

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>SHEET METAL WORKERS 270 DEFINED CONTRIBUTION 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>07/01/2010</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>27-2519987</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>918-587-2007</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>813930</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/2010</u>		2b Employer Identification Number (EIN) <u>27-2519987</u>		2c Plan Sponsor's telephone number <u>918-587-2007</u>		2d Business code (see instructions) <u>813930</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>07/01/2010</u>											
2b Employer Identification Number (EIN) <u>27-2519987</u>											
2c Plan Sponsor's telephone number <u>918-587-2007</u>											
2d Business code (see instructions) <u>813930</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>SHEET METAL WORKERS 270 DEFINED CONTRIBUTION PENSION PLAN</u> <u>1863 N 105TH E AVE</u> <u>TULSA, OK 74116</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.	10/13/2022	JOSHUA CRAIG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	DAVID TIDWELL
	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	722
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)	608
a(2) Total number of active participants at the end of the plan year		6a(2)	568
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	126
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	694
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	695
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	568
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	18
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2S 2T			
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 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 SHEET METAL WORKERS 270 DEFINED CONTRIBUTION PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SHEET METAL WORKERS 270 DEFINED CONTRIBUTION PENSION PLAN	D Employer Identification Number (EIN) 27-2519987	

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
THE TRUST COMPANY OF OKLAHOMA
73-1577418

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN BEACON ADVISORS
75-2147195

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
COHEN & STEERS CAPITAL MANAGEMENT I
13-4082187

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DODGE & COX
94-1441976

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

EAGLE ASSET MANAGEMENT

PO BOX 3302
ST PETERSBURG, FL 33733

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

FIDELITY CONTRAFUND

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

FIDELITY INVESTMENTS INSTITUTIONAL

500 SALEM STREET
SMITHFIELD, RI 02917

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

JOHN HANCOCK FINANCIAL SERVICES, IN

200 BERKELEY STREET
BOSTON, MA 02116

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

MML SERIES INVESTMENT FUND

100 BRIGHT MEADOW BLVD.
ENFIELD, CT 06082

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

METROPOLITAN WEST ASSET MANAGEMENT,

865 SOUTH FIGUEROA STREET
LOS ANGELES, CA 90017

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

PACIFIC INVESTMENT MANAGEMENT COMPA

33-0629048

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

U.S. BANCORP FUND SERVICES, LLC

P.O. BOX 701
MILWAUKEE, WI 53201

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

FRANKLIN TEMPLETON INVESTOR SERVICE

59-6865210

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

PUTNAM INVESTMENTS

04-3159710

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

THE VANGUARD GROUP, INC.

23-1945930

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

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

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

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

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

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)

THE TRUST COMPANY OF OKLAHOMA

73-1577418

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 24 37 38 50 64 65	TRUSTEE	43778	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEEDLES & ASSOCIATES, LLC

51-0435869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	9518	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 ☐

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)

(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 ☐

(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 ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>SHEET METAL WORKERS 270 DEFINED CONTRIBUTION PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SHEET METAL WORKERS 270 DEFINED CONTRIBUTION PENSION PLAN</u>	D Employer Identification Number (EIN) <u>27-2519987</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: TCO AGGRESSIVE GROWTH

b Name of sponsor of entity listed in (a): TRUST COMPANY OF OKLAHOMA

c EIN-PN <u>73-1577418-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15063</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TCO BALANCED ASSET ALLOC FD

b Name of sponsor of entity listed in (a): TRUST COMPANY OF OKLAHOMA

c EIN-PN <u>73-1577418-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1457304</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TCO BALANCED GROWTH FD

b Name of sponsor of entity listed in (a): TRUST COMPANY OF OKLAHOMA

c EIN-PN <u>73-1577418-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2726</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TCO TARGET INCOME

b Name of sponsor of entity listed in (a): TRUST COMPANY OF OKLAHOMA

c EIN-PN <u>73-1577418-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18518</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TCO TARGET RETIREMENT 2015

