(d) for the plan year?		H(i)	No
Is the plan using the shortfall funding method?		H(ii)	No

Mr. David Eyster

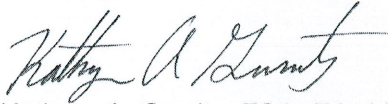
- 2 -

July 25, 2022

The instructions for Part V of Schedule R state that, "Multiemployer defined benefit plans that are in Endangered Status or Critical Status must attach a summary of their Funding Improvement Plan or Rehabilitation Plan (as updated, if applicable) and also any update to a Funding Improvement Plan or Rehabilitation Plan." This attachment is not required for the 2021 plan year since the plan is not in critical or endangered status.

Please contact us if there are any questions regarding this or if more information is required.

Sincerely,



Kathryn A. Garrity, FSA, EA, MAAA
Chief Actuary

Encl.

cc: Mr. Mel Cox, Administrator

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**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2021**This Form is Open to Public
Inspection**

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

▶ **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 Asbestos Workers Local 84 Pension Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Trustees of Asbestos Workers 84 Pension Plan	D Employer Identification Number (EIN) 34-6009649

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 1 Day 1 Year 2021**b** Assets

(1) Current value of assets.....	1b(1)	22,030,444
(2) Actuarial value of assets for funding standard account	1b(2)	20,524,884

c (1) Accrued liability for plan using immediate gain methods	1c(1)	19,803,318
--	--------------	------------

(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)	19,803,318
---	--------------	------------

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
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(2) "RPA '94" information:

(a) Current liability.....	1d(2)(a)	42,421,780
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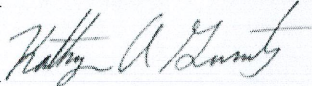
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	3,636,574
---	-----------------	-----------

(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	1,271,288
--	-----------------	-----------

(3) Expected plan disbursements for the plan year.....	1d(3)	1,284,509
--	--------------	-----------

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		07/25/2022
Signature of actuary		Date
Kathryn A. Garrity, FSA, EA, MAAA		20-05379
Type or print name of actuary		Most recent enrollment number
United Actuarial Services, Inc.		(317) 580-8688
Firm name		Telephone number (including area code)
11590 N. Meridian Street, Suite 610		
Carmel IN 46032-4529		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule MB (Form 5500) 2021
v. 200204**

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	22,030,444
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	55	17,295,712
(2) For terminated vested participants	17	1,624,023
(3) For active participants:		
(a) Non-vested benefits.....		2,319,849
(b) Vested benefits.....		21,182,196
(c) Total active	135	23,502,045
(4) Total	207	42,421,780
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	51.93 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2021	2,255,388				
Totals ▶			3(b)	2,255,388	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	103.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.08 %
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Expense loading	6e	7.3 % ☐ N/A
f Salary scale	6f	% ☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	9.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.2 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-766,485	-78,650
4	-101,956	-10,462

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	1,249,882
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	7,598,868
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	149,388
e Total charges. Add lines 9a through 9d.....	9e	2,283,505

Credits to funding standard account:

f	Prior year credit balance, if any.....	9f	5,862,058
g	Employer contributions. Total from column (b) of line 3.....	9g	2,255,388
		Outstanding balance	
h	Amortization credits as of valuation date.....	9h	2,458,376
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	517,291
j	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL).....	9j(1)	6,837,813
(2)	"RPA '94" override (90% current liability FFL)	9j(2)	20,612,816
(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	9,034,855
m	Credit balance: If line 9l is greater than line 9e, enter the difference	9m	6,751,350
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9 o Current year's accumulated reconciliation account:

(1)	Due to waived funding deficiency accumulated prior to the 2020 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	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No	

ASBESTOS WORKERS LOCAL #84 PENSION PLAN

EIN: 34-6009649/PN: 001

ATTACHMENT TO 2021 SCHEDULE MB: LINE 3

STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 3 – Employer Contributions

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan year.

ASBESTOS WORKERS LOCAL #84 PENSION PLAN

EIN: 34-6009649/PN: 001

ATTACHMENT TO 2021 SCHEDULE MB: LINE 6

STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 6 - Summary of Plan Provisions

Attached is a summary of the plan provisions valued. The plan provisions are the same as those valued in the preceding year.

Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.

PLAN HISTORY

Origins/Purpose

The Asbestos Workers Local #84 Pension Plan was established effective July 1, 1961, as a result of a Collective Bargaining Agreement between the Master Insulators Association of Akron, Ohio and Local 84 of the International Association of Heat and Frost Insulators and Asbestos Workers.

The Pension Plan is managed under the provisions of the Labor Management Relations Act by a Board of Trustees consisting of an equal number of representatives from Labor and from Management.

The purpose of the Pension Plan is to provide Normal, Early, and Late Retirement Benefits, Joint and Survivor Benefits, Total and Permanent Disability Benefits, Vested Benefits, and Death Benefits.

Employer Contributions

The Pension Plan is financed entirely by contributions from the employers as specified in the Collective Bargaining Agreement. Following is a partial listing of hourly pension contribution rates.

