

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>HEAT & FROST INSULATORS LOCAL NO. 33 ANNUITY 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>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/1986</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>08/01/1986</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>08/01/1986</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>BOARD OF TRUSTEES HEAT & FROST INSULATORS LOC NO.33 ANNUITY FUND</u> <u>ANNUITY FUND</u> <u>618 SOUTH COLONY ROAD</u> <u>WALLINGFORD, CT 06492-5154</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>06-1172679</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>203-265-6673</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>238900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>06-1172679</u>	2c Plan Sponsor's telephone number <u>203-265-6673</u>	2d Business code (see instructions) <u>238900</u>	
2b Employer Identification Number (EIN) <u>06-1172679</u>					
2c Plan Sponsor's telephone number <u>203-265-6673</u>					
2d Business code (see instructions) <u>238900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/12/2022</u>	<u>DONALD SCOOP</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/17/2022</u>	<u>JOSEPH P. LEO JR.</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	264
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)	248
a(2) Total number of active participants at the end of the plan year		6a(2)	239
b Retired or separated participants receiving benefits.....		6b	4
c Other retired or separated participants entitled to future benefits		6c	13
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	256
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	256
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	183
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	16
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G			
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 _____

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 HEAT & FROST INSULATORS LOCAL NO. 33 ANNUITY PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HEAT & FROST INSULATORS LOC NO.33 ANNUITY FUND	D Employer Identification Number (EIN) 06-1172679

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
MASSACHUSETTS MUTUAL LIFE INSURANCE CO.

(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
04-1590850	65935	MR62640-1	256	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
0	0

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

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

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

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

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

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

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

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

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

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 621598**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 787669**c** Additions: (1) Contributions deposited during the year **7c(1)** 18075
(2) Dividends and credits..... **7c(2)** 0
(3) Interest credited during the year..... **7c(3)** 25082
(4) Transferred from separate account..... **7c(4)** 0
(5) Other (specify below) **7c(5)** 21202

▶ NET LOAN ACTIVITY

(6) Total additions **7c(6)** 64359**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 852028**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 165002(2) Administration charge made by carrier..... **7e(2)** 4125(3) Transferred to separate account..... **7e(3)** 45043(4) Other (specify below) **7e(4)** 9179

▶ NET LOAN ACTIVITY

(5) Total deductions **7e(5)** 223349**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 628679

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. 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 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 HEAT & FROST INSULATORS LOCAL NO. 33 ANNUITY PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HEAT & FROST INSULATORS LOC NO.33 ANNUITY FUND	D Employer Identification Number (EIN) 06-1172679	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LSV FUNDS
23-3040006

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP
23-1999755

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HARBOR CAPITAL APPRECIATION FUND
34-1953393

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN FUNDS
95-1411037

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

CARILION FUNDS

59-2385219

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

DELAWARE INVESTMENTS

23-2450217

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

MASSACHUSETTS MUTUAL LIFE INSURANCE

04-1590850

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

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

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

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

EMPLOYEE

06-1078051

(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?
30 50	EMPLOYEE	40981	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MASSACHUSETTS MUTUAL LIFE INSURANCE

04-1590850

(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?
64 52	NONE	30495	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	19789	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)

REID & RIEGE, P.C.

06-0867204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	14522	Yes ☐ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☐

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

MEKETA INVESTMENT GROUP

04-2659023

(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	10256	Yes ☐ No ☐	Yes ☐ No ☒	0	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>HEAT & FROST INSULATORS LOCAL NO. 33 ANNUITY PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES HEAT & FROST INSULATORS LOC NO.33 ANNUITY FUND</u>	D Employer Identification Number (EIN) <u>06-1172679</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	6649796910
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	123951145461
(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)	633766551141
(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)	939603810941986
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	780824628679
(15) Other.....		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11001076	12364177

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11001076	12364177
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	759840	
(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)		759840
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	183	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	27386	
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)	25082	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		52651
(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)	1278245	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1278245
(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)		
(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)		

		(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)		61374
c Other income.....	2c		26075
d Total income. Add all income amounts in column (b) and enter total.....	2d		2178185
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	642593	
(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)		642593
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		29545
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	34311	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	10256	
(4) Other.....	2i(4)	98379	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		142946
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		815084
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1363101
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **NOVAK FRANCELLA, LLC**

