

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>STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION 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>01/01/1968</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1968</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1968</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>TRUSTEES OF THE STOVE,FURNACE,APPLIANCE,& ENAMEL WORKERS PENSION PLAN</u> <u>P.O. BOX 387</u> <u>BELLEVILLE, IL 62222</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>36-6519909</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>618-233-0475</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>332900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>36-6519909</u>	2c Plan Sponsor's telephone number <u>618-233-0475</u>	2d Business code (see instructions) <u>332900</u>	
2b Employer Identification Number (EIN) <u>36-6519909</u>					
2c Plan Sponsor's telephone number <u>618-233-0475</u>					
2d Business code (see instructions) <u>332900</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.	10/03/2022	ROBERT BLEISCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2022	ALEX VOLANSKY
	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

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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	5 772
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 253 6a(2) 183 6b 160 6c 347 6d 690 6e 34 6f 724 6g 6h 39
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 3

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

1B

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

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE STOVE,FURNACE,APPLIANCE,& ENAMEL WORKERS PENSION PLAN	D Employer Identification Number (EIN) 36-6519909

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

(a) Name of insurance carrier
UNITED OF OMAHA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
47-0322111	69868	GDA-06852	724	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	3687861
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	3992744
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c	Additions: (1) Contributions deposited during the year	7c(1)	185129	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	151914	
	(4) Transferred from separate account.....	7c(4)	0	
	(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	337043
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	4329787
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	629123	
	(2) Administration charge made by carrier.....	7e(2)	12803	
	(3) Transferred to separate account.....	7e(3)	0	
	(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	641926
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3687861
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

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

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

A Name of plan STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF THE STOVE,FURNACE,APPLIANCE,& ENAMEL WORKERS PENSION PLAN	D Employer Identification Number (EIN) 36-6519909

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

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

b Assets

(1) Current value of assets.....	1b(1)	11714108
(2) Actuarial value of assets for funding standard account	1b(2)	11714108
c (1) Accrued liability for plan using immediate gain methods	1c(1)	
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	10996971
(c) Normal cost under entry age normal method	1c(2)(c)	95000
(3) Accrued liability under unit credit cost method	1c(3)	11130492
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	20741556
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	95000
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	492060
(3) Expected plan disbursements for the plan year.....	1d(3)	492060

Statement by Enrolled Actuary

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

SIGN HERE	09/26/2022
Signature of actuary	Date
KEITH KOWALCZYK, ASA	20-02812
Type or print name of actuary	Most recent enrollment number
EKON BENEFITS	314-367-6555
Firm name	Telephone number (including area code)
4940 WASHINGTON BLVD., ST. LOUIS, MO 63108-1621	
Address of the firm	

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

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Schedule MB (Form 5500) 2021
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	11714108
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	193	6140927
(2) For terminated vested participants	326	7683995
(3) For active participants:		
(a) Non-vested benefits.....		189191
(b) Vested benefits.....		6727443
(c) Total active	253	6916634
(4) Total	772	20741556
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.47 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/01/2021	196456	0			
			Totals ▶	3(b)	196456
				3(c)	0
				3(d)	0

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	105.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.43 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	9P20	9P20	
(2) Females	6c(2)	9FP20	9FP20	
d Valuation liability interest rate	6d	7.00 %	7.00 %	
e Expense loading	6e	194.0 % ☐ N/A	0.0 %	☐ N/A
f Salary scale	6f	0.00 % ☐ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	13.4 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.4 %		

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	48956
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	3427
e Total charges. Add lines 9a through 9d.....	9e	52383

Credits to funding standard account:

f	Prior year credit balance, if any.....	9f	299010
g	Employer contributions. Total from column (b) of line 3.....	9g	196456
		Outstanding balance	
h	Amortization credits as of valuation date.....	9h	
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	26696
j	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL)	9j(1)	
(2)	"RPA '94" override (90% current liability FFL)	9j(2)	
(3)	FFL credit	9j(3)	52383
k	(1) Waived funding deficiency	9k(1)	
	(2) Other credits	9k(2)	
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	574545
m	Credit balance: If line 9l is greater than line 9e, enter the difference	9m	522162
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9 o Current year's accumulated reconciliation account:

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

10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
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11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE STOVE,FURNACE,APPLIANCE,& ENAMEL WORKERS PENSION PLAN	D Employer Identification Number (EIN) 36-6519909	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

EKON BENEFITS

4940 WASHINGTON BLVD.
ST. LOUIS, MO 63108

43-1317863

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 38 15 50 17	NONE	45348	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EKON FINANCIAL

4940 WASHINGTON BLVD.
ST. LOUIS, MO 63108

75-3068596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	20046	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL CUMMINS, CPA, PC

