

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
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>05/01/2021</u> and ending <u>04/30/2022</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>IRON RANGE PLUMBERS & FITTERS RETIREMENT INCOME PLAN</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>IRON RANGE PLUMBERS & FITTERS LOCAL 589</u> <u>WILSON-MCSHANE CORPORATION</u> <u>2002 LONDON ROAD, SUITE 300</u> <u>DULUTH, MN 55812</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/1965</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>41-6057633</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>218-728-4231</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>238220</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>05/01/1965</u>		2b Employer Identification Number (EIN) <u>41-6057633</u>		2c Plan Sponsor's telephone number <u>218-728-4231</u>		2d Business code (see instructions) <u>238220</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>05/01/1965</u>											
2b Employer Identification Number (EIN) <u>41-6057633</u>											
2c Plan Sponsor's telephone number <u>218-728-4231</u>											
2d Business code (see instructions) <u>238220</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.	02/06/2023	JASON QUIGGIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 289
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 146 6a(2) 143 6b 109 6c 33 6d 285 6e 0 6f 285 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 26
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

▶ **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 IRON RANGE PLUMBERS & FITTERS RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF IRON RANGE PLUMBERS & FITTERS LOCAL 589	D Employer Identification Number (EIN) 41-6057633

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

1a Enter the valuation date: Month 05 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	33918909
(2) Actuarial value of assets for funding standard account	1b(2)	30950211
c (1) Accrued liability for plan using immediate gain methods	1c(1)	29625967
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	29625967
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	57460695
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	1634337
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	1886479
(3) Expected plan disbursements for the plan year.....	1d(3)	1905438

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	01/17/2023
Signature of actuary	Date
KATHYRN A. GARRITY	20-05379
Type or print name of actuary	Most recent enrollment number
UNITED ACTUARIAL SERVICES, INC.	317-580-8688
Firm name	Telephone number (including area code)
11590 N. MERIDIAN STREET, SUITE 610, CAMEL, IN 46032	
Address of the firm	

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

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

Schedule MB (Form 5500) 2021
v. 201209

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	33918909
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	109	26307693
(2) For terminated vested participants	33	6623232
(3) For active participants:		
(a) Non-vested benefits.....		787713
(b) Vested benefits.....		23742057
(c) Total active	143	24529770
(4) Total	285	57460695
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	59.03 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/30/2022	1819400				
			Totals ▶	3(b)	1819400
				3(c)	
				3(d)	0

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	104.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.01 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	AF	AF	
d Valuation liability interest rate	6d	6.50 %	6.50 %	
e Expense loading	6e	21.3 % ☐ N/A	%	☒ N/A
f Salary scale	6f	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	9.8 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	28.3 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	1508201	150612
1	-1937748	193507

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	681125
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	13174938
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	173329
e Total charges. Add lines 9a through 9d.....	9e	2839922

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	4944767
g Employer contributions. Total from column (b) of line 3.....	9g	1819400
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	9554415
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	475983
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	4581409
(2) "RPA '94" override (90% current liability FFL)	9j(2)	21682695
(3) FFL credit	9j(3)	
k (1) Waived funding deficiency	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	8708481
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	5868559
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
9o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	
(3) Total as of valuation date	9o(3)	
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No	

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 05/01/2021 and ending 04/30/2022

A Name of plan IRON RANGE PLUMBERS & FITTERS RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 IRON RANGE PLUMBERS & FITTERS LOCAL 589	D Employer Identification Number (EIN) 41-6057633

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

☐ Yes

☒ No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

WILSON-MSCHANE CORPORATION

41-0956552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50	NONE	77357	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAUMAN ASSOCIATES, LTD

39-1277627

(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?
50 10	NONE	11914	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDREW & BRANSKY, P.A

41-1502219

(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	19539	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)

STAIRWAY PARTNERS

20-1164360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	NONE	128553	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED ACTUARIAL SERVICES, INC.

35-2156428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	26278	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022		
A Name of plan IRON RANGE PLUMBERS & FITTERS RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 IRON RANGE PLUMBERS & FITTERS LOCAL 589	D Employer Identification Number (EIN) 41-6057633	

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	231911	147496
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	297838	266562
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	22554	45047
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	33472469	30909001
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	34024772 31368106
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	105863 88046
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	105863 88046
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	33918909 31280060

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1819399
	(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)	1819399
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	
(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)	663906
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	663906
(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)		-2948282
c Other income.....	2c		600
d Total income. Add all income amounts in column (b) and enter total.....	2d		-464377
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1883781	
(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)		1883781
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	32863	
(2) Contract administrator fees.....	2i(2)	75200	
(3) Investment advisory and management fees.....	2i(3)	128553	
(4) Other.....	2i(4)	54075	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		290691
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2174472
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-2638849
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: BAUMAN ASSOCIATES, LTD

(2) EIN: 39-1277627

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
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			

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 454386.

