

Form 5500-SF <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed 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-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2021</div> 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 03/21/2021 and ending 03/20/2022	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)
D 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 FULLER FORD, INC. UNION PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 40%; text-align: center; padding: 5px;">001</td> </tr> <tr> <td colspan="2" style="padding: 5px;">1c Effective date of plan 03/21/1977</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 03/21/1977									
1b Three-digit plan number (PN) ▶	001												
1c Effective date of plan 03/21/1977													
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) FULLER FORD, INC. 900 WEST EIGHTH STREET CINCINNATI, OH 45203	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">2b Employer Identification Number (EIN) 31-1016504</td> </tr> <tr> <td style="padding: 5px;">2c Sponsor's telephone number 513-352-5800</td> </tr> <tr> <td style="padding: 5px;">2d Business code (see instructions) 441110</td> </tr> </table>	2b Employer Identification Number (EIN) 31-1016504	2c Sponsor's telephone number 513-352-5800	2d Business code (see instructions) 441110									
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2c Sponsor's telephone number 513-352-5800													
2d Business code (see instructions) 441110													
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">3b Administrator's EIN</td> </tr> <tr> <td style="padding: 5px;">3c Administrator's telephone number</td> </tr> </table>	3b Administrator's EIN	3c Administrator's telephone number										
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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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">4b EIN</td> </tr> <tr> <td style="padding: 5px;">4d PN</td> </tr> </table>	4b EIN	4d PN										
4b EIN													
4d PN													
5a Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">5a</td> <td style="text-align: center; padding: 5px;">48</td> </tr> <tr> <td style="padding: 5px;">5b</td> <td style="text-align: center; padding: 5px;">51</td> </tr> <tr> <td style="padding: 5px;">5c</td> <td></td> </tr> <tr> <td style="padding: 5px;">5d(1)</td> <td style="text-align: center; padding: 5px;">31</td> </tr> <tr> <td style="padding: 5px;">5d(2)</td> <td style="text-align: center; padding: 5px;">32</td> </tr> <tr> <td style="padding: 5px;">5e</td> <td style="text-align: center; padding: 5px;">3</td> </tr> </table>	5a	48	5b	51	5c		5d(1)	31	5d(2)	32	5e	3
5a	48												
5b	51												
5c													
5d(1)	31												
5d(2)	32												
5e	3												

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	12/31/2022	JASON RIESKAMP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/31/2022	JASON RIESKAMP
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 451111. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	949686	1002660
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	949686	1002660
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	50000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	36226	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		86226
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	19599	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	13653	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		33252
i Net income (loss) (subtract line 8h from line 8c)	8i		52974
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 12 below.....	☒ Yes ☐ No
a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.....	11a 0
b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____	

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.	☐ Yes ☒ No
a 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 letter ruling granting the waiver. Month Day Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b
c Enter the amount contributed by the employer to the plan for this plan year	12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year.....	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No
c 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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
13c(3) PN(s)	

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit 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 03/21/2021 and ending 03/20/2022

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

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

A Name of plan <u>FULLER FORD, INC. UNION PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>FULLER FORD, INC.</u>	D Employer Identification Number (EIN) <u>31-1016504</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>03</u> Day <u>21</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>949686</u>
b Actuarial value	2b <u>854718</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>9</u> (2) Vested Funding Target <u>142862</u> (3) Total Funding Target <u>142862</u>
b For terminated vested participants.....	<u>8</u> <u>55796</u> <u>55796</u>
c For active participants	<u>31</u> <u>350306</u> <u>360586</u>
d Total.....	<u>48</u> <u>548964</u> <u>559244</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.74</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>31717</u>
b Expected plan-related expenses	6b <u>15000</u>
c Total (line 6a + line 6b)	6c <u>46717</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>06/29/2022</u> Date
Signature of actuary		
<u>HANS NIENABER</u> Type or print name of actuary		<u>20-05737</u> Most recent enrollment number
<u>CUNI, RUST & STRENK, INC.</u> Firm name		<u>513-985-6164</u> Telephone number (including area code)
<u>4555 LAKE FOREST DRIVE SUITE 620 CINCINNATI, OH 45242</u> Address of the firm		

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

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	187527
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	187527
10 Interest on line 9 using prior year's actual return of <u>33.72</u> %	0	63234
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		11358
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.54</u> %		629
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		11987
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	250761

Part III Funding Percentages

14 Funding target attainment percentage	14	107.99 %
15 Adjusted funding target attainment percentage	15	152.83 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.32 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** 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
11/30/2021	50000	0			
Totals ▶			18(b)	50000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	48084