<i>Date</i>	<i>Hourly Contribution Rate</i>
7-1-89	\$ 2.40
7-1-94	2.57
7-1-95	2.90
7-1-97	3.00
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7-1-10	5.77
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7-1-17	8.00
7-1-18	8.36
7-1-19	8.76
6-1-20	9.12

Reciprocity

The Trustees have entered into reciprocity agreements with other pension funds so that contributions will be transferred to an employee's home fund.

SUMMARY OF PLAN PROVISIONS

Participation	January 1 or July 1 following completion of 400 hours during a twelve consecutive month period
Year of Vesting Service	Plan Year with at least 400 hours. Years of Vesting Service shall be used to determine eligibility for benefits (except for special 30-year retirement benefit).
Year of Benefit Service	Credit for Plan Year equals the ratio of hours worked to 1,600 (including credits greater than 1.0). No credit given if participant worked less than 400 hours. Years of Benefit Service shall be used to determine eligibility for the special 30-year retirement benefit and shall be used to determine the benefit for pre-1978 service.
Break in service	Plan Year with less than 400 hours
Normal retirement benefit	
<i>Eligibility</i>	Age 65 and 5 th anniversary of plan participation
<i>Monthly amount</i>	• \$13.50 for each year of Benefit Service earned prior to January 1, 1978, plus • 2.85% of employer contributions made on or after January 1, 1978 and prior to January 1, 2003, plus • 2.85% of employer contributions made on or after January 1, 2003 and prior to July 1, 2003 (provided earned 200 hours of service in this 6 month period), plus • \$30 for Benefit Service (including pro-rata service for hours in excess of 800) earned on or after July 1, 2003 and prior to December 31, 2003 (provided earned 200 hours of service during this 6 month period), plus • \$30 for each year of Benefit Service (including pro-rata service for hours in excess of 1,600) earned on or after January 1, 2004 and prior to January 1, 2014, plus • 0.75% of employer contributions made on or after January 1, 2014 through December 31, 2015, plus • 1.62% of employer contributions made on or after January 1, 2016 through December 31, 2017, plus • 1.75% of employer contributions made on or after January 1, 2018. Payable for life with the first 60 payments guaranteed.

SUMMARY OF PLAN PROVISIONS (CONTINUED)

Early retirement benefit	
<i>Eligibility</i>	Age 55 and 5 years of Vesting Service
<i>Monthly amount</i>	Normal reduced by 5/9 of 1% for the first 72 months that the participant retires before age 65 and 5/12 of 1% for the next 48 months that the participant retires before age 65. Payable for life with the first 60 payments guaranteed.
<i>or</i>	
<i>Eligibility</i>	Age 55 and 30 years of Benefit Service*
<i>Monthly amount</i>	Normal, unreduced. Payable for life with the first 60 payments guaranteed.
Disability benefit	
<i>Eligibility</i>	10 years of Vesting Service with at least one year of Vesting Service during the three Plan Years prior to disability. Granted disability benefit from SSA.
<i>Monthly amount</i>	75% of Accrued Normal. Payable until the earlier of age 65, recovery, or death. Eligible for Normal at age 65.
Vested benefit	
<i>Eligibility</i>	5 years of Vesting Service, termination of employment
<i>Monthly amount</i>	Accrued Normal payable at age 65, or reduced accrued payable at early. Payable for life with the first 60 payments guaranteed.
Optional forms of payment	
	• Qualified joint and 50% survivor annuity (QJSA)** • Qualified joint and 75% survivor annuity (QOSA)** • Five year certain and life annuity (normal form)
	** Includes subsidized pop-up feature
Pre-retirement death benefit	
<i>Eligibility</i>	Death of vested participant with surviving spouse
<i>Monthly amount</i>	50% of participant's qualified joint and 50% survivor annuity payable to spouse over spouse's lifetime commencing at participant's earliest retirement date

* 48,000 eligible hours of service will satisfy the 30 years of Benefit Service requirement.

SUMMARY OF PLAN PROVISIONS (CONTINUED)

Lump sum death benefit
Eligibility

Death of participant with at least 5 years of future service,
no spouse

Lump sum amount

100% of employer contributions made after
January 1, 1978.

ACTUARIAL ASSUMPTIONS

The following assumptions are used throughout this report except as specifically noted herein.

Valuation date	January 1, 2021
Interest rates	
<i>ERISA rate of return used to value liabilities</i>	7.00% per year net of investment expenses
<i>Unfunded vested benefits</i>	7.00% per year net of investment expenses
<i>Current liability</i>	2.08% (in accordance with Section 431(c)(6) of the Internal Revenue Code)
Operational expenses	
<i>Funding</i>	\$95,000 per year excluding investment expenses.
<i>ASC 960</i>	A 7.00% load was applied to the accrued liabilities for 2021 (6.75% for 2020).
Loading for pop-up feature	Liabilities for non-retired participants' benefits to be paid after retirement increased 0.6%; liabilities for retired participants receiving a joint and survivor form of benefit are valued using the actual pop-up benefit amounts.
Mortality	
<i>Assumed plan mortality</i>	The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2020 projection scale. For males a 115% multiplier was added and for females a 105% multiplier was added.
<i>Assumed plan mortality – disabled lives</i>	Same as healthy lives
<i>Current liability</i>	Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as prescribed by Section 431(c)(6) of the Internal Revenue Code.