b Name of sponsor of entity listed in (a): TRUST COMPANY OF OKLAHOMA

c EIN-PN <u>73-1577418-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5255</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TCO TARGET RETIREMENT 2025

b Name of sponsor of entity listed in (a): TRUST COMPANY OF OKLAHOMA

c EIN-PN <u>73-1577418-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>182118</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TCO TARGET RETIREMENT 2035

b Name of sponsor of entity listed in (a): TRUST COMPANY OF OKLAHOMA

c EIN-PN <u>73-1577418-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>346195</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TCO TARGET RETIREMENT 2045

b Name of sponsor of entity listed in (a): TRUST COMPANY OF OKLAHOMA

c EIN-PN 73-1577418-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 656112
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a Name of MTIA, CCT, PSA, or 103-12 IE: TCO TARGET RETIREMENT 2055

b Name of sponsor of entity listed in (a): TRUST COMPANY OF OKLAHOMA

c EIN-PN 73-1577418-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 804957
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a Name of MTIA, CCT, PSA, or 103-12 IE: TCO TARGET RETIREMENT 2065

b Name of sponsor of entity listed in (a): TRUST COMPANY OF OKLAHOMA

c EIN-PN 73-1577418-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21151
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a Name of MTIA, CCT, PSA, or 103-12 IE: TCO LIFESTYLE- CONSERVATIVE

b Name of sponsor of entity listed in (a): TRUST COMPANY OF OKLAHOMA

c EIN-PN 73-1577418-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39101
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a Name of MTIA, CCT, PSA, or 103-12 IE: TCO LIFESTYLE- GROWTH

b Name of sponsor of entity listed in (a): TRUST COMPANY OF OKLAHOMA

c EIN-PN 73-1577418-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44375
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS

c EIN-PN 04-3159710-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 426488
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

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 <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>SHEET METAL WORKERS 270 DEFINED CONTRIBUTION 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>SHEET METAL WORKERS 270 DEFINED CONTRIBUTION PENSION PLAN</u>	D Employer Identification Number (EIN) <u>27-2519987</u>	

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)	1329	378
(2) Participant contributions.....	1b(2)	7022	2918
(3) Other	1b(3)	2644	66
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	35412	39758
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	2963263	3592874
(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)	2646072	3295358
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	417698	426488

		(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	6073440 7357840
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	9516 0
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	9516 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6063924 7357840

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
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	54119
	(B) Participants	2a(1)(B)	295790
	(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)	349909
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	11
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	11
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	179433
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	179433
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		461869
(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)		434257
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1425479
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	70566	
(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)		70566
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)	12078	
(2) Contract administrator fees.....	2i(2)	43778	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	5141	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		60997
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		131563
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1293916
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: **NEEDLES & ASSOCIATES, LLC**

(2) EIN: **51-0435869**

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		41129

	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		200000
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.)			
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?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
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.	X		
4n	X		
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 _____.			

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 SHEET METAL WORKERS 270 DEFINED CONTRIBUTION PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SHEET METAL WORKERS 270 DEFINED CONTRIBUTION PENSION PLAN	D Employer Identification Number (EIN) 27-2519987

Part I	Distributions
--------	---------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 73-1355579 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

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
---------	--

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

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase ☐ Decrease ☐ Both ☐ No
--	--

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

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

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

Schedule R (Form 5500) 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

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): _____

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

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

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

- 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 _____

***SHEET METAL WORKERS LOCAL 270 DEFINED
CONTRIBUTION PENSION PLAN***

***FINANCIAL STATEMENTS
December 31, 2021 and 2020***

SHEET METAL WORKERS LOCAL 270 DEFINED CONTRIBUTION PENSION PLAN

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December 31, 2021 and 2020***

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INDEPENDENT AUDITOR'S REPORT

Plan Participants and Board of Trustees
Sheet Metal Workers Local 270 Defined Contribution Pension Plan
Tulsa, OK

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the accompanying financial statements of Sheet Metal Workers Local 270 Defined Contribution Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note A to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section—