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes	☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	46717	
b Excess assets, if applicable, but not greater than line 31a	31b	44713	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	2004	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	2004	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	48084	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	46080	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Fuller Ford, Inc. Union Pension Plan

EIN: 31-1016504

PN: 001

1. Effective Date: March 21, 1977.
2. Plan Year: March 21st through March 20th.
3. Covered Employees: All Union employees of Fuller Ford, Inc.
4. Eligibility: 90 days.
5. Vesting Service: 1 Year of Service is granted for each Plan Year in which 1,000 Hours of Service is earned.
6. Benefit Service: 1 Year of Service is granted for each Plan Year in which 1,800 Hours of Service are earned. $\frac{1}{10}$ of a Year of Service is granted for each 180 Hours of Service less than 1,800.
7. Actuarial Equivalency:
 - a. Other Than Lump Sums UP 1984 Mortality Table at 7.00%.
 - b. Lump Sums 2021 IRS Applicable Mortality Table and the 417(e) segment interest rates for the January prior to the Plan Year.

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Fuller Ford, Inc. Union Pension Plan

EIN: 31-1016504

PN: 001

8. Normal Retirement:

- a. Eligibility Age 65 and 5th anniversary of Plan participation.
- b. Monthly Benefit Benefit Credit in effect at time of termination or retirement times Benefit Service.

<u>Time Period</u>	<u>Benefit Credit</u>
06/12/05 – 06/11/06	\$11.075
06/12/06 – 07/14/07	\$11.425
07/15/07 – 07/14/08	\$11.768
07/15/08 – 07/14/09	\$12.121
07/15/09 – 07/14/10	\$12.484
07/15/10 – 07/14/11	\$12.859
07/15/11 – 07/14/12	\$13.116
07/15/12 – 07/14/13	\$13.371
07/15/13 – 07/14/14	\$13.611
07/15/14 – 07/14/15	\$13.838
07/15/15 – 07/14/16	\$14.040
07/15/16 – 07/17/17	\$14.234
07/18/17 – 07/14/18	\$14.504
07/15/18 – 07/14/19	\$14.774
07/15/19 – 07/14/20	\$15.044
07/15/20 – 07/14/21	\$15.444
07/15/21 – 07/14/22	\$15.844
07/15/22 – 07/14/23	\$16.244
07/15/23 and later	\$16.644

9. Early Retirement:

- a. Eligibility Age 60 and 5 Years of Vesting Service.
- b. Monthly Benefit Calculated as for Normal Retirement with monthly benefit reduced $\frac{1}{2}$ of 1% for each month that Early Retirement precedes Normal Retirement.

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Fuller Ford, Inc. Union Pension Plan

EIN: 31-1016504

PN: 001

10. Vested Retirement:

- a. Eligibility 5 Years of Vesting Service.
- b. Monthly Benefit Calculated as for Normal Retirement. Participants may elect to receive benefit calculated as for Early Retirement.

11. Disability Benefit:

- a. Eligibility Total and Permanent Disability and 5 Years of Vesting Service.
- b. Monthly Benefit Calculated as for Normal Retirement payable immediately without reduction for early commencement.

12. Pre-Retirement Death:

- a. Eligibility 5 Years of Vesting Service.
- b. Monthly Benefit Calculated as for Early Retirement reflecting a 50% Joint & Survivor Annuity payment form with death immediately after Early Retirement.

13. Payment Forms:

- a. Normal Life Annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity (QJSA) for married participants.
- b. Optional Actuarially Equivalent 100% Joint and Survivor Annuity (QOSA).

14. Changes Since Last Year:

Benefit multiplier increased as indicated above.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Fuller Ford, Inc. Union Pension Plan

EIN: 31-1016504

PN: 001

1. Interest Rates:

a. March 21, 2021 Valuation 1.99%; 3.21%; 3.80% segment rates (November 2020) for Maximum Deductible Contribution.

4.75%; 5.36%; 6.11% segment rates (2021 rates) for other purposes.

b. March 21, 2020 Valuation 2.79%; 3.87%; 4.33% segment rates (November 2019) for Maximum Deductible Contribution.

3.64%; 5.21%; 5.94% segment rates (2020 rates) for other purposes.

2. Mortality Rates:

2021 IRS Funding Combined Static Mortality Table with Small Plan Adjustment.

3. Retirement Age:

Age 65 and 5 years of participation.

4. Termination/Disability Rates:

None.

5. Expense Load:

\$15,000 per year.

6. Percent Married/Spousal Age:

80% with wives 3 years younger than their husbands.