ACTUARIAL ASSUMPTIONS (CONTINUED)

Withdrawal

According to Table T-3 (minus 51GA mortality) – specimen rates shown below. Assumed rate during second year of employment is 20%* and 10% for the next three years.

<u>Age</u>	<u>Withdrawal Rate</u>
25	.0519
30	.0472
35	.0433
40	.0362
45	.0286
50	.0092
55	.0000
60	.0000

* All newly reported participants are considered to have already worked their first year of employment.

Disability

120% of the 1964 OASDI disability table for males - specimen rates shown below:

<u>Age</u>	<u>Disability Rate</u>
25	.0010
30	.0013
35	.0018
40	.0026
45	.0043
50	.0073
55	.0121
60	.0195

ACTUARIAL ASSUMPTIONS (CONTINUED)

Future retirement rates	Rates are according to the following schedule:		
<i>Active lives</i>			
	<u>Age</u>	<u>With 30 Years</u>	<u>Without 30 Years</u>
	55-59	.30	.00
	60	.50	.25
	61	.50	.10
	62	.50	.50
	63	.50	.10
	64	.50	.25
	65+	1.00	1.00
	Age when first eligible for 30 and out		.50
	Resulting in an average expected retirement age of 61.		
<i>Inactive vested lives</i>	Earliest eligible retirement age or current age, if older.		
<i>Disabled lives</i>	Disability benefit assumed payable until normal retirement age, then normal retirement benefit commences.		
Future hours worked			
<i>Vested lives</i>	1,600 hours per year, 0 after assumed retirement age		
<i>Non-vested lives</i>	1,100 hours per year, 0 after assumed retirement age		
Future hourly contribution rate	\$9.12		
Future annual credits	Vesting Service: 1.0 Benefit Service: Average future annual hours assumption divided by 1,600		
Age of participants with unrecorded birth dates	Based on average entry age of participants with recorded birthdates and same vesting status		
Marriage assumptions	100% assumed married with the male spouse 3 years older than his wife		
Optional form assumption	All non-retired participants assumed to elect the life with the first 60 payments guaranteed form of benefit.		
QDRO benefits	Benefits to alternate payee included with participant's benefit until payment commences		

ACTUARIAL ASSUMPTIONS (CONTINUED)

Inactive vested lives over age 74	Continuing inactive vested participants age nearest 74 and older are assumed deceased and are not valued. Participants assumed deceased under age 74 prior to January 1, 2021 are still assumed to be deceased.
Section 415 limit assumptions	
<i>Dollar limit</i>	\$230,000 per year
<i>Assumed form of payment for those limited by Section 415</i>	Qualified joint and 75% survivor annuity
Benefits not valued	Pre-retirement death benefits following withdrawal or disability for active participants.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS

The non-prescribed actuarial assumptions were selected to provide a reasonable long term estimate of developing experience. The assumptions are reviewed annually, including a comparison to actual experience. The following describes our rationale for the selection of each non-prescribed assumption that has a significant effect on the valuation results.

**ERISA rate of return used
to value liabilities**

Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2020 survey of investment consultants.

Based on this analysis, we selected a final assumed rate of 7.00%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities.

Due to the special rules related to withdrawal liability for a construction industry plan and the nature of the building trades industry, we believe the valuation interest rate is also appropriate for withdrawal liability purposes.

Mortality

The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2020 projection scale was chosen as the base table for this population.

The blue collar table was chosen based on the industry of plan participants.

Finally, a 115% multiplier for males and 105% for females was applied. This was based on a study of data from larger plans in generally similar industries, plus an adjustment for additional hazards of the industry of this plan. Based on information from the CDC on COVID-19 deaths, this study was adjusted to exclude an increase in deaths due to COVID-19.

Retirement

Actual rates of retirement by age were last studied for this plan for the period January 1, 2014 to December 31, 2018. The assumed future rates of retirement were selected based on the results of this study. No adjustments were deemed necessary at this time.

Withdrawal

Actual rates of withdrawal by age were last studied for this plan for the period January 1, 2014 to December 31, 2018. The assumed future rates of withdrawal were selected based on the results of this study. No adjustments were deemed necessary at this time.

Future hours worked

Based on review of recent plan experience.