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

d The opinion of an independent qualified public accountant is **not attached** 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		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		X	
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

HEAT AND FROST INSULATORS LOCAL NO. 33
ANNUITY FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2021

**HEAT AND FROST INSULATORS LOCAL NO. 33
ANNUITY FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2021 AND 2020

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees of the
Heat and Frost Insulators Local No. 33
Annuity Fund

Opinion

We have audited the financial statements of the Heat and Frost Insulators Local No. 33 Annuity Fund (the Fund), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Heat and Frost Insulators Local No. 33 Annuity Fund as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Heat and Frost Insulators Local No. 33 Annuity Fund 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 these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Heat and Frost Insulators Local No. 33 Annuity Fund'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 Fund amendments, administering the Fund, and determining that the Fund's transactions that are presented and disclosed in the financial statements are in conformity with the Fund's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Heat and Frost Insulators Local No. 33 Annuity Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Heat and Frost Insulators Local No. 33 Annuity Fund's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Administrative Expenses, Schedules of Employer Contributions and Schedule of Assets Held at End of Year, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The Schedule of Assets Held at End of Year is supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

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

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

Novak Francella LLC

Killingworth, Connecticut
September 23, 2022

HEAT AND FROST INSULATORS LOCAL NO. 33
ANNUITY FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
INVESTMENTS - at fair value	\$ 11,094,528	\$ 9,519,989
INVESTMENTS - at contract value	<u>621,598</u>	<u>780,824</u>
Total investments	<u>11,716,126</u>	<u>10,300,813</u>
PARTICIPANT LOANS	<u>551,141</u>	<u>633,766</u>
RECEIVABLES		
Employer contributions	<u>96,910</u>	<u>66,497</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 12,364,177</u></u>	<u><u>\$ 11,001,076</u></u>

See accompanying notes to financial statements.

**HEAT AND FROST INSULATORS LOCAL NO. 33
ANNUITY FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 61,610	\$ 832,706
Interest and dividends	1,303,274	447,520
	1,364,884	1,280,226
Less: investment fees	10,256	11,733
Net investment income	1,354,628	1,268,493
Interest, participant notes receivable	27,386	32,428
Contributions		
Employer	782,534	810,834
Reciprocals - net	2,721	34,288
Total contributions	785,255	845,122
Other income		
Cost sharing reimbursement	660	730
Miscellaneous	-	1,240
Total other income	660	1,970
Total additions	2,167,929	2,148,013
DEDUCTIONS		
Benefits paid to participants	642,593	1,957,319
Deemed distributions	29,545	22,662
Administrative expenses	132,690	137,238
Total deductions	804,828	2,117,219
NET INCREASE	1,363,101	30,794
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	11,001,076	10,970,282
End of year	\$ 12,364,177	\$ 11,001,076

See accompanying notes to financial statements.

**HEAT AND FROST INSULATORS LOCAL NO. 33
ANNUITY FUND**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

NOTE 1. DESCRIPTION OF THE PLAN

General - The Heat and Frost Insulators Local No. 33 Annuity Fund (the “Fund”) was established in 1986 under a trust agreement, which has since been amended, and is maintained pursuant to a collective bargaining agreement which provides for the rate of employer contributions, the type of work and areas of work for which contributions are payable and certain other terms governing contributions. The Fund’s purpose is to supplement the income from the Heat and Frost Insulators Local No. 33 Pension Fund and to also provide benefits upon death, disability, or termination from employment in the Heat and Frost Insulators industry in accordance with the provisions of the Heat and Frost Insulators Local No. 33 Annuity Fund. The Fund is a profit sharing plan. The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. The Fund is administered by a Board of Trustees consisting of representatives of the employers and the union. Participants should refer to the Plan document for a more complete description of the Fund’s provisions.

Contributions - Contributions to the Fund are made by contributing employers at rates established by the collective bargaining agreement. The collective bargaining agreement provides for an hourly contribution rate of \$6.49 effective September 1, 2021 and \$6.19 effective June 1, 2019 for each hour worked by covered members.

Contributing employers primarily conduct business in the State of Connecticut. Contributions from 5 employers amounted to 63% of the contributions in 2021.