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

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

A Name of plan IRON RANGE PLUMBERS & FITTERS RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 IRON RANGE PLUMBERS & FITTERS LOCAL 589	D Employer Identification Number (EIN) 41-6057633

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 41-6057633		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer LAKEHEAD CONSTRUCTORS INC

b EIN 39-0896843 **c** Dollar amount contributed by employer 456104

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2022

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

(1) Contribution rate (in dollars and cents) 7.60

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

a Name of contributing employer AZCO

b EIN 39-0789900 **c** Dollar amount contributed by employer 238793

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2022

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

(1) Contribution rate (in dollars and cents) 7.60

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

a Name of contributing employer IRON RANGE PLUMBING & HEATING

b EIN 76-0727008 **c** Dollar amount contributed by employer 238640

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2022

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

(1) Contribution rate (in dollars and cents) 7.60

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

a Name of contributing employer SHANNONS INC

b EIN 41-1243256 **c** Dollar amount contributed by employer 203918

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2022

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

(1) Contribution rate (in dollars and cents) 7.60

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

a Name of contributing employer JK MECHANICAL COMPANY

b EIN 45-2653568 **c** Dollar amount contributed by employer 197875

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2022

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

(1) Contribution rate (in dollars and cents) 7.60

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

a Name of contributing employer JAMAR COMPANY

b EIN 41-1509431 **c** Dollar amount contributed by employer 153579

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2022

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

(1) Contribution rate (in dollars and cents) 7.60

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer RJ MECHANICAL

b EIN 41-1837103

c Dollar amount contributed by employer 132603

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2022

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

(1) Contribution rate (in dollars and cents) 7.60

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

a Name of contributing employer RADOTICH INC

b EIN 41-1272301

c Dollar amount contributed by employer 112784

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2022

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

(1) Contribution rate (in dollars and cents) 7.60

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

a Name of contributing employer STACK BROS

b EIN 39-1626712

c Dollar amount contributed by employer 99510

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2022

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

(1) Contribution rate (in dollars and cents) 7.60

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

a Name of contributing employer RAPIDS PLUMBING & HEATING

b EIN 41-1787031

c Dollar amount contributed by employer 95558

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2022

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

(1) Contribution rate (in dollars and cents) 7.60

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

0

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

14b

0

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

14c

0

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**IRON RANGE PLUMBERS AND FITTERS
RETIREMENT INCOME PLAN
FINANCIAL STATEMENTS
AND REPORT OF INDEPENDENT
CERTIFIED PUBLIC ACCOUNTANTS
April 30, 2022 and 2021**

**IRON RANGE PLUMBERS AND FITTERS
RETIREMENT INCOME PLAN**

TABLE OF CONTENTS

	<u>Page</u>
Report of Independent Certified Public Accountants	1 - 3
Financial Statements:	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Accumulated Plan Benefits and Changes in Accumulated Plan Benefits	6
Notes to financial statements	7 - 15
Supplemental Information:	
Schedule of Assets (Held at End of Year)	16

Report of Independent Certified Public Accountants

Board of Trustees
Iron Range Plumbers and Fitters Retirement Income Plan
Virginia, Minnesota

Opinion

We have audited the accompanying financial statements of Iron Range Plumbers and Fitters Retirement Income Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of April 30, 2022 and 2021, and the related statements of changes in net assets available for the years then ended, the statement of accumulated plan benefits as of May 1, 2021, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Iron Range Plumbers and Fitters Retirement Income Plan as of April 30, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of May 1, 2021, the related changes in its accumulated plan benefits for the year then ended in conformity 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. 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 Iron Range Plumbers and Fitters Retirement Income Plan and to meet our ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; 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 Iron Range Plumbers and Fitters Retirement Income Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Iron Range Plumbers and Fitters Retirement Income Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant 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 Iron Range Plumbers and Fitters Retirement Income Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the table of contents together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements but is supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan’s 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

Bauman Associates, Ltd.