- the amounts and disclosures in the 2021 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the 2021 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Sheet Metal Workers Local 270 Defined Contribution 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Sheet Metal Workers Local 270 Defined Contribution 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or 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 Sheet Metal Workers Local 270 Defined Contribution 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 Sheet Metal Workers Local 270 Defined Contribution Pension Plan 's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and late contributions, 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, have been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its 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 form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We audited the 2020 financial statements of Sheet Metal Workers Local 270 Defined Contribution Pension Plan . As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. Our report dated October 14, 2021 indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the financial statements and supplemental schedules, and (b) the form and content of the information included in the financial statements and supplemental schedules other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Broomfield, CO
October 12, 2022

***SHEET METAL WORKERS LOCAL 270 DEFINED CONTRIBUTION
PENSION PLAN
Modified Cash Basis
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020***

	<u>2021</u>	<u>2020</u>
<i>Assets</i>		
Investments, at fair value		
Money market funds	\$ 39,758	\$ 35,412
Mutual funds	3,295,358	2,646,072
Common collective trust	<u>3,592,874</u>	<u>2,963,263</u>
Total investments, at fair value	<u>6,927,990</u>	<u>5,644,747</u>
Investments, at contract value		
Stable value funds	<u>426,488</u>	<u>417,698</u>
Total investments, at contract value	<u>426,488</u>	<u>417,698</u>
Receivables		
Employers' contributions	378	1,329
Participant contributions	2,918	7,022
Due from broker	66	2,264
Other Accounts Receivable	<u>-</u>	<u>380</u>
Total receivables	<u>3,362</u>	<u>10,995</u>
Total assets	<u>\$ 7,357,840</u>	<u>\$ 6,073,440</u>
<i>Liabilities</i>		
Accounts payable		
Operating	<u>\$ -</u>	<u>\$ 9,515</u>
Total liabilities	<u>\$ -</u>	<u>\$ 9,515</u>
<i>Net assets available for benefits</i>	<u><u>\$ 7,357,840</u></u>	<u><u>\$ 6,063,925</u></u>

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

***SHEET METAL WORKERS LOCAL 270 DEFINED CONTRIBUTION
PENSION PLAN
Modified Cash Basis
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2021 and 2020***

	<u>2021</u>	<u>2020</u>
<i>Additions</i>		
Contributions		
Employers'	\$ 54,119	\$ 54,695
Participants'	<u>295,790</u>	<u>274,293</u>
Total contributions	<u>349,909</u>	<u>328,988</u>
Investment earnings		
Interest	11	251
Dividends	179,433	115,794
CCT earnings	461,869	381,130
Mutual fund earnings	<u>434,257</u>	<u>359,956</u>
Total investment earnings	<u>1,075,570</u>	<u>857,131</u>
Total additions	<u>\$ 1,425,479</u>	<u>\$ 1,186,119</u>
<i>Deductions</i>		
Benefit payments		
Pension benefits	<u>\$ 70,566</u>	<u>\$ 276,072</u>
Operating expenses (Note G)	<u>60,998</u>	<u>48,221</u>
Total deductions	<u>\$ 131,564</u>	<u>\$ 324,293</u>
Net increase (decrease)	1,293,915	861,826
<i>Net assets available for benefits</i>		
Beginning of year	<u>\$ 6,063,925</u>	<u>\$ 5,202,099</u>
End of year	<u><u>\$ 7,357,840</u></u>	<u><u>\$ 6,063,925</u></u>

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

SHEET METAL WORKERS LOCAL 270 DEFINED CONTRIBUTION PENSION PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE A - DESCRIPTION OF PLAN

The following description of Sheet Metal Workers Local 270 Defined Contribution Pension Plan (Plan) provides only general information. Participants should refer to the Trust Documents and Plan Documents for a complete description of the Plan's provisions.