3 THE PINES COURT
SUITE E
ST. LOUIS, MO 63141

43-1555780

(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	7000	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)

EKON ADVISORS

4940 WASHINGTON BLVD.
ST. LOUIS, MO 63108

47-4491266

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	6835	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:	MICHAEL CUMMINS	b EIN:	43-1555780
c Position:	ACCOUNTANT		
d Address:	3 THE PINES COURT SUITE E ST. LOUIS, MO 63141	e Telephone:	314-716-3543

Explanation: THE PLAN ACCOUNTANT RETIRED FROM PERFORMING AUDITS.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE STOVE,FURNACE,APPLIANCE,& ENAMEL WORKERS PENSION PLAN	D Employer Identification Number (EIN) 36-6519909	

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)	1920130528
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	37554043
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	
(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)	
(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)	77054089050706
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	39927443687862
(15) Other.....		1c(15)	

		(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	11721108 12773139
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	7000 0
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	7000 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11714108 12773139

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	196456
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	196456
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(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)	151914
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	151914
(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)	500449
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	500449
(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)		
(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)		844848
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1693667
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	513571	
(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)		513571
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)	19348	
(2) Contract administrator fees.....	2i(2)	33000	
(3) Investment advisory and management fees.....	2i(3)	39682	
(4) Other.....	2i(4)	29035	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		121065
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		634636
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1059031
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: GRABEL, SCHNIEDERS, HOLLMAN & CO. PC

(2) EIN: 43-1171178

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		700000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>432719</u> .			

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.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE STOVE,FURNACE,APPLIANCE,& ENAMEL WORKERS PENSION PLAN		D Employer Identification Number (EIN) 36-6519909
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 0
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): 47-0322111		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 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 EMPIRE COMFORT SYSTEMS, INC.

b EIN 37-1234416

c Dollar amount contributed by employer 143240

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 02 Day 28 Year 2022

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

(1) Contribution rate (in dollars and cents) 0.45

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

a Name of contributing employer PEERLESS-PREMIER APPLIANCE COMPANY, INC.

b EIN 37-0457230

c Dollar amount contributed by employer 29190

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) 0.45

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

a Name of contributing employer ROESCH, INC.

b EIN 37-0490750

c Dollar amount contributed by employer 24026

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 01 Year 2023

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

(1) Contribution rate (in dollars and cents) 0.45

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

0

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

14b

0

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

14c

0

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

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

15a

0.94

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

15b

0.95

- 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 _____

STOVE, FURNACE, ALLIED APPLIANCE, AND
ENAMEL WORKERS UNION PENSION PLAN

FINANCIAL STATEMENTS

FOR THE YEARS ENDED

DECEMBER 31, 2021 AND 2020

GRABEL, SCHNIEDERS, HOLLMAN & CO., P.C.
CERTIFIED PUBLIC ACCOUNTANTS
206 W. ARGONNE, SUITE 200
KIRKWOOD, MISSOURI 63122

STOVE, FURNACE, ALLIED APPLIANCE, AND
ENAMEL WORKERS UNION PENSION PLAN

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ALBERT GRABEL, C.P.A. 1911-1992
LLOYD W. SCHNIEDERS, C.P.A.
MARK J. HOLLMAN, C.P.A.

CHARLES M. KINDER, C.P.A.

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Stove, Furnace, Allied Appliance, and
Enamel Workers Union Pension Plan

Opinion

We have audited the accompanying financial statements of Stove, Furnace, Allied Appliance, and Enamel Workers Union Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of Stove, Furnace, Allied Appliance, and Enamel Workers Union Pension Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Other Matter

The financial statements of Stove, Furnace, Allied Appliance, and Enamel Workers Union Pension Plan as of and for the year ended December 31, 2020, were audited by other auditors whose report dated October 12, 2021, expressed an unmodified opinion on those statements.

Basis for Opinion

We conducted our audits 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 Financial Statements section of our report. We are required to be independent of Stove, Furnace, Allied Appliance, and Enamel Workers Union Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Stove, Furnace, Allied Appliance, and Enamel Workers Union Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Stove, Furnace, Allied Appliance, and Enamel Workers Union 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 Stove, Furnace, Allied Appliance, and Enamel Workers Union Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions are presented with Schedule H of Form 5500 are presented for the purpose 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 the management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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


GRABEL, SCHNIEDERS, HOLLMAN & CO., P.C.