ACTUARIAL METHODS

Funding method	
<i>ERISA funding</i>	Traditional Unit Credit method (effective January 1, 2003)
<i>Funding period</i>	Individual Entry Age Normal with costs spread as a level dollar amount over service.
Population valued	
<i>Actives</i>	Eligible employees with at least one hour during the preceding plan year.
<i>Inactive vested</i>	Vested participants with no hours during the preceding plan year.
<i>Retirees</i>	Participants and beneficiaries in pay status as of the valuation date.
Asset valuation method	
<i>Actuarial value</i>	Smoothed Market Value Method without phase in effective January 1, 2009. Each year's gain (or loss) is spread over a period of 5 years. The actuarial value is limited to not less than 80% and not more than 120% of the actual market value of assets in any plan year.
<i>Unfunded vested benefits</i>	For the presumptive method, the actuarial value of assets, as described above, is used.
Pension Relief Act of 2010	30-year amortization of net investment loss was elected with respect to the loss incurred during the plan year ended in 2008. The loss was allocated to future years using the "prospective method" of IRS Notice 2010-83. The amount of each allocation is shown in Appendix C.

ASBESTOS WORKERS LOCAL #84 PENSION PLAN

EIN: 34-6009649/PN: 001

ATTACHMENT TO 2021 SCHEDULE MB: LINE 8

STATEMENT BY ENROLLED ACTUARY

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

Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.

Schedule MB, Line 8b(2) - Schedule of Active Participant Data
Asbestos Workers Local #84 Pension Plan EIN: 34-6009649/PN: 001
January 1, 2021

[illegible]

ASBESTOS WORKERS LOCAL #84 PENSION PLAN

EIN: 34-6009649/PN: 001

ATTACHMENT TO 2021 SCHEDULE MB: LINE 9

STATEMENT BY ENROLLED ACTUARY

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

Attached is a schedule of minimum funding amortization bases maintained pursuant to IRC Section 431.

Asbestos Workers Local #84 Pension Plan
EIN: 34-6009649/PN: 001
Attachment to 2021 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		1/1/2021 Outstanding Balance	1/1/2021 Amortization Payment
				Years	Months		
Charges							
1/1/1993	Assumptions		30	2	0	49,447	25,559
1/1/1994	Assumptions	36,043	30	3	0	8,074	2,875
1/1/1996	Assumptions	459,826	30	5	0	159,824	36,429
1/1/1997	Assumptions	230,641	30	6	0	92,933	18,222
1/1/1998	Plan Amendment	24,897	30	7	0	11,299	1,959
1/1/1999	Assumptions	114,238	30	8	0	57,285	8,966
1/1/2000	Assumptions	217,346	30	9	0	118,559	17,007
1/1/2001	Assumptions	48,613	30	10	0	28,502	3,793
1/1/2002	Assumptions	128,241	30	11	0	80,021	9,973
1/1/2007	Assumptions	604,794	30	16	0	469,142	46,413
1/1/2009	Relief 09 Asset Loss	4,010,386	29	17	0	3,235,975	309,762
1/1/2013	Assumptions	608,641	15	7	0	363,512	63,038
1/1/2016	Amendments	182,942	15	10	0	141,657	18,849
1/1/2016	Assumptions	53,384	15	10	0	41,335	5,500
1/1/2016	Experience Loss	371,233	15	10	0	287,452	38,249
1/1/2017	Assumptions	315,478	15	11	0	260,372	32,451
1/1/2017	Experience Loss	188,192	15	11	0	155,320	19,358
1/1/2018	Experience Loss	369,634	15	12	0	322,862	37,990
1/1/2019	Experience Loss	996,577	15	13	0	915,208	102,341
1/1/2020	Assumptions	404,271	15	14	0	388,183	41,483
1/1/2020	Experience Loss	428,977	15	14	0	411,906	44,018
Total Charges:						7,598,868	884,235

Asbestos Workers Local #84 Pension Plan
EIN: 34-6009649/PN: 001
Attachment to 2021 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		1/1/2021 Outstanding Balance	1/1/2021 Amortization Payment
				Years	Months		

Credits

1/1/2010	Experience Gain	276,118	15	4	0	104,732	28,897
1/1/2010	Plan Amendment	367,516	15	4	0	139,403	38,463
1/1/2011	Assumptions	211,126	15	5	0	96,589	22,016
1/1/2011	Experience Gain	558,090	15	5	0	255,329	58,199
1/1/2012	Experience Gain	405,124	15	6	0	214,722	42,101
1/1/2013	Experience Gain	418,886	15	7	0	250,179	43,384
1/1/2014	Experience Gain	459,643	15	8	0	303,623	47,521
1/1/2015	Experience Gain	229,656	15	9	0	165,236	23,702
1/1/2019	Assumptions	65,468	15	13	0	60,122	6,723
1/1/2021	Assumptions	101,956	15	15	0	101,956	10,462
1/1/2021	Experience Loss	766,485	15	15	0	766,485	78,650

Total Credits: **2,458,376** **400,118**

Net Charges: **5,140,492** **484,117**

Less Credit Balance: **5,862,058**

Less Reconciliation Balance: **0**

Unfunded Actuarial Liability: **-721,566**

ASBESTOS WORKERS LOCAL #84 PENSION PLAN

EIN: 34-6009649/PN: 001

ATTACHMENT TO 2021 SCHEDULE MB: LINE 11

STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 11 - Justification for Change in Actuarial Assumptions