Contributions are made on behalf of eligible fund office and union office employees in accordance with their participation agreements.

Participation and Participant Accounts - An employee who is engaged in covered employment during the contribution period shall become a participant in the Fund on the participant’s employment commencement date. Covered employment means hours worked by an employee during the contribution period with a contributing employer in a category of work covered by a collective bargaining agreement under which the contributing employer is obligated to contribute to the Fund, including employment with the Union or any employee benefit fund in which the Union is a participant.

NOTE 1. DESCRIPTION OF THE PLAN (continued)

The Fund allows participants to direct the investment of all or a portion of their accounts and the employer contributions made on their behalf to any investment option offered under the Plan. Each participant's account is credited with employer contributions and adjusted by investment results and expenses. Administrative expenses are allocated among those accounts which are in existence on the last day of each quarter during the plan year. This expense allocation is on a per capita basis, without regard to the value of the participant's account. Net earnings or losses are allocated on a daily basis based upon the investment results of the investment options in a participant's account.

Vesting - Participants are 100% vested in the value of the contributions made on their behalf, plus the allocation of net earnings or losses and administrative expenses.

Benefits - The following brief description of the benefits provided under the Fund is included for general information purposes only. Participants should refer to the Plan document for a more complete description.

Participants are entitled to their vested benefits: upon normal retirement on or after age 62; upon the death of the participant before the participant's normal retirement date or termination of employment; in the event of the participant's disability prior to the participant's actual retirement date or termination from employment; upon the termination of a participant's employment for any reason other than death, disability or retirement; or upon the occurrence by the participant of a break in service. A participant shall have a break in service if a contribution is not required to be made on the participant's behalf for a period of twelve months. The Fund was amended, effective May 1, 2006, to allow a participant to receive a distribution of his account balance not to exceed 50% of the prior December 31st balance after being out of work for seven (7) consecutive months.

A distribution payable to an unmarried participant is to be paid in the form of a single life annuity unless there is a valid waiver filed, in which case the participant's account will be paid out in the form of: a lump sum payment; equal monthly installments over a period not to exceed ten years; or in a series of partial lump sum payments, to a maximum of two per plan year, at the election of the participant. Amounts remaining in an unmarried participant's account at his or her death are payable to his or her beneficiary in the same form as an unmarried participant who has waived the annuity, at the election of the beneficiary.

A distribution payable to a married participant is to be paid as a 50% husband-and-wife annuity unless the participant and spouse elect otherwise, in which case the participant has the same options as an unmarried participant who has waived the annuity. If a married participant dies before payments from the participant's account have commenced, a pre-retirement surviving spouse benefit (payable in the same form as available to an unmarried participant at retirement, at the spouse's election) shall be paid to the participant's spouse unless the participant and spouse have waived the benefit.

On August 26, 2020, the Board of Trustees approved the seventh amendment to the Fund to defer loan payments from the adoption date of the CARES Act (March 27, 2020) through the end of 2020, effective immediately and allow for penalty-free distributions (Coronavirus related distributions) of 50% of a member's account balance to a maximum of \$10,000 effective May 1, 2020. These rules were previously adopted by the Board of Trustees on April 21, 2020.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Estimates - The preparation of financial statements, in conformity with accounting principles generally accepted in the United States of America, requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

Investment Valuation and Income Recognition - The Fund's investments are stated at fair value, except for the fully benefit-responsive investment contracts, which are reported at contract value, reference Note 3. See Note 7 for 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 (depreciation) includes the Fund's gains and losses on investment bought and sold as well as held during the year.

Expense Allocation - The Fund is affiliated with other employee benefits funds of the Heat and Frost Insulators Local No. 33. Certain costs of staff benefits, rent and office expenses are paid by the Health Fund and are reimbursed by the Pension, Annuity and Apprentice Training Funds. Rent and office expenses are reimbursed at a rate of 33% by the Annuity Fund. Payroll and staff benefits for the fund administrator are reimbursed by the Annuity Fund at a rate of 24%. The administrative assistant payroll and staff benefits are reimbursed at a rate of 24%.

The Annuity Fund reimbursed the Health Fund \$50,295 in 2021 and \$49,967 in 2020.