CERTIFIED PUBLIC ACCOUNTANTS

Eau Claire, Wisconsin
December 20, 2022

IRON RANGE PLUMBERS AND FITTERS RETIREMENT INCOME PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
April 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments at fair value	\$ 30,909,001	\$ 33,472,469
Receivables:		
Employer's contributions	266,562	297,838
Due from others	<u>45,047</u>	<u>22,554</u>
Total receivables	311,609	320,392
Cash	<u>147,496</u>	<u>231,911</u>
Total assets	<u>31,368,106</u>	<u>34,024,772</u>
LIABILITIES		
Accounts payable and other liabilities	<u>88,046</u>	<u>105,863</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u><u>31,280,060</u></u>	\$ <u><u>33,918,909</u></u>

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

IRON RANGE PLUMBERS AND FITTERS RETIREMENT INCOME PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For Years Ended April 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS IN NET ASSETS ATTRIBUTED TO:		
Investment income:		
Interest and dividends	\$ 663,906	\$ 554,742
Net appreciation (depreciation) in fair value of investments	<u>(2,948,282)</u>	<u>7,095,680</u>
Total investment income (loss)	(2,284,376)	7,650,422
Contributions:		
Employers' contributions	1,819,400	1,530,339
Miscellaneous income	<u>600</u>	<u>19</u>
Total additions	<u>(464,376)</u>	<u>9,180,780</u>
DEDUCTIONS IN NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	1,883,781	1,705,816
Administrative expenses:		
Actuarial	26,278	21,500
Administration	75,200	72,800
Audit	12,454	13,426
Bank fees	420	420
Insurance	8,486	8,526
Legal fees	20,410	14,843
PBGC premium	8,959	8,760
Payroll audit and actuary fees	1,158	1,337
Postage and supplies	1,057	1,578
Investment fees	128,553	124,253
Trustee expenses	4,611	1,264
ERISA Bond	2,326	-
UARS fees	<u>780</u>	<u>947</u>
Total administrative expenses	<u>290,692</u>	<u>269,654</u>
Total deductions	<u>2,174,473</u>	<u>1,975,470</u>
Net increase (decrease) in net assets available for benefits	(2,638,849)	7,205,310
Net assets - beginning of year	<u>33,918,909</u>	<u>26,713,599</u>
Net assets - end of year	<u><u>\$ 31,280,060</u></u>	<u><u>\$ 33,918,909</u></u>

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

IRON RANGE PLUMBERS AND FITTERS RETIREMENT INCOME PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS AND
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
May 01, 2021

	May 01, 2021
ACCUMULATED PLAN BENEFITS:	
Vested benefits:	
Participants currently receiving payments	\$ 18,202,632
Other participants	13,559,596
	31,762,228
Non-vested benefits	307,881
Total accumulated plan benefits	\$ 32,070,109
CHANGES IN ACCUMULATED PLAN BENEFITS:	
Balance, beginning of year	\$ 30,390,494
Increase (decrease) during the year:	
Interest	2,127,335
Benefits paid	(1,705,816)
Benefits accumulated and actuarial gain (loss)	(18,246)
Actuarial assumptions	1,421,743
Operational expenses paid	(145,401)
Balance, end of year	\$ 32,070,109

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

IRON RANGE PLUMBERS AND FITTERS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
April 30, 2022 and 2021

Note 1 DESCRIPTION OF PLAN

The following description of the Iron Range Plumbers and Fitters Retirement Income Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General

The Plan was established May 1, 1965 as a result of the collective bargaining agreement between the Plumbers & Fitters Local Union No. 589 and the Range Association of Plumbing Contractors. The Plan is a defined benefit pension plan covering substantially all members of the Iron Range Plumbers and Fitters Local No. 589. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Contributions are received from employer contractors who contribute per employee hour worked on a monthly basis. Contribution rates were \$7.60 per hour for the current fiscal year and \$6.90 per hour in the prior fiscal year. Minimum funding requirements under ERISA have been met.

Pension Benefits

Covered employment used to determine qualification for a pension benefit is based on the following schedule of hours worked in a plan year:

<u>Years of Service for Vesting Purposes</u>	<u>Hours Worked</u>
0	0-499
0.4	500-749
0.5	750-899
1 year	900 and over

Participants with 5 or more years of service are entitled to annual pension benefits beginning at normal retirement age (62) based on service credits earned with the following rates: \$11.95 per month times years of past service up to a maximum monthly amount of \$239, plus \$83 per month times years of future service.