The assumptions and methods differ from those used the preceding year in the following respects:

- The assumed mortality rates were changed from 110% of the PRI-2012 Blue Collar Mortality Table to the PRI-2012 Blue Collar Mortality Table adjusted by 115% for males and 105% for females. The mortality projection scale was updated from MP-2019 to MP-2020. These changes were made to reflect the latest mortality improvement data available.
- The assumed hourly contribution rate was increased from \$8.76 to \$9.12 to reflect the negotiated increase effective June 1, 2020.
- The assumed future hours worked were decreased from 1,250 hours to 1,100 hours per future year for non-vested active lives. This represents our best estimate of future hours based on recent plan experience.
- The age for continuing inactive vested participants assumed to be deceased and not valued was increased from age 70 to age 74. Participants assumed deceased under age 74 prior to January 1, 2021 are still assumed to be deceased.
- The expense load on ASC 960 liabilities was changed from 6.75% to 7.00% based on recent plan experience.
- The current liability interest rate was changed from 2.95% to 2.08%. The new rate is within established statutory guidelines.

Actuary's Statement of Reliance

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the plan administrator.

ASBESTOS WORKERS LOCAL #84 PENSION PLAN

EIN: 34-6009649/PN: 001

ATTACHMENT TO 2021 SCHEDULE MB: LINE 6

STATEMENT BY ENROLLED ACTUARY

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Break in service	Plan Year with less than 400 hours
Normal retirement benefit	
<i>Eligibility</i>	Age 65 and 5 th anniversary of plan participation
<i>Monthly amount</i>	• \$13.50 for each year of Benefit Service earned prior to January 1, 1978, plus • 2.85% of employer contributions made on or after January 1, 1978 and prior to January 1, 2003, plus • 2.85% of employer contributions made on or after January 1, 2003 and prior to July 1, 2003 (provided earned 200 hours of service in this 6 month period), plus • \$30 for Benefit Service (including pro-rata service for hours in excess of 800) earned on or after July 1, 2003 and prior to December 31, 2003 (provided earned 200 hours of service during this 6 month period), plus • \$30 for each year of Benefit Service (including pro-rata service for hours in excess of 1,600) earned on or after January 1, 2004 and prior to January 1, 2014, plus • 0.75% of employer contributions made on or after January 1, 2014 through December 31, 2015, plus • 1.62% of employer contributions made on or after January 1, 2016 through December 31, 2017, plus • 1.75% of employer contributions made on or after January 1, 2018. Payable for life with the first 60 payments guaranteed.

SUMMARY OF PLAN PROVISIONS (CONTINUED)

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<i>or</i>	
<i>Eligibility</i>	Age 55 and 30 years of Benefit Service*
<i>Monthly amount</i>	Normal, unreduced. Payable for life with the first 60 payments guaranteed.
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<i>Monthly amount</i>	75% of Accrued Normal. Payable until the earlier of age 65, recovery, or death. Eligible for Normal at age 65.
Vested benefit	
<i>Eligibility</i>	5 years of Vesting Service, termination of employment
<i>Monthly amount</i>	Accrued Normal payable at age 65, or reduced accrued payable at early. Payable for life with the first 60 payments guaranteed.
Optional forms of payment	
	• Qualified joint and 50% survivor annuity (QJSA)** • Qualified joint and 75% survivor annuity (QOSA)** • Five year certain and life annuity (normal form)
	** Includes subsidized pop-up feature
Pre-retirement death benefit	
<i>Eligibility</i>	Death of vested participant with surviving spouse
<i>Monthly amount</i>	50% of participant's qualified joint and 50% survivor annuity payable to spouse over spouse's lifetime commencing at participant's earliest retirement date

* 48,000 eligible hours of service will satisfy the 30 years of Benefit Service requirement.

SUMMARY OF PLAN PROVISIONS (CONTINUED)

Lump sum death benefit
Eligibility

Death of participant with at least 5 years of future service,
no spouse

Lump sum amount

100% of employer contributions made after
January 1, 1978.

ACTUARIAL ASSUMPTIONS

The following assumptions are used throughout this report except as specifically noted herein.

Valuation date	January 1, 2021
Interest rates	
<i>ERISA rate of return used to value liabilities</i>	7.00% per year net of investment expenses
<i>Unfunded vested benefits</i>	7.00% per year net of investment expenses
<i>Current liability</i>	2.08% (in accordance with Section 431(c)(6) of the Internal Revenue Code)
Operational expenses	
<i>Funding</i>	\$95,000 per year excluding investment expenses.
<i>ASC 960</i>	A 7.00% load was applied to the accrued liabilities for 2021 (6.75% for 2020).
Loading for pop-up feature	Liabilities for non-retired participants' benefits to be paid after retirement increased 0.6%; liabilities for retired participants receiving a joint and survivor form of benefit are valued using the actual pop-up benefit amounts.
Mortality	
<i>Assumed plan mortality</i>	The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2020 projection scale. For males a 115% multiplier was added and for females a 105% multiplier was added.
<i>Assumed plan mortality – disabled lives</i>	Same as healthy lives
<i>Current liability</i>	Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as prescribed by Section 431(c)(6) of the Internal Revenue Code.