- **General**

The Plan is a defined contribution (profit sharing) 401(k) pension plan covering substantially all eligible members of employers that are parties to collective bargaining agreements. The plan was established July 1, 2010 under an agreement between Sheet Metal Workers International Association Local Union 270 and the Sheet Metal and Air Conditioning Contractors National Association of Oklahoma.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan has contracted with the Trust Company of Oklahoma to manage daily operations and act as custodian of Plan assets.

- **Certified Investment**

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplement schedule, including investments held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividends, for the year ended December 31, 2021, were obtained by the Board of Trustees and agreed to or derived from information certified as complete and accurate by Trust Company of Oklahoma (the trustee of the Plan).

- **Tax status**

The Plan obtained its latest determination letter on September 20, 2012, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan's administrator and the Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has evaluated the Plan's tax positions and concluded that the Plan has taken no uncertain tax positions that would require financial statement recognition or disclosure for the years ended December 31, 2021 and 2020.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the Plan is no longer subject to tax examinations by tax authorities for years preceding December 31, 2017.

SHEET METAL WORKERS LOCAL 270 DEFINED CONTRIBUTION PENSION PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE A - DESCRIPTION OF PLAN (Continued)

- **Funding**

The Plan is funded by contributions from participants and various employers who are signatory to a collective bargaining agreement. Contributions are based on the numbers of hours worked at the applicable hourly contribution rate. The current participant and employer contribution rates are \$.25 and \$.15 per hour respectively. Participants may also contribute an additional amount on a voluntary basis.

- **Participant accounts**

Contributions from employers and participants are credited to individual accounts maintained for each participant. Each participant's account is adjusted to reflect the gains and losses resulting from the change in value of the Plan as well as an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Eligibility: Employees are eligible to participate in the Plan on the first date of employment with a signatory employer required to contribute on their behalf.

Vesting: Participants are 100% vested in any contributions made on their behalf and allocated to their individual account.

According to the records from TCO, the participants' accounts are recorded on a cash basis, whereas the financial statements are reported on a modified cash basis as well as including non-participant directed assets. As a result, a reconciliation between the net assets available for benefits and participants' accounts is as follows:

Reconciliation of participants' accounts	
Total Net Assets available for benefits	\$ 7,357,840
Less Non-participant directed assets	(11,880)
Net Accruals recorded	<u>(3,296)</u>
Adjusted Net assets available for benefits	<u>\$ 7,342,664</u>
Total Participants' accounts December 31, 2021	\$ 7,342,664

- **Pension benefits**

Benefits: Benefits are payable to participants at normal retirement age 65, of the fifth anniversary of participation in the plan. The plan also allows for early disability retirement. The benefit payable is equal to the total value of the participant's individual account. A participant can elect to have benefits paid either through the purchase of an annuity or a lump sum payment.

SHEET METAL WORKERS LOCAL 270 DEFINED CONTRIBUTION PENSION PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE A - DESCRIPTION OF PLAN (Continued)

Death Benefits: If a participant dies prior to retirement, the total value of the account is paid to the participant's designated beneficiary as a qualified pre-retirement survivor annuity. The designated beneficiary can elect to have benefits paid either through the purchase of an annuity or a lump sum payment.

Termination Benefits: A participant is entitled to a permanent termination benefit equal to the value of the participant's account, if the participant has not had contributions made on their behalf for 12 consecutive months.

Hardship Distributions: The plan permits hardship distributions under certain circumstances. The benefit paid must exceed \$1,000 and cannot exceed the amount of the hardship.

- **Priorities upon termination**

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of Plan assets to be used for or diverted to purposes other than the exclusive benefit of the participants. In the event the Plan terminates, participants are 100% vested in their accounts.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

- **Basis of accounting**

The accompanying financial statements are prepared on the modified cash basis of accounting in which other revenues are recognized as collected and expenses are recognized when paid. The Plan has made provisions to comply with ERISA reporting requirements to show investments at their fair value.

Participant and employer contributions are recognized on the accrual basis of accounting.

- **Use of estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts and disclosures. Actual results could differ from those estimates.