Kirkwood, Missouri
October 14, 2022

STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

	<u>2021</u>	<u>2020</u>
<u>ASSETS</u>		
Investments		
Guaranteed Insurance Contract	\$ 3,687,862	\$ 3,992,744
Registered Investment Company	<u>9,050,706</u>	<u>7,705,408</u>
Total Investments	12,738,568	11,698,152
Receivables		
Employer contribution Receivables	30,528	19,201
Other		
Prepaid Insurance	<u>4,043</u>	<u>3,755</u>
TOTAL ASSETS	<u>12,773,139</u>	<u>11,721,108</u>
 <u>LIABILITIES</u>		
Accounts payable	<u>-0-</u>	<u>7,000</u>
TOTAL LIABILITIES	<u>-0-</u>	<u>7,000</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$12,773,139</u>	 <u>\$11,714,108</u>

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

STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31,

	<u>2021</u>	<u>2020</u>
ADDITIONS:		
Investment income		
Interest guaranteed investment contract	\$ 151,914	\$ 145,756
Dividends	92,077	76,239
Capital gain distributions	408,372	160,267
Net appreciation	<u>844,848</u>	<u>1,032,705</u>
Net investment income	1,497,211	1,414,967
Employer contributions	196,456	210,033
Total Additions	<u>1,693,667</u>	<u>1,625,000</u>
Deductions		
Benefits paid	513,571	526,742
Administrative expense	<u>121,065</u>	<u>97,337</u>
Total deductions	<u>634,636</u>	<u>62,7079</u>
NET INCREASE IN PLAN ASSETS	1,0579,031	1,000,921
NET ASSETS BEGINNING OF YEAR	<u>11,714,108</u>	<u>10,713,187</u>
NET ASSETS END OF YEAR	<u>\$12,773,139</u>	<u>\$11,714,108</u>

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

STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
DECEMBER 31,

	<u>2021</u>	<u>2020</u>
Actuarial Present Value of Accumulated Plan Benefits Vested:		
Participants currently receiving payments	\$ 4,236,767	\$ 4,168,283
Other participants	<u>6,957,343</u>	<u>6,897,499</u>
Total	11,194,110	11,065,782
Non-vested benefits	<u>23,348</u>	<u>64,979</u>
Total Present Value of Accumulated Plan Benefits	<u>\$11,217,458</u>	<u>\$11,130,761</u>

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

	<u>2021</u>	<u>2020</u>
Changes in Accumulated Plan Benefits		
Change in actuarial assumptions	\$ -0-	\$ 583,796
Gain (loss)	(160,622)	(208,022)
Benefits accrued	-0-	66,243
Interest for the period	761,159	764,082
Benefits paid	<u>(513,570)</u>	<u>(526,742)</u>
Net Increase	86,967	679,357
Beginning of Year	<u>11,130,419</u>	<u>10,451,134</u>
End of Year	<u>\$11,217,458</u>	<u>\$11,130,491</u>

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

STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 and 2020

1) Description of the Plan

The following description of the Stove, Furnace, Allied Appliance, and Enamel Workers Union Pension Plan (Plan) provides only general information. Participants should refer to the Plan document and summary Plan description for a more complete description of the Plan's provisions.

General: The Plan is a Taft Hartley Collectively Bargained Defined Benefit Plan providing benefits to any employee of an Employer covered by the Collective Bargaining Agreement entered into by the Employer and the Union, which Collective Bargaining Agreement requires contributions to the Trust. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is administered by the six trustees; three representing the Union and three representing the contributing employers.

The Plan was originally established in 1968 and amended several times since. The most recent restatement was January 1, 2014.

Amendments

Amendment 4 – Change monthly service credit to \$7 effective for credits earned after January 1, 2020.

Amendment 5 – Future Benefit Accruals suspended effective September 1, 2020.

Contributions: Contributions are made in accordance with collective bargaining agreements.

Pension Benefits: Normal retirement depends on various factors such as service credits, marital status, and choice of options. Participants are eligible at age 65 and they have 5 years of participation. The participant is credited with a monthly benefit for each year of service. The amount of the monthly benefit is determined by year in which the service occurred.

Early retirement is permitted by the Plan if the participant is age 60 and has ten years of service. The benefit is reduced by 0.5% for each month early.

Disability benefits are permitted if a participant is 50 years old, has completed 15 years of service and the participant provides documentation required by the Plan document, and the trustees approve.

Vesting: Participants are 100% vested after five years of service.

STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 and 2020

(CONTINUED)

2) Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

Basis of Accounting

The Plan uses the accrual method of accounting for financial and governmental reporting purposes.

Accounts Receivable

The Plan receivables for employer contributions represent amounts collected subsequent to the end of the year for work performed during the Plan year. The Plan Trustees also conduct payroll audits of contributing employers to verify data submitted to the Plan is accurate. Management has determined that an allowance for uncollectable contributions is not material.