ACTUARIAL ASSUMPTIONS (CONTINUED)

Withdrawal

According to Table T-3 (minus 51GA mortality) – specimen rates shown below. Assumed rate during second year of employment is 20%* and 10% for the next three years.

<u>Age</u>	<u>Withdrawal Rate</u>
25	.0519
30	.0472
35	.0433
40	.0362
45	.0286
50	.0092
55	.0000
60	.0000

* All newly reported participants are considered to have already worked their first year of employment.

Disability

120% of the 1964 OASDI disability table for males - specimen rates shown below:

<u>Age</u>	<u>Disability Rate</u>
25	.0010
30	.0013
35	.0018
40	.0026
45	.0043
50	.0073
55	.0121
60	.0195

ACTUARIAL ASSUMPTIONS (CONTINUED)

Future retirement rates	Rates are according to the following schedule:																										
<i>Active lives</i>	<table><tr><td><u>Age</u></td><td><u>With 30 Years</u></td><td><u>Without 30 Years</u></td></tr><tr><td>55-59</td><td>.30</td><td>.00</td></tr><tr><td>60</td><td>.50</td><td>.25</td></tr><tr><td>61</td><td>.50</td><td>.10</td></tr><tr><td>62</td><td>.50</td><td>.50</td></tr><tr><td>63</td><td>.50</td><td>.10</td></tr><tr><td>64</td><td>.50</td><td>.25</td></tr><tr><td>65+</td><td>1.00</td><td>1.00</td></tr></table>	<u>Age</u>	<u>With 30 Years</u>	<u>Without 30 Years</u>	55-59	.30	.00	60	.50	.25	61	.50	.10	62	.50	.50	63	.50	.10	64	.50	.25	65+	1.00	1.00		
<u>Age</u>	<u>With 30 Years</u>	<u>Without 30 Years</u>																									
55-59	.30	.00																									
60	.50	.25																									
61	.50	.10																									
62	.50	.50																									
63	.50	.10																									
64	.50	.25																									
65+	1.00	1.00																									
	Age when first eligible for 30 and out		.50																								
	Resulting in an average expected retirement age of 61.																										
<i>Inactive vested lives</i>	Earliest eligible retirement age or current age, if older.																										
<i>Disabled lives</i>	Disability benefit assumed payable until normal retirement age, then normal retirement benefit commences.																										
Future hours worked																											
<i>Vested lives</i>	1,600 hours per year, 0 after assumed retirement age																										
<i>Non-vested lives</i>	1,100 hours per year, 0 after assumed retirement age																										
Future hourly contribution rate	\$9.12																										
Future annual credits	Vesting Service: 1.0 Benefit Service: Average future annual hours assumption divided by 1,600																										
Age of participants with unrecorded birth dates	Based on average entry age of participants with recorded birthdates and same vesting status																										
Marriage assumptions	100% assumed married with the male spouse 3 years older than his wife																										
Optional form assumption	All non-retired participants assumed to elect the life with the first 60 payments guaranteed form of benefit.																										
QDRO benefits	Benefits to alternate payee included with participant's benefit until payment commences																										

ACTUARIAL ASSUMPTIONS (CONTINUED)

Inactive vested lives over age 74	Continuing inactive vested participants age nearest 74 and older are assumed deceased and are not valued. Participants assumed deceased under age 74 prior to January 1, 2021 are still assumed to be deceased.
Section 415 limit assumptions	
<i>Dollar limit</i>	\$230,000 per year
<i>Assumed form of payment for those limited by Section 415</i>	Qualified joint and 75% survivor annuity
Benefits not valued	Pre-retirement death benefits following withdrawal or disability for active participants.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS

The non-prescribed actuarial assumptions were selected to provide a reasonable long term estimate of developing experience. The assumptions are reviewed annually, including a comparison to actual experience. The following describes our rationale for the selection of each non-prescribed assumption that has a significant effect on the valuation results.

**ERISA rate of return used
to value liabilities**

Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2020 survey of investment consultants.

Based on this analysis, we selected a final assumed rate of 7.00%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities.

Due to the special rules related to withdrawal liability for a construction industry plan and the nature of the building trades industry, we believe the valuation interest rate is also appropriate for withdrawal liability purposes.

Mortality

The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2020 projection scale was chosen as the base table for this population.

The blue collar table was chosen based on the industry of plan participants.

Finally, a 115% multiplier for males and 105% for females was applied. This was based on a study of data from larger plans in generally similar industries, plus an adjustment for additional hazards of the industry of this plan. Based on information from the CDC on COVID-19 deaths, this study was adjusted to exclude an increase in deaths due to COVID-19.