Office Furniture and Equipment - Office furniture and equipment are recorded at cost and is being depreciated on a straight line basis over its estimated useful life of 5 years. All assets are fully depreciated.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Employer Contribution Receivable - Employer contributions receivable represents uncollected contributions for covered employment prior to the Fund's fiscal year end. Employer contributions are accounted for as exchange transactions.

The allowance for doubtful accounts represents the estimated losses that may be incurred in the collection of employer contributions receivable. There was no allowance established for the years ended December 31, 2021 and 2020.

NOTE 3. INVESTMENT CONTRACT WITH INSURANCE COMPANY

Effective November 1, 2017, the Fund has an investment contract with Mass Mutual Life Insurance Company (“Mass Mutual”). The investment is an unallocated insurance contract called Fixed Interest Fund. The Fixed Interest Fund is a market value separate investment option with a general investment account guarantee that provides a stated rate of return and insulates participants’ accounts from daily fluctuations in the market. Under the terms of the Fixed Interest Fund group annuity contract, participants may direct permitted withdrawal and/or transfer transactions of all or a portion of their balance in the Fixed Interest Fund investment option at contract value. Contract value represents contributions plus credited interest less participant withdrawals and fees. Contract value is also often referred to as “Book Value”. The fair value represents the liquidation value as documented within the Fixed Interest Fund contract and assumes that the intrinsic value of the general investment account guarantee is immaterial. Liquidation value is the market value of the assets in the separate account. Mass Mutual considers the Fixed Interest Fund to be fully benefit responsive notwithstanding the liquidation value events under the contract that limit the ability of the plan to transact at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

Certain events may limit the ability of the Fund to transact at contract value. Such events include but may not be limited to the following: 1) temporary absence; 2) change in position or other occurrence qualifying as a temporary break in service under the Plan; 3) transfer or other change of position resulting in employment by an entity controlling, controlled by or under other common control with the employer; 4) cessation of an employment relationship resulting from a reorganization, merger, layoff or the sale or discontinuance of all or any part of the Plan’s sponsor’s business. The Plan administrator believes the occurrence of such events, that would also limit the Plan’s ability to transact at contract value with Plan participants, is not probable.

On December 13, 2020, Empower Retirement (“Empower”) acquired the retirement plan and group insurance business of Mass Mutual. Empower will become the sole administrator of the retirement business acquired from Mass Mutual after an initial transition period. Empower is a subsidiary of the Great-West Life & Annuity Insurance Company (“Great West”). The investment has been renamed MassMutual SAGIC and is managed by Great West Investments. MassMutual SAGIC is a market value separate account investment option with a general investment account guarantee that provides a stated rate of return and insulates plan participant activity from daily fluctuations in the market. Under the terms of the SAGIC group annuity contract, participants may direct plan-permitted withdrawal and/or transfer transactions of all or a portion of their balance in the SAGIC investment option at contract value. Contract value represents contributions plus credited interest less participant withdrawals and fees. Contract value is also often referred to as book value.

NOTE 4. FUND TERMINATION

Although they have not expressed intent to do so, the Trustees have the right to terminate the Fund subject to the provisions of ERISA.

In the event of plan termination, each participant's rights will be nonforfeitable to the extent funded, after providing for any and all obligations of the Fund. Assets remaining in the Fund will be allocated among participants, and/or beneficiaries in such a manner as will, in their opinion, best effectuate the purpose of the Fund.

NOTE 5. TAX STATUS

The Fund is qualified under Section 401(a) of the Internal Revenue Code ("IRC") and the related trust is exempt from federal income tax under Section 501(a).

The Fund obtained its latest determination letter on June 9, 2015, in which the Internal Revenue Service ("IRS") stated that the Fund, as then designed, was in compliance with the applicable requirements of the IRC. The Fund has been amended since receiving the determination letter. The Fund's legal counsel believes that the Fund is currently designed, and the plan administrator believes that the Fund is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, they believe that the Fund is qualified, and the related trust is tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Fund and recognize a tax liability (or assets) if it has taken an uncertain position that, more likely than not, would not be sustained upon examination by the IRS. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6. OPERATING LEASE

The Fund, the Heat and Frost Insulators Local No. 33 Pension Fund and the Heat and Frost Insulators Local No. 33 Health Fund (the Benefit Funds) lease office space from the Heat and Frost Insulators Local No. 33, a related party, in Wallingford, Connecticut. The lease is classified as an operating lease and is subject to customary escalation clauses for real estate taxes and building operating expenses.