Past service is defined as service before May 1, 1965 or the date an employer became a participating employer and first contributed to the Plan on behalf of the participant, with credit for each full year of continuous membership in the Plumbers & Fitters Local No. 589 up to a maximum of 20 years.

IRON RANGE PLUMBERS AND FITTERS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
April 30, 2022 and 2021

Note 1 DESCRIPTION OF PLAN (Continued)

Pension Benefits (Continued)

Future service is defined as service after May 1, 1965 or the date an employer became a participating employer and first contributed to the Plan on behalf of the participant with credit based on hours of covered employment for which an employer contributes, as follows:

Years of Future Credited Service For Benefit Purposes	Hours Worked
0	0-599
0.4	600-749
0.5	750-899
0.6	900-1,049
0.7	1,050-1,199
0.8	1,200-1,349
0.9	1,350-4,499
1 year	1,500 and over

The Plan permits early retirement at age 55 with decreased benefits. An eligible participant's monthly early retirement benefits shall be equal to his vested accrued benefit on the date of his early retirement; provided, however, that the amount of such benefit shall be reduced by 1/6 percent for each full calendar month by which his annuity starting date precedes age 60.

Death and Disability Benefits

Upon a participant's death after retirement, the joint and survivor annuity beneficiary will receive lifetime benefits at least equal to 50% (depending on the option chosen) of the benefit being paid at the time of death.

If an active, married participant dies before receiving retirement benefits, the spouse will be eligible for 100% of the participant's retirement benefits (based on years of credited service at the time of death) if the participant was entitled to a vested benefit and had elected to waive the spouse's benefit coverage.

If the participant is not vested on the date of death while actively employed, the beneficiary will receive a lump-sum death benefit.

If an active, unmarried participant dies before receiving retirement benefits and is entitled to a vested benefit, the beneficiary will receive 100% of the participant's retirement benefits (based on years of credited service at the time of death). This retirement benefit would continue for a period of 5 years only.

IRON RANGE PLUMBERS AND FITTERS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
April 30, 2022 and 2021

Note 1 DESCRIPTION OF PLAN (Continued)

Death and Disability Benefits (Continued)

If a participant becomes disabled while actively employed, a disability benefit will be paid provided the participant-

- completed at least five years of future service
- suffered permanent and total disability (either physical or mental condition) and is eligible for disability benefits under the Social Security Act
- did not engage in certain specified activities

The disability benefit will be the same as the normal retirement benefit based on the number of years of credited service at the date of disability. However, benefits will be reduced for payments received from worker's compensation and any other disability plan benefits, other than Social Security. The disability payment will continue until normal retirement age at which time normal retirement benefits will begin.

If the participant is not vested or otherwise eligible to receive a disability benefit, and covered employment is ceased because of disability, a single lump sum payment equal to the aggregate contributions made to the pension fund on behalf of the participant may be paid as a special disability benefit.

Note 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are recognized on the accrual basis of accounting.

Estimates

The preparation of financial statements in accordance with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Accordingly, actual results may differ from those estimates.

IRON RANGE PLUMBERS AND FITTERS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
April 30, 2022 and 2021

Note 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments Valuation and Income Recognition

Pooled separate accounts, exchange traded funds, and mutual funds are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Purchases and sales are recorded on a trade date basis. Dividends are recorded on the ex-dividend date.

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:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

IRON RANGE PLUMBERS AND FITTERS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
April 30, 2022 and 2021

Note 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements (Continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value.

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

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Contributions Receivable

Contributions due and not paid at year end are recorded as contributions receivable. Employer contributions owed as a result of payroll compliance audits are recorded as income when collection is considered probable. Allowance for doubtful accounts is considered unnecessary and is not provided.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Date of Management Review

Subsequent events were evaluated through December 20, 2022, which is the date the financial statements were available to be issued.

IRON RANGE PLUMBERS AND FITTERS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
April 30, 2022 and 2021

Note 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying certain actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and present participants or their beneficiaries. The significant actuarial assumptions used in the valuations of May 1, 2021 were:

- (a) life expectancy of participants (the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2020 projection scale.)
- (b) retirement age assumptions (various rates starting at 55 through 62, results in an average expected retirement age of 60.0)
- (c) investment return (6.5% per annum, compounded annually, net of investment and contract fees).