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 the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustees determine the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance company. See Note 4 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses are paid by the Plan. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 and 2020

(CONTINUED)

2) Summary of Significant Accounting Policies Continued

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2022, the date the financial statements were available to be issued.

3) Actuarial Present Value of Pension Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based employees' service credits earned. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent that are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of December 31, 2021 and 2020 are as follows:

Mortality Tables: For December 31, 2021, mortality assumption was updated to the PRI-12 Employee Blue Collar Table based on Scale MP 2021 for Males and Females. Healthy Employee Blue Collar Table for Males and Females used for Pre-Retirement Participants. Healthy Annuitant Blue Collar Table for Males and Females used for Post-Retirement Participants

Mortality Tables: For December 31, 2020, mortality assumption was updated to the PRI-12 Employee Blue Collar Table based on Scale MP 2020 for Males and Females. Healthy Employee Blue Collar Table for Males and Females used for Pre-Retirement participants. Healthy Annuitant Table for Males and Females was used for Post-Retirement participants.

Investment Earnings: 7.0% and 7.0% for both December 31, 2021 and 2020, respectively.

Current Liability: 2.22% and 2.43% for December 31, 2021 and 2020, respectively.

Assumed Retirement Age: Age 65 and the completion of 5 years of participation for both December 31, 2021 and 2020.

Expense Load: \$95,000 per year added to the Normal Cost for both December 31, 2021 and 2020.

STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 and 2020

(CONTINUED)

3) Actuarial Present Value of Pension Benefits Continued

Termination prior to Retirement other than Death: 11.9% at age 20 to 0.0% at ages 63 and over for both December 31, 2021 and 2020.

The effects of plan amendments are not separately identified in the statement of changes of accumulated benefits.

4) Investments

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:

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 used need to maximize the use of 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.

STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 and 2020

(CONTINUED)

4) Investments Continued

Registered Investment Companies:

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Guaranteed Investment Contract with the United of Omaha Insurance Company (Mutual of Omaha):

Insurance contracts are valued at contract value reported to the Plan, United of Omaha has not provided fair market value:

ASSETS AT FAIR VALUE AS OF DECEMBER 31, 2021				
	LEVEL 1	LEVEL 2	LEVEL 3	TOTAL
Registered Investment Companies	\$ 9,050,706	\$ -0-	\$ -0-	\$ 9,050,706
Guaranteed Investment Contract	-0-	-0-	3,687,862	3,687,862
Total Investments	<u>\$ 9,050,706</u>	<u>\$ -0-</u>	<u>\$ 3,687,862</u>	<u>\$ 12,738,568</u>

ASSETS AT FAIR VALUE AS OF DECEMBER 31, 2020				
	LEVEL 1	LEVEL 2	LEVEL 3	TOTAL
Registered Investment Companies	\$ 7,436,197	\$ -0-	\$ -0-	\$ 7,436,197
Guaranteed Investment Contract	-0-	-0-	3,211,530	3,211,530
Total Investments	<u>\$ 7,436,197</u>	<u>\$ -0-</u>	<u>\$ 3,211,530</u>	<u>\$ 10,647,727</u>

Transfers of \$0 and \$1,000,000 were from registered investment companies to the Guaranteed Investment Contract to fund benefits for the years ended December 31, 2021 and 2020, respectively.

5. Guaranteed Investment Contract

In 1981, the Plan entered into an unallocated guaranteed investment contract with United of Omaha. United of Omaha maintains the contributions in an unallocated fund to which it adds interest at a rate of 4 percent. The interest rate is guaranteed but is subject to change. Then changed, the new rate applies only to funds deposited from the date of change. United of Omaha also receives the employer contributions and pays benefits and expenses for the Plan.

United of Omaha has not provided a fair value to the contract. The contract is valued at contract value. In the event of early termination, the contract would be reduced according to terms in the contract.

STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 and 2020

(CONTINUED)

6. Risks and Uncertainties

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

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

7. Tax Status

The IRS has determined and informed the Plan by a letter dated October 6, 2015 that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

8. Termination of the Defined Benefit Plan – ERISA Requirements

Although the trustees have not expressed any intent to do so the Plan can be terminated by the trustees as permitted by the Plan document.

In the event of termination, the net assets of the Plan will be allocated, in accordance with ERISA and its related regulations. The order of priority is as follows:

1. Any benefits related to the contributions of employees.
2. Any annuity benefits that would have been received for at least the past three years to former employees, or their beneficiaries, or that employees eligible to retire for that three year period would have received if they would have retired with benefits under the Plan. The priority amount is the lowest benefit payable or paid during the five-year period before termination of the Plan.
3. Insured vested benefits by the Pension Guaranty Corporation (PBGC) up to certain limitations see below.
4. All uninsured vested benefits.
5. All nonvested benefits.

STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 and 2020

(CONTINUED)

8. Termination of the Defined Benefit Plan – ERISA Requirements Continued

PBGC's guarantee for multiemployer pension Plan benefits depends on the type of benefit, the dollar amount of the benefit, and the date on which the benefit provision was adopted. For the most part, the PBGC guarantees the same type of benefits for multiemployer pension Plans as for benefits in the single-employer program, with the exception that preretirement survivor annuities are forfeitable in multiemployer Plans if the participant has not died as of the termination date.

Basic benefits include:

1. Pension benefits payable at normal retirement age,
2. Some early retirement benefits,
3. Disability benefits for persons who were disabled before the Plan terminated, and
4. Some survivor benefits

There are three limits that apply to multiemployer pension benefits:

1. Accrued at normal retirement age (ERISA Sec. 4022A(c)). The maximum monthly benefit may not exceed the amount of a straight life annuity payable under the Plan at normal retirement age.
2. Phase-in of guarantee (60-month rule) (ERISA Sec. 4022A(b)). PBGC does not guarantee a participant's pension benefit until provisions of the Plan providing for the benefit have been in existence for 60 full months. This rule also applies to benefit increases that have been in effect for less than 60 months.
3. In addition, if the multiemployer Plan was insolvent or terminated by mass withdrawal in any month, that month does not count toward the 60-month requirement.

Maximum guarantee (ERISA Sec. 4022(c)). The current multiemployer maximum benefit is: 100% of the first \$11 of the monthly benefit rate, plus 75% of the next \$33 of the monthly benefit rate, times participant's years of service. There is no dollar limit on the monthly benefit payable under the multiemployer program, only a limit on the benefit rate used to calculate the monthly benefit. The maximum guaranteed benefit is not indexed.

9. Compliance

As a result of payroll audits it was determined that the three contributing employers had different interpretations of what hours should be reported on the contribution reports. The trustees agreed on a uniform definition that all hours should be reported. The Trustees agreed that all hours worked require contributions at the .45 cent rate and that any hours missed since 1/1/2018 will be remitted.

STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 and 2020

(CONTINUED)

10. Party-In-Interest Transactions

The Plan trustees have engaged various service providers to provide administrative, actuarial, audit, legal and other services.

The Plan has an investment in a guaranteed investment contract as disclosed in Note 4 and 5 with United of Omaha who provides services to the Plan.

Ekon Benefits provides actuarial services, record keeping, and administrative services to the Plan. A related company Ekon Advisors, LLC is an investment advisor to the Plan.

11. Concentrations

The Plan has three contributing employers. One employer accounted for 73% and 72% of contributions for the years ended December 31, 2021 and 2020, respectively.

As of December 31, 2021 the plans investments in American Funds was 39%, Vanguard Funds 32%, and United of Omaha 29%, of total investments.

As of December 31, 2020 the plans investments in American Funds was 37%, Vanguard Funds 29%, and United of Omaha 34%, of total investments.

12. Administrative Expenses

	Year Ended December 31,	
	2021	2020
Administrative services	\$ 33,000	\$ 33,349
Pension Benefit Guaranty Corporation	23,932	24,270
Investment fees	26,879	3,537
Professional	19,348	20,103
Fidelity & Fiduciary Bond	5,103	4,831
Management Expenses	12,803	5,247
Total Administrative Expenses	<u>\$121,065</u>	<u>\$ 91,337</u>

13. Status of Plan

ERISA provides rules for multiemployer plans determined to be in endangered status or critical status. The actuary of a multiemployer defined benefit plan should certify to the Department of Treasury and the plan sponsor whether or not the plan is in endangered status and whether or not the plan is in or will be in critical status, no later than the 90th day of each plan year.

In August 2022 the Actuary certified the Plan was in the green zone.

STOVE, FURNACE, ALLIED APPLIANCE, AND
ENAMEL WORKERS UNION PENSION PLAN

EIN 36-6519909 PLAN 001

SCHEDULE H, LINE 4i

Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) cost	(e) Current value
			Shares	
	American Funds	AMCAP Fund-R6	21,626	\$ 770,296 \$ 1,001,268
	American Funds	Capital World Growth and Income R-6	10,895	557,006 693,382
	American Funds	EuroPacific Growth Fund-R6	8,462	476,697 547,776
	American Funds	The Growth Fund of America-R6	14,784	871,058 1,099,322
	American Funds	New World Fund-R6	6,612	479,624 568,402
	American Funds	SMALLCAP World Fund-R6	12,036	785,305 999,211
	Vanguard	Extended Mkt Index Adm	10,064	974,058 1,395,838
	Vanguard	Selected Value Fund	42,847	1,188,121 1,313,246
	Vanguard	Value Index Fund Adm	24,961	1,186,211 1,432,261
				<u>7,288,376 9,050,706</u>
*	United of Omaha	Guaranteed unallocated investment contract 4%		<u>3,687,862 3,687,862</u>
		Total Assets	\$	<u>10,976,238 \$ 12,738,568</u>

* Party-in-interest as defined by ERISA

See auditor's report regarding this information.