7. Actuarial Cost Method:

Unit Credit.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Fuller Ford, Inc. Union Pension Plan

EIN: 31-1016504

PN: 001

8. Asset Valuation Method: 24-Month asset smoothing as allowed under PPA.
9. Rationale for Assumptions: Many actuarial assumptions used in this report are prescribed by the IRS. The selection of non-prescribed assumptions is based on the actuary's best estimate of future expectations based on the examination of recent actual results compared to expectations, periodic experience studies, Society of Actuaries mortality studies, and any reasonably certain information about future expected plan changes.
10. Changes Since Last Year: The mortality and interest rates used to calculate the Funding Target liability were changed as mandated by the IRS under PPA as amended.

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Plan Name: Fuller Ford, Inc. Union Pension Plan

EIN: 31-1016504

PN: 001

Each participant is assumed to retire at his or her normal retirement age.

The age specified in the plan as normal retirement age is 65 or the fifth anniversary of participation, if later.

PN: 001

[illegible]

PN: 001

Valdate for contributions: 3/21/2021

	<u>Date</u>	<u>Amount</u>	<u># Days to 3/21/2021</u>	<u>Discounted Contributions</u>
	11/30/2021	\$50,000.00	254	\$48,084.00
TOTAL		<u>\$50,000.00</u>		<u>\$48,084.00</u>

Required Quarterlies for the 2020 Plan Year Discounted to 3/21/2021

Required Quarterly for the 2020 Plan Year Discounted to 3/21/2021										10.74%		5.74%		5.74%	
										0.903016074	3/21/2021	0.945715907	3/21/2021	0.945715907	Total
Due Date	Amount Due	Date Made	Amount Actually Contributed	Amount on Time	Amount Late	Residual Amount	Days Late	Late Amounts Discounted to Due Date	Days Between Due Date and BOPY	Late Amounts Discounted to BOPY	Days Between Date Made and BOPY	Residual Amounts Discounted to BOPY	Contribution Discounted to BOPY		
7/5/2021	451	11/30/2021	\$451.00		451	-	148	433	106	426	254	0	426		
10/5/2021	451	11/30/2021	\$451.00		451	-	56	444	198	431	254	0	431		
1/4/2022	451	11/30/2021	\$451.00	451		451	0	0	289	0	254	434	434		
4/4/2022	451	11/30/2021	\$451.00	451		451	0	0	379	0	254	434	434		
12/5/2022	290	11/30/2021	\$290.00	290		290	0	0	624	0	254	279	279		
12/5/2022		11/30/2021	\$47,906.00	47,906		47,906	0	0	624	0	254	46,081	46,080		
			\$50,000.00			49,098							48,084		

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>► File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2021 or fiscal plan year beginning 03/21/2021 and ending 03/20/2022	
► 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 Fuller Ford, Inc. 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 Fuller Ford, Inc.	D Employer Identification Number (EIN) 31-1016504
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 03 Day 21 Year 2021			
2 Assets:			
a Market value	2a	949,686	
b Actuarial value	2b	854,718	
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	9	142,862	142,862
b For terminated vested participants	8	55,796	55,796
c For active participants	31	350,306	360,586
d Total	48	548,964	559,244
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.74 %	
6 Target normal cost			
a Present value of current plan year accruals	6a	31,717	
b Expected plan-related expenses	6b	15,000	
c Total (line 6a + line 6b)	6c	46,717	

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	
<div>HN</div> <div>Signature of actuary</div> <div>Hans Nienaber</div> <div>Type or print name of actuary</div> <div>Cuni, Rust & Strenk, Inc.</div> <div>Firm name</div> <div>4555 Lake Forest Drive Suite 620 US Cincinnati OH 45242</div> <div>Address of the firm</div>	<div>06/29/2022</div> <div>Date</div> <div>20-05737</div> <div>Most recent enrollment number</div> <div>(513) 985-6164</div> <div>Telephone number (including area code)</div>

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	187,527
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	187,527
10 Interest on line 9 using prior year's actual return of <u>33.72%</u>	0	63,234
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		11,358
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.54%</u>		629
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance ..		11,987
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	250,761

Part III Funding Percentages

14 Funding target attainment percentage	14	107.99 %
15 Adjusted funding target attainment percentage	15	152.83 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.32 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** 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
11/30/2021	50,000				
Totals ▶			18(b)	50,000	18(c) 0

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..	19c	48,084

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used To Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) **31a**

46,717

b Excess assets, if applicable, but not greater than line 31a **31b**

44,713

32 Amortization installments:**a** Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34**

2,004

	Carryover balance	Prefunding Balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35) **36**

2,004

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37**

48,084

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a**

46,080

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39**

0

40 Unpaid minimum required contributions for all years **40**

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011