Retirement

Actual rates of retirement by age were last studied for this plan for the period January 1, 2014 to December 31, 2018. The assumed future rates of retirement were selected based on the results of this study. No adjustments were deemed necessary at this time.

Withdrawal

Actual rates of withdrawal by age were last studied for this plan for the period January 1, 2014 to December 31, 2018. The assumed future rates of withdrawal were selected based on the results of this study. No adjustments were deemed necessary at this time.

Future hours worked

Based on review of recent plan experience.

ACTUARIAL METHODS

Funding method	
<i>ERISA funding</i>	Traditional Unit Credit method (effective January 1, 2003)
<i>Funding period</i>	Individual Entry Age Normal with costs spread as a level dollar amount over service.
Population valued	
<i>Actives</i>	Eligible employees with at least one hour during the preceding plan year.
<i>Inactive vested</i>	Vested participants with no hours during the preceding plan year.
<i>Retirees</i>	Participants and beneficiaries in pay status as of the valuation date.
Asset valuation method	
<i>Actuarial value</i>	Smoothed Market Value Method without phase in effective January 1, 2009. Each year's gain (or loss) is spread over a period of 5 years. The actuarial value is limited to not less than 80% and not more than 120% of the actual market value of assets in any plan year.
<i>Unfunded vested benefits</i>	For the presumptive method, the actuarial value of assets, as described above, is used.
Pension Relief Act of 2010	30-year amortization of net investment loss was elected with respect to the loss incurred during the plan year ended in 2008. The loss was allocated to future years using the "prospective method" of IRS Notice 2010-83. The amount of each allocation is shown in Appendix C.

ASBESTOS WORKERS LOCAL #84 PENSION PLAN

EIN: 34-6009649/PN: 001

ATTACHMENT TO 2021 SCHEDULE MB: LINE 8

STATEMENT BY ENROLLED ACTUARY

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

Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.

Schedule MB, Line 8b(2) - Schedule of Active Participant Data
Asbestos Workers Local #84 Pension Plan EIN: 34-6009649/PN: 001
January 1, 2021

[illegible]

ASBESTOS WORKERS LOCAL #84 PENSION PLAN

EIN: 34-6009649/PN: 001

ATTACHMENT TO 2021 SCHEDULE MB: LINE 9

STATEMENT BY ENROLLED ACTUARY

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

Attached is a schedule of minimum funding amortization bases maintained pursuant to IRC Section 431.

Asbestos Workers Local #84 Pension Plan
EIN: 34-6009649/PN: 001
Attachment to 2021 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		1/1/2021 Outstanding Balance	1/1/2021 Amortization Payment
				Years	Months		
Charges							
1/1/1993	Assumptions		30	2	0	49,447	25,559
1/1/1994	Assumptions	36,043	30	3	0	8,074	2,875
1/1/1996	Assumptions	459,826	30	5	0	159,824	36,429
1/1/1997	Assumptions	230,641	30	6	0	92,933	18,222
1/1/1998	Plan Amendment	24,897	30	7	0	11,299	1,959
1/1/1999	Assumptions	114,238	30	8	0	57,285	8,966
1/1/2000	Assumptions	217,346	30	9	0	118,559	17,007
1/1/2001	Assumptions	48,613	30	10	0	28,502	3,793
1/1/2002	Assumptions	128,241	30	11	0	80,021	9,973
1/1/2007	Assumptions	604,794	30	16	0	469,142	46,413
1/1/2009	Relief 09 Asset Loss	4,010,386	29	17	0	3,235,975	309,762
1/1/2013	Assumptions	608,641	15	7	0	363,512	63,038
1/1/2016	Amendments	182,942	15	10	0	141,657	18,849
1/1/2016	Assumptions	53,384	15	10	0	41,335	5,500
1/1/2016	Experience Loss	371,233	15	10	0	287,452	38,249
1/1/2017	Assumptions	315,478	15	11	0	260,372	32,451
1/1/2017	Experience Loss	188,192	15	11	0	155,320	19,358
1/1/2018	Experience Loss	369,634	15	12	0	322,862	37,990
1/1/2019	Experience Loss	996,577	15	13	0	915,208	102,341
1/1/2020	Assumptions	404,271	15	14	0	388,183	41,483
1/1/2020	Experience Loss	428,977	15	14	0	411,906	44,018
Total Charges:						7,598,868	884,235

Asbestos Workers Local #84 Pension Plan
EIN: 34-6009649/PN: 001
Attachment to 2021 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		1/1/2021 Outstanding Balance	1/1/2021 Amortization Payment
				Years	Months		

Credits

1/1/2010	Experience Gain	276,118	15	4	0	104,732	28,897
1/1/2010	Plan Amendment	367,516	15	4	0	139,403	38,463
1/1/2011	Assumptions	211,126	15	5	0	96,589	22,016
1/1/2011	Experience Gain	558,090	15	5	0	255,329	58,199
1/1/2012	Experience Gain	405,124	15	6	0	214,722	42,101
1/1/2013	Experience Gain	418,886	15	7	0	250,179	43,384
1/1/2014	Experience Gain	459,643	15	8	0	303,623	47,521
1/1/2015	Experience Gain	229,656	15	9	0	165,236	23,702
1/1/2019	Assumptions	65,468	15	13	0	60,122	6,723
1/1/2021	Assumptions	101,956	15	15	0	101,956	10,462
1/1/2021	Experience Loss	766,485	15	15	0	766,485	78,650