Changes in actuarial assumptions include the following for the May 1, 2021 valuation:

- The ERISA rate of return used to value liabilities was changed from 7.00% to 6.50% to provide the best estimate of the future rate of net investment return based on the Plan's current investment policy and asset allocation.
- The assumed mortality rates were changed from 100% to 105% for males and 95% for females of the PRI-2012 Blue Collar Mortality Table and the mortality projection scale was updated from MP-2019 to MP-2020.
- The assumed hourly contribution rate was increased from \$6.90 to \$7.60 to reflect the negotiated increase effective May 1, 2021.
- The expense load on ASC 960 liabilities was changed from 9.00% to 8.25%.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

IRON RANGE PLUMBERS AND FITTERS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
April 30, 2022 and 2021

Note 4 FUNDING POLICY

The pension fund is maintained by the Board of Trustees for the Plan under the terms of the Trust Agreement. Subject to the provisions of Title IV of ERISA, benefits under the Plan shall be only such as can be provided by the assets of the pension fund, and no liability for payment of benefits shall be imposed upon the employers or any affiliated company, or any of their officers, employees, directors, or stockholders.

So long as the Plan continues, contributions will be made by the employers as determined from time to time in accordance with and subject to the terms of the applicable Collective Bargaining Agreement and the pension fund's collection policy. In determining the sufficiency and incidence of contributions, the Board of Trustees shall from time to time rely on the advice of the actuary and such determinations shall be consistent with the funding policy for the Plan.

The expenses of administration of the Plan, including the expenses of the administrator and fees of any investment advisor, shall be paid from the pension fund, unless an employer elects to make payment.

The pension fund shall be for the exclusive benefit of participants and persons claiming under or through them. All contributions shall be irrevocable and such contributions as well as the pension fund, or any portion of the principal or income thereof, shall never revert to or inure to the benefit of the employers or any affiliated company except as provided in the agreement.

While the participating employers fully intend to continue the Plan indefinitely, they do reserve the right to modify, suspend or terminate the Plan at any time. However, no modification, suspension, or termination of the Plan may reduce any Plan benefits a participant already had accrued.

Note 5 PLAN TERMINATION

In the event of Plan termination, no further benefits shall accrue, no further contributions shall be made, except as may be required under Title IV of ERISA or Code Section 412, and all assets remaining in the Pension Fund, after provision has been made for payment of the expenses of administration and liquidation in connection with the termination, shall be allocated by the Board of Trustees upon the advice of the actuary, among the participants and beneficiaries of the Plan, in the following manner and order of precedence:

1. First, to "basic benefits", meaning benefits attributable to employer contributions that are eligible for the PBGC's guarantee.
2. Next, to all benefits accrued as of the Plan termination date that are in excess of "basic benefits;"

IRON RANGE PLUMBERS AND FITTERS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
April 30, 2022 and 2021

Note 5 PLAN TERMINATION (Continued)

3. Next, at the discretion of the Board of Trustees, to all benefit accrual reductions and payment suspension made in connection with a Plan reorganization or insolvency that have not been previously restored;

4. Last, to all other benefits under the Plan.

Assets shall be allocated among Participants pro rata to provide benefits under each class described in 1 through 4 above, until benefits with respect to that class are fully-funded before any assets are allocated with respect to the next class of benefits.

Notwithstanding any other provision of the Plan to the contrary, upon Plan termination, participants shall be 100 percent vested in their benefits accrued to the Plan termination date; provided, however, that such benefits may be subject to curtailment or reduction in accordance with the provisions of the Plan or as required under ERISA or other applicable law. No such curtailment or reduction shall affect benefits to the extent such benefits either have been fully funded under the Plan or are guaranteed by the PBGC.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor.

Note 6 INVESTMENTS

The following table presents the fair value of investments in this Plan for the years ended April 30, 2022 and 2021.

April 30, 2022	Level 1	Level 2	Level 3	Fair Value
Money Market	\$ 785,603	-	-	785,603
Mutual Funds	11,292,125	-	-	11,292,125
Exchange-Traded Funds	18,831,273	-	-	18,831,273
	<u>\$ 30,909,001</u>	<u>-</u>	<u>-</u>	<u>30,909,001</u>
 April 30, 2021	 Level 1	 Level 2	 Level 3	 Fair Value
Money Market	\$ 400,789	-	-	400,789
Mutual Funds	12,187,950	-	-	12,187,950
Exchange-Traded Funds	20,883,730	-	-	20,883,730
	<u>\$ 33,472,469</u>	<u>-</u>	<u>-</u>	<u>33,472,469</u>

IRON RANGE PLUMBERS AND FITTERS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
April 30, 2022 and 2021

Note 6 INVESTMENTS (Continued)

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instance, the transfer is reported at the beginning of the reporting period. We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended April 30, 2022 and 2021, there were no significant transfers in or out of levels 1, 2 or 3.