STOVE, FURNACE, ALLIED APPLIANCE, AND
ENAMEL WORKERS UNION PENSION PLAN

EIN 36-6519909 PLAN 001

SCHEDULE H, LINE 4j

Schedule of Reportable Transactions

Year Ended December 31, 2021

	(a) Identity of party involved	(b) Description of asset (include interest rate & maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	Current value of asset on transaction date	(i) Net gain or (loss)
Series of Transactions									
*	United of Omaha	Guaranteed Invest Contr		\$641,926			\$641,926	\$641,926	\$ -0-

* Party-in-interest as defined by ERISA

See auditor's report regarding this information.

**STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL
WORKERS UNION PENSION PLAN
EIN: 36-6519909 PN: 001**

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

Attained Age	Years of Credited Service										Total
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	5	3	-	-	-	-	-	-	-	-	8
25 - 29	4	10	3	-	-	-	-	-	-	-	17
30 - 34	2	10	8	4	-	-	-	-	-	-	24
35 - 39	2	9	6	4	3	-	-	-	-	-	24
40 - 44	4	6	5	2	1	-	-	-	-	-	18
45 - 49	1	4	6	4	2	5	6	-	-	-	28
50 - 54	3	9	4	2	2	9	3	5	-	-	37
55 - 59	-	6	7	2	5	2	9	4	2	-	37
60 - 64	1	4	5	2	3	4	6	6	5	12	48
65 - 69	-	-	2	-	1	2	1	-	2	2	10
70 +	-	-	-	-	-	-	1	-	-	1	2
	22	61	46	20	17	22	26	15	9	15	253

STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN

EIN: 36-6519909 PN: 001

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

Funding Method:

Aggregate Funding Method - Under this method, the Present Value of Future Normal Costs equals the Present Value of Benefits reduced by Plan Assets. These future costs are spread as a level percentage over current and future expected pay. The portion attributable to current pay is the current year Normal Cost.

Experience gains and losses are included in the Present Value of Future Normal Costs, and therefore are spread over future years as a level percentage of pay.

Valuation of Assets

All Assets are valued at Market Value.

Mortality Rates

Pre-Retirement:	Males: PRI-12 Employee Blue Collar Table for Males, with projected mortality improvement based on Scale MP 2020
	Females: PRI-12 Employee Blue Collar Table for Females, with projected mortality improvement based on Scale MP 2020
Post-Retirement:	Males: PRI-12 Annuitant Blue Collar Table for Males, with projected mortality improvement based on Scale MP 2020
	Females: PRI-12 Annuitant Blue Collar Table for Females, with projected mortality improvement based on Scale MP 2020

Investment Earnings

Pre-Retirement:	7.00% per annum: compounded annually
Post-Retirement:	7.00% per annum: compounded annually

Current Liability

Interest Rate:	2.43% per annum: compounded annually
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Salary Appreciation

Increase Rate:	None Assumed
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Assumed Retirement Age

Age 65 and the completion of 5 Years of Participation

STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN

Statement of Actuarial Methods and Assumptions (continued)

Expense Load

\$95,000 per year added to the Normal Cost.

Termination prior to Retirement other than Death

T-8 Actuaries Table

<u>Age</u>	<u>Probability of Termination</u>
20	0.11945
30	0.11220
40	0.09414
50	0.04864
60	0.00163
63 & over	0.00000

Amortization Methods for Contribution Alternatives

The Recommended Contribution, minimum Required Contribution, and the Maximum Deductible Contribution are based on the Aggregate Cost Method, under which there is no Unfunded Accrued Liability.