- **Investment valuation and income recognition**

All of the Plan's investments are held in mutual funds and common collect trusts and are stated at fair value as determined by quoted market prices and in a stable value fund that is reported at contract value. Trust Company Oklahoma serves as the trustee and record keeper. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its investment custodian(s) and investment advisor(s).

SHEET METAL WORKERS LOCAL 270 DEFINED CONTRIBUTION PENSION PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE B - SUMMARY OF ACCOUNTING POLICIES (Continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Realized and unrealized gains and losses from security transactions are calculated on the cost basis. Net appreciation (depreciation) includes gains and losses on investments bought and sold as well as held during the year.

For participants who have not made any investment election, the investments and contributions received on their behalf on and after June 1, 2009, will be deposited into a TCO Target Fund based on their date of birth. No participant account can be set up without a date of birth noted.

- **Employers' contributions receivable**

Employers' contributions are recorded as income in the month the hours are worked. Employers' contributions receivable represent contributions applicable to work months prior to December 31, 2021 and 2020, but collected subsequent to those dates. Plan management believes these receivables to be fully collectible. The Board of Trustees has a policy of performing agreed-upon procedures on the payroll records of contributing employers on a regular basis. Delinquencies may arise from these procedures, but due to the uncertainty of collections, no estimates of amounts due will be accrued until settlements are reached. Consequently, no allowance for uncollectible receivables is recorded.

- **Payment of benefits**

Benefit payments to participants are recorded upon distribution.

- **Subsequent events**

Management has evaluated subsequent events through October 12, 2022, the date the financial statements were available to be issued. No subsequent events have occurred requiring accrual or disclosure.

- **Unallocated assets**

Amounts held in the money market fund of the reserve account of \$8,647 and \$3,140 had not yet been allocated to participant accounts as of December 31, 2021 and 2020.

NOTE C - FAIR VALUE MEASUREMENTS

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

SHEET METAL WORKERS LOCAL 270 DEFINED CONTRIBUTION PENSION PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE C - FAIR VALUE MEASUREMENTS (Continued)

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

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.

Money market funds and mutual Funds: Valued at the closing price reported on the active market on which the individual securities are traded which are recorded by the Trust Company of Oklahoma. The value of each mutual fund is determined at the close of each business day.

Common collective trusts: Valued based upon the units of participation representing an undivided interest in the underlying assets of the trust. The purchase or redemption price of the units is determined periodically by the Trustees based upon current market values.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The Plan's investments have no unfunded commitment and can be redeemed at will by the Plan.

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

SHEET METAL WORKERS LOCAL 270 DEFINED CONTRIBUTION PENSION PLAN**Notes to Financial Statements
December 31, 2021 and 2020****NOTE C - FAIR VALUE MEASUREMENTS (Continued)**

Assets at fair value as of December 31, 2021				
Description	Level 1	Level 2	Level 3	Total
Money market funds	\$ 39,758	\$ -	\$ -	\$ 39,758
Mutual funds	3,295,358	-	-	3,295,358
Total investments in fair value hierarchy	\$ 3,335,116	\$ -	\$ -	\$ 3,335,116
Investments measured at NAV				\$ 3,592,874
Total Investments	\$ 3,335,116	\$ -	\$ -	\$ 6,927,990

Assets at fair value as of December 31, 2020				
Description	Level 1	Level 2	Level 3	Total
Money market funds	\$ 35,412	\$ -	\$ -	\$ 35,412
Mutual funds	2,646,072	-	-	2,646,072
Total investments in fair value hierarchy	\$ 2,681,484	\$ -	\$ -	\$ 2,681,484
Investments measured at NAV				\$ 2,963,263
Total Investments	\$ 2,681,484	\$ -	\$ -	\$ 5,644,747