Note 7 TAX STATUS

The Internal Revenue Service has determined and informed the Board of Trustees by a letter dated December 21, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

Note 8 RISKS AND UNCERTAINTIES

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

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

**IRON RANGE PLUMBERS AND FITTERS
RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**Plan 001
EIN 41-6057633
April 30, 2022**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment including rate of interest	Original Cost	Market Value
	Dreyfus Ins Deposit Program	Money Market	785,603	785,603
	Vanguard Total Bond Market Index Fund Admiral Shares	Mutual Fund	3,795,803	3,409,719
	Vanguard Short-Term Investment-Grade Fund Admiral Shares	Mutual Fund	4,378,030	4,149,512
	Vanguard Short-Term Treasury Index Fund Admiral Class	Mutual Fund	3,860,205	3,732,894
	Ishares TR MSCI EAFE ETF	Exchange-Traded Funds	4,460,818	4,600,321
	Ishares TR Russell 1000 Value ETF	Exchange-Traded Funds	3,840,967	4,379,884
	Ishares Tr Russell 1000 Growth ETF	Exchange-Traded Funds	1,273,683	1,821,300
	Ishares TR Russell 2000 ETF	Exchange-Traded Funds	821,438	935,477
	Ishares TR JPMorgan USD Emerging Markets BD ETF	Exchange-Traded Funds	282,707	227,200
	Ishares INC Core MSCI Emerging Markets ETF	Exchange-Traded Funds	2,366,318	2,372,150
	SPDR S&P 500 ETF TR TR Unit	Exchange-Traded Funds	1,889,367	2,479,004
	SPDR Index SHS FDS S&P Emerging Asia Pac ETF	Exchange-Traded Funds	792,563	823,496
	Vanguard INTL Equity Index FDS FTSE Europe ETF	Exchange-Traded Funds	1,127,076	1,192,441
			<u>\$ 29,674,578</u>	<u>\$ 30,909,001</u>

* Identifies a Party in Interest

IRON RANGE PLUMBERS & FITTERS RETIREMENT INCOME PLAN
EIN: 41-6057633/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 8
STATEMENT BY ENROLLED ACTUARY

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

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

Schedule MB, Line 8b(2) - Schedule of Active Participant Data
Iron Range Plumbers and Fitters Retirement Income Plan EIN: 41-6057633/PN: 001
May 1, 2021

[illegible]

ACTUARIAL ASSUMPTIONS

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

Valuation date	May 1, 2021
Interest rates	
<i>ERISA rate of return used to value liabilities</i>	6.50% per year net of investment expenses
<i>Unfunded vested benefits</i>	6.50% per year net of investment expenses
<i>Current liability</i>	2.01% (as prescribed by Section 431(c)(6) of the Internal Revenue Code)
Operational expenses	
<i>Funding</i>	\$150,000 per year excluding investment expenses.
<i>ASC 960</i>	An 8.25% load was applied to the accrued liabilities for 2021 (9.00% for 2020).
Mortality	
<i>Assumed plan mortality</i>	105% for males and 95% for females of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2020 projection scale.
<i>Current liability</i>	Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as prescribed by Section 431(c)(6) of the Internal Revenue Code.

ACTUARIAL ASSUMPTIONS (CONT.)

Withdrawal	Specimen rates shown below.		
		Male	Female
		Withdrawal	Withdrawal
	<u>Age</u>	<u>Rate</u>	<u>Rate</u>
	25	0.100	0.150
	30	0.075	0.100
	35	0.050	0.075
	40	0.030	0.050
	45	0.015	0.025
Disability	1987 Commissioners Table – specimen rates shown below:		
		Male	Female
		Disability	Disability
	<u>Age</u>	<u>Rate</u>	<u>Rate</u>
	25	0.00085	0.00107
	30	0.00097	0.00136
	35	0.00121	0.00200
	40	0.00169	0.00270
	45	0.00280	0.00387
	50	0.00515	0.00610
	55	0.00969	0.00940
Retirement			
<i>Active lives</i>	According to the following schedule:		
	<u>Age</u>	<u>Retirement Rate</u>	
	55	0.15	
	56-59	0.05	
	60	0.50	
	61	0.25	
	62+	1.00	
	Resulting in an average expected retirement age of 60.0.		
<i>Inactive vested lives</i>	Earliest eligible age		
<i>Disabled lives</i>	Disability benefit payable to normal retirement age		

ACTUARIAL ASSUMPTIONS (CONT.)