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
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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 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 STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN	1b Three-digit plan number (PN) <u>001</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) TRUSTEES OF THE STOVE, FURNACE, APPLIANCE, & ENAMEL WORKERS PENSION PLAN P.O. BOX 387 Belleville IL 62222	1c Effective date of plan 01/01/1968 2b Employer Identification Number (EIN) 36-6519909 2c Plan Sponsor's telephone number 618-233-0475 2d Business code (see instructions) 332900

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		10/3/22	Robert Bleisch
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/3/22	Alex Volansky
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 201209

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	772
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)	253
a(2) Total number of active participants at the end of the plan year		6a(2)	183
b Retired or separated participants receiving benefits.....		6b	160
c Other retired or separated participants entitled to future benefits		6c	347
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	690
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	34
f Total. Add lines 6d and 6e		6f	724
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	39
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	3
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B			
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) ☒ <u>1</u> 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 _____

STOVE, FURNACE, ALLIED APPLIANCE, AND
ENAMEL WORKERS UNION PENSION PLAN

EIN 36-6519909 PLAN 001

SCHEDULE H, LINE 4j

Schedule of Reportable Transactions

Year Ended December 31, 2021

	(a) Identity of party involved	(b) Description of asset (include interest rate & maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	Current value of asset on transaction date	(i) Net gain or (loss)
Series of Transactions									
*	United of Omaha	Guaranteed Invest Contr		\$641,926			\$641,926	\$641,926	\$ -0-

* Party-in-interest as defined by ERISA

See auditor's report regarding this information.

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA) and section 6059 of the
Internal Revenue Code (the Code).▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

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

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

A Name of plan STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF THE STOVE, FURNACE, APPLIANCE, & ENAMEL WORKERS PENSION PLAN		D Employer Identification Number (EIN) 36-6519909
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month 01 Day 01 Year 2021		
b Assets		
(1) Current value of assets	1b(1)	11,714,108
(2) Actuarial value of assets for funding standard account	1b(2)	11,714,108
c (1) Accrued liability for plan using immediate gain methods		
(2) Information for plans using spread gain methods:	1c(1)	
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	10,996,971
(c) Normal cost under entry age normal method	1c(2)(c)	95,000
(3) Accrued liability under unit credit cost method	1c(3)	11,130,492
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	20,741,556
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	95,000
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	492,060
(3) Expected plan disbursements for the plan year	1d(3)	492,060

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

KEITH KOWALCZYK, ASA

Type or print name of actuary

EKON BENEFITS

Firm name

4940 WASHINGTON BLVD.
ST. LOUIS MO 63108-1621

Address of the firm

09/26/2022

Date

2002812

Most recent enrollment number

314-367-6555

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule MB (Form 5500) 2021
v. 201209**

a Current value of assets (see instructions)

2a

11,714,108

(1) Number of participants

(2) Current liability

- (1) For retired participants and beneficiaries receiving payment
- (2) For terminated vested participants
- (3) For active participants:
 - (a) Non-vested benefits.....
 - (b) Vested benefits.....
 - (c) Total active
- (4) Total

193

6,140,927

326

7,683,995

(3) For active participants:

(a) Non-vested benefits.

(b) Vested benefits.

(c) Total active

253

6,916,634

772

20,741,556

C If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage

2c

56.47%

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/01/2021	196,456	0			
			Totals ►	3(b)	196,456
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)
					0
					0

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))

4a

105.2 %

- b** Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5

Ab

- C** Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

- d** If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

- e** If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date

- f** If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge.
If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐

a ☐ Attained age normal

b ☐ Entry age normal

c ☐ Accrued benefit (unit credit)

d ☒ Aggregate

e ☐ Frozen initial liability

f ☐ Individual level premium

g ☐ Individual aggregate

h ☐ Shortfall

i ☐ Other (specify):

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

k Has a change been made in funding method for this plan year? ☐ Yes ☐ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability **6a** 2.43 %

	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1) 9P20	9P20
(2) Females	6c(2) 9FP20	9FP20
d Valuation liability interest rate	6d 7.00 %	7.00 %
e Expense loading	6e 194.0 % ☐ N/A	0.0 % ☐ N/A
f Salary scale	6f 0.00 % ☐ N/A	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	13.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.4 %

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval **8a**

b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule. ☒ Yes ☐ No

b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	48,956
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	3,427
e Total charges. Add lines 9a through 9d	9e	52,383

Credits to funding standard account:

f Prior year credit balance, if any	9f	299,010
g Employer contributions. Total from column (b) of line 3	9g	196,456
	Outstanding balance	
h Amortization credits as of valuation date	9h	
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	26,696
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	
(3) FFL credit	9j(3)	52,383
k (1) Waived funding deficiency	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	574,545
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	522,162
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.	☒ Yes ☐ No	

**STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL
WORKERS UNION PENSION PLAN
EIN: 36-6519909 PN: 001**

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

<u>Plan Year</u>	<u>Expected Annual Payments</u>
2021	602,330
2022	653,663
2023	691,788
2024	753,679
2025	776,107
2026	828,296
2027	855,976
2028	896,760
2029	922,263
2030	953,339

**STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL
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**Schedule R, line 13d
Collective Bargaining Agreement Expiration Date**

Peerless-Premier Appliance Company, Inc.