NOTE D – STABLE VALUE FUND

The Board of Trustees has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the US Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Board of Trustees instructed the Plan's independent auditor not to perform any auditing procedures with respect to the following information certified by the Trust Company of Oklahoma., except for comparing such information certified by the custodian to information included in the Plan's financial statements and supplemental schedule. The fund invests in the Putnam Stable Value Account Fund. This investment provides for the collective investment of assets of participating tax qualified plans and related trusts, in guaranteed investment contracts and in cash or other readily marketable assets. This investment is comprised of high-quality guaranteed investment contracts (GICs), and other similar contracts issued by insurance companies and financial institutions. Up to 75% of its assets are invested in security backed investment contracts (SBIC). Traditional GICs and SBICs receive a guaranteed interest rate from the issuer for a specified time. The issuer for each GIC contract guarantees that all qualified participant withdrawals will occur at contract value (principal plus accrued interest). All investment contracts held by Stable Fund at December 31, 2021, are fully benefit-responsive. The average yield earned by the Stable Fund at December 31, 2021, represents the annualized earnings of all investments in the Trust divided by the period-end fair value of all investments in the Trust was 2.12%.

SHEET METAL WORKERS LOCAL 270 DEFINED CONTRIBUTION PENSION PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE E - 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 change could materially affect the amounts reported in the statement of net assets available for benefits.

NOTE F - PARTY-IN-INTEREST TRANSACTIONS

Payments for professional services such as administration, consulting, investment management, legal, and auditing are considered reasonable and customary for such services. Investments are managed by the Trust Company of Oklahoma (TCO). The Trust Company of Oklahoma is the trustee and recordkeeper for the Plan and, therefore, these transactions qualify as party in interest transactions. The CCTs invested in by the Plan are issued by the Trust Company of Oklahoma.

NOTE G - OPERATING EXPENSES

The following is a detailed summary of the Plan's operating expenses for the years ended December 31, 2021 and 2020:

	2021	2020
Trustee fees	\$ 34,711	\$ 24,428
Recordkeeper fees	9,067	8,919
Legal fees	2,560	900
Audit fees	9,518	9,515
Other expenses	5,142	4,459
Total operating expenses	<u>\$ 60,998</u>	<u>\$ 48,221</u>

NOTE H - AMENDMENTS

The Board of Trustees approved amendments to the Restated and Amended Plan Document which incorporated the following changes please refer to them for a complete description of the Plan's provisions:

- Effective January 1, 2020, Trustees will rely upon a participant's written representation to justify the need for particular distribution. In addition, several changes were made to the Plan's section on Required Minimum Distributions.

Participants should refer to the Plan Documents and / or Summary Plan Description for a complete description of the Plan's provisions.

SHEET METAL WORKERS LOCAL 270 DEFINED CONTRIBUTION PENSION PLAN

***Notes to Financial Statements
December 31, 2021 and 2020***

NOTE I - CHANGES IN CLASSIFICATION AND RECLASSIFICATION

The presentation of certain financial statement amounts of the previous year has been changed to reflect the presentation adopted for the current year.

NOTE J – PLAN’S COMPLIANCE TESTING

On an annual basis, the Plan has to undergo nondiscrimination average deferral percentage (ADP) and Actual Contribution Percentage (ACP) tests pursuant to the IRS codes 401(k)(3) and 401(m)(2) respectively performed by the Plan’s trustee and record keeper Trust Company of Oklahoma.

The ADP test determines if there is a discrimination between the average deferral rates of the non-highly compensated employees (NHCE) to the average deferral rates of the highly compensated employees (HCE). The ACP test determines if there is a discrimination between the average contribution rates for matching and/or employee voluntary after-tax contributions between the non-highly compensated employees and the highly compensated employees. For the current year, only the ADP test was applicable and was run accordingly.

During the current year, the HCE ADP rate of 4.02% was greater than the NHCE ADP rate of 2.41% or 3.86% (based on two different calculations) resulting in the failing of the Nondiscrimination test. The failure indicated HCE had more deferral contributions and will result in a correction of a refund in the amount of \$20.32.