The Benefit Funds entered into a three-year lease agreement with the Union effective January 1, 2021 through December 31, 2023. The monthly rent was \$1,450 per month for 2021, \$1,485 per month for 2022 and \$1,525 per month for 2023. Prior to January 1, 2021 the rent was month to month.

NOTE 6. OPERATING LEASE (continued)

The Fund's allocated share of the rent expense totaled \$5,800 and \$5,120 for the year ended December 31, 2021 and 2020, respectively.

<u>Years Ending</u>	<u>The Benefit Funds Total Payment</u>	<u>The Fund's Allocated Share</u>
2022	\$ 17,820	\$ 5,940
2023	<u>18,300</u>	<u>6,100</u>
	<u>\$ 36,120</u>	<u>\$ 12,040</u>

NOTE 7. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

NOTE 7. FAIR VALUE MEASUREMENTS (continued)

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety.

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Registered Investment Company (RIC) - RIC shares are valued at quoted market price, which represents the net asset value of shares held by the Fund at year-end.

Reference Note 3 for investment contract with insurance company.

The following table presents assets and liabilities measured at fair value on a recurring basis at December 31, 2021:

	Fair Measurement at December 31, 2021			
	Total	Level 1	Level 2	Level 3
Registered investment companies	\$ 10,949,067	\$ 10,949,067	\$ -	\$ -
Interest - bearing cash	145,461	145,461		
Total investments	<u>\$ 11,094,528</u>	<u>\$ 11,094,528</u>	<u>\$ -</u>	<u>\$ -</u>

The following table presents assets and liabilities measured at fair value on a recurring basis at December 31, 2020:

	Fair Measurement at December 31, 2020			
	Total	Level 1	Level 2	Level 3
Registered investment companies	\$ 9,396,038	\$ 9,396,038	\$ -	\$ -
Interest - bearing cash	123,951	123,951		
Total investments	<u>\$ 9,519,989</u>	<u>\$ 9,519,989</u>	<u>\$ -</u>	<u>\$ -</u>

NOTE 8. PARTY-IN-INTEREST TRANSACTIONS

The Fund paid certain expenses related to the Fund operations and investment activity to various service providers. These transactions qualify as party-in-interest transactions under ERISA.

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN

The Fund participates in one multiemployer defined benefit pension plan under terms of a participation agreement that covers its non-collectively bargained full time employees. The Health Fund remits the contribution and is reimbursed by the Annuity Fund. The risk of participating in a multiemployer defined benefit pension plan is different from a single-employer plan in the following aspects:

- a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.
- b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.
- c. If the Fund chooses to stop participating in any of its multiemployer defined benefit pension plans, the Fund may be required to pay those multiemployer defined benefit pension plans an amount based on the underfunded status of those multiemployer defined benefit pension plans, referred to as a withdrawal liability.

The Fund's participation in the multiemployer defined benefit pension plan for the annual periods ended December 31, 2021 and 2020 are outlined in the table below. The zone status is based on information that the Plan received from the multiemployer defined benefit pension plan and is certified by the multiemployer defined benefit pension plan's actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow zone are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

Legal Name of Pension Plan	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
Heat and Frost Insulators Local No. 33 Pension Plan	51-6090208	001	Yellow as of 01/01/21	Yes	Yellow as of 01/01/20	Yes	*

*The eligible full-time employees of the Fund participate in the Heat and Frost Insulators Local No. 33 Pension Plan through a participation agreement between the Fund and the Heat and Frost Insulators Local No. 33 Health Fund. The participation agreement does not have an expiration date.