Local No :	Collective Bargaining Agreement Expires:
482	1/11/2022
182	1/11/2022
9	2/1/2022

STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN

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Schedule MB, Line 6 – Summary of Plan Provisions

Year of Service

- a) Past Service: Years of continuous employment before January 1, 1968
- b) Future Service: According to the following table:

<u>Hours Worked</u>	<u>Future Service Credits</u>
1,500 or more	1.00
1,125 through 1,499	0.75
750 through 1,124	0.50
375 through 749	0.25
Less than 375	0.00

Normal Pension

- a) Eligibility requirements: Age 65 and 5 years of participation
- b) Benefit: (maximum 25 Years of Service)
- Accrued Benefit as of December 31, 2019 plus \$7.00 per Year of Service on and after January 1, 2020 through August 31, 2020. Benefits are frozen as of September 1, 2020.
 - \$16.00 per Year of Service for anyone who works one Hour of Service on or after February 16, 2011, but in no case will the Accrued Benefit of any Participant be less than the Accrued Benefit calculated as of February 15, 2011
 - \$23.00 per Year of Service for anyone who works one Hour of Service on or after January 1, 1999
 - \$21.00 per Year of Service for anyone who works one Hour of Service on or after January 1, 1998
 - \$20.00 per Year of Service for anyone who works one Hour of Service on or after January 1, 1996
 - \$19.00 per Year of Service for anyone who works one Hour of Service on or after January 1, 1995
 - \$18.00 per Year of Service for anyone who works one Hour of Service on or after January 1, 1993
 - \$15.00 per Year of Service for anyone who works one Hour of Service on or after January 1, 1991
 - \$13.00 per Year of Service for anyone who works one Hour of Service on or after January 1, 1990
 - \$9.00 per Year of Service for anyone who works one Hour of Service on or after January 1, 1989

STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL WORKERS UNION PENSION PLAN

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Schedule MB, Line 6 – Summary of Plan Provisions (continued)

- \$8.00 per Year of Service effective June 1, 1988
- \$7.00 per Year of Service effective January 1, 1987
- \$6.00 per Year of Service effective January 1, 1984

Early Pension

- a) Eligibility requirements: Age 60 and 10 Years of Service
- b) Benefit: Accrued Benefit reduced by 0.5% for each month early

Disability Pension

- a) Eligibility requirements: Age 50 and 15 Years of Service
- b) Benefit: \$100.00 per month

Normal Form of Benefit

The Normal Form of payment of the Normal and Early Pension Benefit is a Life Annuity

Termination Pension

- a) Eligibility requirements: 5 Years of Service
- b) Benefit: 100% of Accrued Benefit commencing at Normal Retirement Date.

Death Benefit

- a) Eligibility Requirement: 5 Years of Service
- b) Benefit: \$5,000 or the 50% Joint and Survivor benefit, if greater

STOVE, FURNACE, ALLIED APPLIANCE, AND
ENAMEL WORKERS UNION PENSION PLAN

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SCHEDULE H, LINE 4i

Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) cost	(e) Current value
			Shares	
	American Funds	AMCAP Fund-R6	21,626	\$ 770,296 \$ 1,001,268
	American Funds	Capital World Growth and Income R-6	10,895	557,006 693,382
	American Funds	EuroPacific Growth Fund-R6	8,462	476,697 547,776
	American Funds	The Growth Fund of America-R6	14,784	871,058 1,099,322
	American Funds	New World Fund-R6	6,612	479,624 568,402
	American Funds	SMALLCAP World Fund-R6	12,036	785,305 999,211
	Vanguard	Extended Mkt Index Adm	10,064	974,058 1,395,838
	Vanguard	Selected Value Fund	42,847	1,188,121 1,313,246
	Vanguard	Value Index Fund Adm	24,961	1,186,211 1,432,261
				<u>7,288,376 9,050,706</u>
*	United of Omaha	Guaranteed unallocated investment contract 4%		<u>3,687,862 3,687,862</u>
		Total Assets	\$	<u>10,976,238 \$ 12,738,568</u>

* Party-in-interest as defined by ERISA

See auditor's report regarding this information.

**STOVE, FURNACE, ALLIED APPLIANCE, AND ENAMEL
WORKERS UNION PENSION PLAN
EIN: 36-6519909 PN: 001**

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

The investment return assumption decreased from 7.50% to 7.00% to reflect a more accurate return.

The administrative expense load was changed to \$95,000 to better reflect actual costs.