Sheet Metal Workers 270 Defined Contribution Pension Plan

Plan Year Ending December 31, 2021

FORM 5500, SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (Held at End of Year)

Plan #001

EIN: 27-2519987

(a)	(b)	(c)	(d)	(e)
Identity of Issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
INTEREST BEARING CASH IN CCT ASSETS	CCT ASSET	**	2,328	
+ INVESCO STIT GOV & AGENCY PORTFOLIO	MUTUAL FUND	**	3,233	
+ FIDELITY MONEY MARKET INSTITUTIONAL	MUTUAL FUND	**	8,647	
FIDELITY MONEY MARKET INSTITUTIONAL	MUTUAL FUND	**	27,878	
PUTNAM STABLE VALUE FUND	STABLE VALUE FUND	**	426,488	
* COMMON COLLECTIVE TRUST	CCT ASSET	**	3,590,546	
METROPOLITAN WEST TOTAL RETURN BOND	MUTUAL FUND	**	214,527	
PIMCO HIGH YIELD INSTITUTIONAL	MUTUAL FUND	**	15,682	
VANGUARD TOTAL INTL BOND INDEX ADM	MUTUAL FUND	**	16,126	
VANGUARD SHORT TERM INV GRADE ADM	MUTUAL FUND	**	10,664	
AMERICAN BEACON SMALL CAP VALUE INST	MUTUAL FUND	**	61,289	
COHEN & STEERS REALTY SHARES INST	MUTUAL FUND	**	15,174	
DODGE & COX BALANCED	MUTUAL FUND	**	510	
DODGE & COX STOCK	MUTUAL FUND	**	33,646	
FIDELITY CONTRAFUND	MUTUAL FUND	**	879,293	
FRANKLIN SMALL CAP GROWTH R6	MUTUAL FUND	**	28,429	
JOHN HANCOCK DISCPL MID CAP VALUE R6	MUTUAL FUND	**	8,256	
MASSMUTUAL MID CAP GROWTH INST	MUTUAL FUND	**	215,538	
T ROWE PRICE DIVIDEND GROWTH I	MUTUAL FUND	**	9,866	
VANGUARD MID CAP INDEX ADMIRAL	MUTUAL FUND	**	45,637	
VANGUARD SMALL CAP INDEX ADMIRAL	MUTUAL FUND	**	58,792	
VANGUARD WINDSOR II ADMIRAL	MUTUAL FUND	**	9,945	
VANGARD 500 INDEX ADMIRAL	MUTUAL FUND	**	1,618,331	
DODGE & COX INTERNATIONAL STOCK	MUTUAL FUND	**	16,782	
VANGUARD INTERNATIONAL GROWTH ADM	MUTUAL FUND	**	36,872	
TOTAL ASSETS			\$	7,354,478

* Represents a party-in-interest

** Column (d) cost information not required as accounts are participant directed

+ Non- participant directed assets

Sheet Metal Workers 270 Defined Contribution Pension Plan

Plan Year Ending December 31, 2021

FORM 5500, SCHEDULE H, PART IV, LINE 4a

SCHEDULE OF LATE PARTICIPANT CONTRIBUTIONS

Plan #001

EIN: 27-2519987

(a)	(b)	(c)	(d)	(e)	(f)
Late Contributions	Late Contributions not corrected	Correction outside VCP	Correction using VFCP	Contributions Pending Correction in VFCP	Total Corrected under DFVC & PTE 2002-51
\$ 41,129	\$ -	\$ -	\$ 41,129	\$ -	\$ 41,129

Sheet Metal Workers' 270 Defined Contribution Pension Plan

Plan Year Ending December 31, 2021
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (Held at End of Year)
Plan #001
EIN: 27-2519987