Legal Name of Pension Plan	Contributions to the Pension Plan		Contributions to the Pension Plan greater than 5% of total Pension Plan Contributions (Plan year ending)		Employer Contribution Rates		Number of Employees Covered by Plan	
	12/31/2021	12/31/2020			12/31/2021	12/31/2020	12/31/2021	12/31/2020
Heat and Frost Insulators Local No. 33 Pension Fund	\$ 6,689	\$ 6,689	No, Plan year ending 12/31/2021.	No, Plan year ending 12/31/2020.	\$13.40 per hour	\$13.40 per hour	1	1

NOTE 9. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN (continued)

Legal Name of Pension Plan	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plan	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
Heat and Frost Insulators Local No. 33 Pension Plan	Funding Improvement Plan	No	No	N/A

NOTE 10. MULTIEMPLOYER PLAN PROVIDING POSTRETIREMENT BENEFITS OTHER THAN PENSIONS

The Fund contributes to one multiemployer defined benefit health and welfare plan that provides postretirement benefits during the years ended December 31, 2021 and 2020 for its eligible non-collectively bargained employees during the years ended December 31, 2021 and 2020. The Health Fund remits the contributions to the multiemployer Health and Welfare Fund and is reimbursed 24% for the Fund administrator effective June 1, 2019 through December 31, 2021 and 24% for the administrative assistant effective June 1, 2019 through December 31, 2021 of the cost by the Annuity Plan. The Fund's contributions to the Welfare Plan on behalf of its eligible employees, contribution rates, and number of employees covered were as follows:

Legal Name of Plan providing postretirement benefits other than pension	Contributions to Plan		Employer contribution rates		Number of employees covered by Plan	
	12/31/2021	12/31/2020	12/31/2021	12/31/2020	12/31/2021	12/31/2020
Heat and Frost Insulators Local No. 33 Health Fund	\$ 5,491	\$ 5,491	\$11.00 per hour	\$11.00 per hour	2	2

NOTE 11. PARTICIPANTS LOANS

Participants in accordance with the Fund may borrow from their account an amount not to exceed the lesser of \$35,000 or one-half of the vested balance credited to the participant's account at the time the loan is issued. The loans are secured by the balance in the participant's account and bear interest at a fixed rate. The interest rate is 5.25% based on the Wall Street Journal prime rate on the date the loan is processed. Principal and interest are paid ratably on a monthly basis over a period not to extend beyond five years from the date of the loan unless the loan was used to purchase a principal residence in which case the period is not to exceed thirty years from the date of the loan. Interest income totaled \$27,386 and \$32,428 for the years ended December 31, 2021 and 2020, respectively.

NOTE 12. RISKS AND UNCERTAINTIES

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

NOTE 13. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 23, 2022, which is the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

HEAT AND FROST INSULATORS LOCAL NO. 33
ANNUITY FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
Salaries and benefits	\$ 45,954	\$ 47,311
Mass Mutual administrative expense	30,495	34,641
Auditing and accounting	19,789	18,700
Legal	14,522	16,826
Rent	5,800	5,120
Insurance	5,212	4,818
Office expense	4,477	3,723
Payroll taxes	2,216	2,257
Conferences and meetings	2,076	1,522
Telephone	1,062	1,035
Utilities	666	705
Postage	<u>421</u>	<u>580</u>
Total administrative expenses	<u><u>\$ 132,690</u></u>	<u><u>\$ 137,238</u></u>

HEAT AND FROST INSULATORS LOCAL NO. 33
ANNUITY FUND

SCHEDULES OF EMPLOYER CONTRIBUTIONS

YEARS ENDED DECEMBER 31, 2021 AND 2020

EMPLOYER	<u>2021</u>	<u>2020</u>
Langan Insulation	\$ 142,649	\$ 165,768
Kim Industries	140,896	22,680
Day & Zimmerman	75,495	158,741
ICON	73,304	20,563
Atlantic Contracting & Specialties, LLC	67,415	54,265
Axion	49,076	66,815
Quality Insulation	37,603	13,209
Synergy Fund	37,559	1,683
Barber Firestop Systems	35,865	27,598
Heat & Frost Insulators Local 33 Union	30,946	18,298
Transfer from holding account	25,415	-
B.C. Flynn Contractor	22,648	184,153
New Haven Firestop	21,269	18,088
Heat & Frost Insulators Local 33 Funds	13,784	12,980
Brand Safeway	7,322	31,916
Mayan Insulation	487	-
API	427	-
Energy Insulation	374	50
Brock Industrial Services	-	14,027
	<u>-</u>	<u>14,027</u>
Total employer contributions	<u>\$ 782,534</u>	<u>\$ 810,834</u>