Total Credits: **2,458,376** **400,118**

Net Charges: **5,140,492** **484,117**

Less Credit Balance: **5,862,058**

Less Reconciliation Balance: **0**

Unfunded Actuarial Liability: **-721,566**

ASBESTOS WORKERS LOCAL #84 PENSION PLAN

EIN: 34-6009649/PN: 001

ATTACHMENT TO 2021 SCHEDULE MB: LINE 11

STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 11 - Justification for Change in Actuarial Assumptions

The assumptions and methods differ from those used the preceding year in the following respects:

- The assumed mortality rates were changed from 110% of the PRI-2012 Blue Collar Mortality Table to the PRI-2012 Blue Collar Mortality Table adjusted by 115% for males and 105% for females. The mortality projection scale was updated from MP-2019 to MP-2020. These changes were made to reflect the latest mortality improvement data available.
- The assumed hourly contribution rate was increased from \$8.76 to \$9.12 to reflect the negotiated increase effective June 1, 2020.
- The assumed future hours worked were decreased from 1,250 hours to 1,100 hours per future year for non-vested active lives. This represents our best estimate of future hours based on recent plan experience.
- The age for continuing inactive vested participants assumed to be deceased and not valued was increased from age 70 to age 74. Participants assumed deceased under age 74 prior to January 1, 2021 are still assumed to be deceased.
- The expense load on ASC 960 liabilities was changed from 6.75% to 7.00% based on recent plan experience.
- The current liability interest rate was changed from 2.95% to 2.08%. The new rate is within established statutory guidelines.

Actuary's Statement of Reliance

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the plan administrator.

PLAN NAME: ASBESTOS WORKERS LOCAL 84 PENSION PLAN

DATE: DECEMBER 31, 2021

PLAN EIN NUMBER: 34-6009649

PLAN NUMBER: 001

SCHEDULE MB: LINE 3(D) – WITHDRAWAL LIABILITY AMOUNT

YDCPA added \$1 to Schedule MB, line 3(b) and 3(d) as a workaround due to UltraTax experiencing technical issues with the filing of the Form 5500 Schedule MB.

See the attached Schedule MB complete PDF for the accurate figures as stated by the actuary.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning	and ending
A This return/report is for: ☒ a multiemployer plan ☐ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____	
B This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here ☒ the DFVC program	
D Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) _____ ☐ automatic extension	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐	

Part II Basic Plan Information—enter all requested information											
1a Name of plan ASBESTOS WORKERS LOCAL 84 PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/1961</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 34-6009649</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 800-398-6144</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 238900</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 07/01/1961		2b Employer Identification Number (EIN) 34-6009649		2c Plan Sponsor's telephone number 800-398-6144		2d Business code (see instructions) 238900	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 07/01/1961											
2b Employer Identification Number (EIN) 34-6009649											
2c Plan Sponsor's telephone number 800-398-6144											
2d Business code (see instructions) 238900											
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) ASBESTOS WORKERS LOCAL 84 PENSION PO BOX 50440 INDIANAPOLIS IN 46250											

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		8-15-2022	X CARL E. HUGHES II
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		8-15-22	X Kevin Strelby
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 198
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) 127
a(2) Total number of active participants at the end of the plan year	6a(2) 135
b Retired or separated participants receiving benefits	6b 47
c Other retired or separated participants entitled to future benefits	6c 19
d Subtotal. Add lines 6a(2), 6b, and 6c	6d 201
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 10
f Total. Add lines 6d and 6e	6f 211
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 22

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

Federal Statements**ASBESTOS WORKERS LOCAL 84 PENSION PLAN****Plan: 001****Plan transactions in excess of 5% of plan assets**

<u>Name</u>		<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses</u>	<u>Cost of Asset</u>	<u>Current Value</u>	<u>Net Gain or Loss</u>
	<u>Description</u>							
INVESCO NASDAQ 100 ETF		\$ 1224833	\$	\$	\$	\$ 1224833	\$ 1224833	\$
INVESCO QQQ TRUST			1223805			749,552	1223805	474,253

34-6009649

Federal StatementsFYE: 12/31/2021 **ASBESTOS WORKERS LOCAL 84 PENSION PLAN**
Plan: 001**Assets Held for Investment**

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	MONEY MARKET FUNDS		\$ 844,751	\$ 844,751
	REGISTERED INVESTMEN		7,605,316	10,133,885
	COMMON STOCKS		5,314,973	7,453,706
	GOVERNMENT SECURITIE		1,419,992	1,399,021
	MORTGAGE OBLIGATIONS		1,013,115	1,056,677
	CORPORATE BONDS		3,722,683	3,779,880