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Cash			65.50
	INTEREST BEARING CASH IN CCT ASSETS	CCT ASSET	**	2,327.76
	INVESCO STIT GOV & AGENCY PORTFOLIO	MUTUAL FUND	**	3,232.99
	FIDELITY MONEY MARKET INSTITUTIONAL	MUTUAL FUND	**	36,525.25
	PUTNAM STABLE VALUE FUND	MUTUAL FUND	**	426,488.45
*	MUTUAL FUNDS IN CCT ASSETS	CCT ASSET	**	3,590,546.04
	METROPOLITAN WEST TOTAL RETURN BOND	MUTUAL FUND	**	214,526.77
	PIMCO HIGH YIELD INSTITUTIONAL	MUTUAL FUND	**	15,682.37
	VANGUARD TOTAL BOND MARKET INDEX ADM	MUTUAL FUND	**	0.00
	VANGUARD TOTAL INTL BOND INDEX ADM	MUTUAL FUND	**	16,125.97
	VANGUARD SHORT TERM INV GRADE ADM	MUTUAL FUND	**	10,664.08
	AMERICAN BEACON SMALL CAP VALUE INST	MUTUAL FUND	**	61,288.53
	COHEN & STEERS REALTY SHARES INST	MUTUAL FUND	**	15,174.34
	DODGE & COX BALANCED	MUTUAL FUND	**	509.85
	DODGE & COX STOCK	MUTUAL FUND	**	33,646.24
	FIDELITY CONTRAFUND	MUTUAL FUND	**	879,292.77
	FRANKLIN SMALL CAP GROWTH R6	MUTUAL FUND	**	28,428.90
	JOHN HANCOCK DISCPL MID CAP VALUE R6	MUTUAL FUND	**	8,255.79
	MASSMUTUAL MID CAP GROWTH INST	MUTUAL FUND	**	215,537.59
	T ROWE PRICE DIVIDEND GROWTH I	MUTUAL FUND	**	9,866.20
	VANGUARD MID CAP INDEX ADMIRAL	MUTUAL FUND	**	45,636.65
	VANGUARD SMALL CAP INDEX ADMIRAL	MUTUAL FUND	**	58,791.59
	VANGUARD WINDSOR II ADMIRAL	MUTUAL FUND	**	9,945.40
	VANGARD 500 INDEX ADMIRAL	MUTUAL FUND	**	1,618,331.17
	DODGE & COX INTERNATIONAL STOCK	MUTUAL FUND	**	16,781.94
	VANGUARD DEVELOPED MARKETS INDEX ADM	MUTUAL FUND	**	0.00
	VANGUARD INTERNATIONAL GROWTH ADM	MUTUAL FUND	**	36,872.01

Sheet Metal Workers 270 Defined Contribution Pension Plan
Plan Year Ending December 31, 2021

FORM 5500, SCHEDULE H, PART IV, LINE 4a

SCHEDULE OF LATE PARTICIPANT CONTRIBUTIONS

Plan #001
EIN: 27-2519987

(a)	(b)	(c)	(d)	(e)	(f)
Late Contributions	Late Contributions not corrected	Correction outside VCP	Correction using VFCP	Contributions Pending Correction in VFCP	Total Corrected under DFVC & PTE 2002-51
\$ 41,129	\$ -	\$ -	\$ 41,129	\$ -	\$ 41,129

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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****Part I Annual Report Identification Information**For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

Part II Basic Plan Information—enter all requested information**1a** Name of plan
SHEET METAL WORKERS 270 DEFINED CONTRIBUTION
PENSION PLAN**1b** Three-digit plan number (PN) ▶ 001**1c** Effective date of plan
07/01/2010**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)
SHEET METAL WORKERS 270 DEFINED CONTRIBUTION PENSION PLAN**2b** Employer Identification Number (EIN)
27-2519987**2c** Plan Sponsor's telephone number
(918) 587-2007

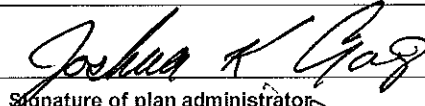
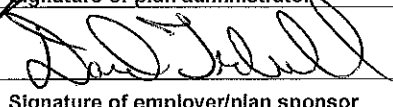
1863 N 105TH E AVE

TULSA

OK 74116

2d Business code (see instructions)
813930**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

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

SIGN HERE		<u>9/29/22</u>	JOSHUA CRAIG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>9/29/22</u>	David Tidwell
	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