**HEAT AND FROST INSULATORS LOCAL NO. 33
ANNUITY FUND**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2021

Form 5500, Schedule H, Item 4i

EIN: 06-1172679
Plan No. 003

(a)	(b)	(c)	(d)	(e)
Issuer, Borrower	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		Cost	Current Value
	Share/ Type Principal Interest Rate			
	<u>Unallocated insurance contract (contract value):</u>			
* MassMutual SAGIC			**	\$ 621,598
	<u>Registered investment companies:</u>			
LSV Value Equity Fund	16,610		**	482,520
Vanguard Target Rtrmnt 2040 Fd	7,566		**	318,006
Vanguard Target Rtrmnt 2035 Fd	25,084		**	597,994
Vanguard 500 Index Fund	2,730		**	1,200,704
Vanguard Target Rtrmnt 2045 Fd	28,787		**	816,972
Vanguard Target Rtrmnt 2055 Fd	10,940		**	571,289
Vanguard Target Rtrmnt 2025 Fd	88,610		**	1,802,326
Vanguard Target Rtrmnt 2020 Fd	4,628		**	143,563
Vanguard Target Rtrmnt 2050 Fd	8,742		**	410,005
Vanguard Target Rtrmnt 2030 Fd	38,638		**	1,484,467
Vanguard Target Rtrmnt 2060 Fd	5,622		**	270,064
Vanguard Target Rtrmnt 2015 Fd	15,616		**	228,144
Vanguard Total Bond Mrkt Index	3,641		**	40,741
AmerFunds EuroPacific Gr Fund	3,028		**	195,992
Carillon Eagle S Cap Growth Fd	6,022		**	289,191
Delaware Small Cap Value Fd	4,972		**	405,492
Harbor Capital Appreciation	11,526		**	1,162,964
Vanguard Extended Mrkt Index Fd	747		**	103,553
Vanguard Target Rtrmnt Incm Fd	7,031		**	101,671
Mass Mutual Total Rtrn Bnd Fd	23,110		**	231,557
Vanguard Tot Intl Stck Inx Fd	2,686		**	91,852
	Total registered investment companies			10,949,067
	<u>Interest bearing cash:</u>			
Lending Club Bank	145,461		**	145,461
	<u>Participant loans:</u>			
* Participant loans, terms are five years with monthly payments on quarterly secured by participant's vested accrued benefit, at interest rate of 5.25%		5.25 %		551,141
	Total investments			\$ 12,267,267

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

**Cost not required for participant directed investments.

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1510-0110 1510-0088 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 instr.)	
B This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here ☒	
D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐	

Part II Basic Plan Information - enter all requested information											
1a Name of plan HEAT & FROST INSULATORS LOCAL NO. 33 ANNUITY PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ►</td> <td style="width: 50%; text-align: center;">003</td> </tr> <tr> <td colspan="2">1c Effective date of plan 08/01/1986</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 06-1172679</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 203-265-6673</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 238900</td> </tr> </table>	1b Three-digit plan number (PN) ►	003	1c Effective date of plan 08/01/1986		2b Employer Identification Number (EIN) 06-1172679		2c Plan Sponsor's telephone number 203-265-6673		2d Business code (see instructions) 238900	
1b Three-digit plan number (PN) ►	003										
1c Effective date of plan 08/01/1986											
2b Employer Identification Number (EIN) 06-1172679											
2c Plan Sponsor's telephone number 203-265-6673											
2d Business code (see instructions) 238900											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES HEAT & FROST INSULATORS LOC NO.33 ANNUITY FUND 618 SOUTH COLONY ROAD WALLINGFORD CT 06492											

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	☒	10/12/2021	DONALD SCOPO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	☒	10/17/2021	JOSEPH P. LEO JR.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	264
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)	248
a (2) Total number of active participants at the end of the plan year	6a(2)	239
b Retired or separated participants receiving benefits	6b	4
c Other retired or separated participants entitled to future benefits	6c	13
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	256
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	256
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	183
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	16

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G

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) ☒ 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 _____