Future hours worked	1,500 hours per year, 0 after assumed retirement age
Future hourly contribution rate	\$7.60
Age of participants with unrecorded birth dates	Based on average entry age of participants with recorded birth dates and same vesting status.
Marriage assumptions	90% of males and 60% of females assumed married with the male spouse 3 years older than his wife
Optional form assumption	All non-retired participants assumed to elect the life only form of benefit.
Inactive vested lives over age 74	Continuing inactive vested participants over age 74 are assumed deceased and are not valued.
QDRO benefits	Benefits to alternate payee included with participant's benefit until payment commences
Section 415 limit assumptions	
Dollar limit	\$230,000 per year
Assumed form of payment for those limited by Section 415	Qualified joint and 100% survivor annuity
Benefits not valued	Lump sum death benefit
	Pre-retirement death benefits following withdrawal for active participants
	Pre-retirement death benefits following disability

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS

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

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

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

Based on this analysis, we selected a final assumed rate of 6.50%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities.

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

Mortality

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

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

Finally, a 105% multiplier for males and 95% for females was applied. This was based on a study of data from larger plans in similar industries. Based on information from the CDC on COVID-19 deaths, this study was adjusted to exclude an increase in deaths due to COVID-19.

Retirement

Actual rates of retirement by age were recently studied. The assumed future rates of retirement were selected based on the results of this study.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS (CONT.)

Withdrawal	Actual rates of withdrawal by age were last studied for this plan by the prior actuary. The assumed future rates of withdrawal were selected based on the results of this study. Recent plan experience suggests that these withdrawal rates are reasonable. We will perform a new study once we have a sufficient amount of historical data.
Future hours worked	Based on review of recent plan experience.

ACTUARIAL METHODS

Funding method	
<i>ERISA Funding</i>	Traditional unit credit cost method, effective May 1, 2019.
<i>Funding period</i>	Individual entry age normal with costs spread as a level dollar amount over service
Population valued	
<i>Actives</i>	Eligible employees with at least one hour during the preceding plan year
<i>Inactive vested</i>	Vested participants with no hours during the preceding plan year
<i>Retirees</i>	Participants and beneficiaries in pay status as of the valuation date
<i>Participants not reported</i>	Inactive non-vested participants with less than 500 hours worked are not reported in the data.
Asset valuation method	
<i>Actuarial value</i>	Smoothed market value. Each year's gain (or loss) is spread over a period of 3 years. The actuarial value is limited to not less than 80% and not more than 120% of the actual market value of assets in any plan year.
<i>Unfunded vested benefits</i>	For the presumptive method, actuarial value, as described above, is used

IRON RANGE PLUMBERS & FITTERS RETIREMENT INCOME PLAN
EIN: 41-6057633/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 11
STATEMENT BY ENROLLED ACTUARY

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

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

- The ERISA rate of return assumption used to value liabilities was changed from 7.00% to 6.50% to provide our best estimate of the future rate of net investment return based on the Plan's current investment policy and asset allocation.
- The assumed mortality rates were changed from 100% to 105% for males and 95% for females of the PRI-2012 Blue Collar Mortality Table and the mortality projection scale was updated from MP-2019 to MP-2020. These changes were made because (1) the PRI-2012 table comes from the only major mortality study that includes significant multiemployer pension plan experience, and (2) we wanted to reflect the latest mortality improvement data available.
- The assumed hourly contribution rate was increased from \$6.90 to \$7.60 to reflect the negotiated increase effective May 1, 2021.
- The expense load on ASC 960 liabilities was changed from 9.00% to 8.25% based on recent plan experience.
- The current liability interest rate was changed from 2.78% to 2.01%. The new rate is within established statutory guidelines.

Actuary's Statement of Reliance

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

IRON RANGE PLUMBERS AND FITTERS
RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Plan 001
EIN 41-6057633
April 30, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment including rate of interest	Original Cost	Market Value
	Dreyfus Ins Deposit Program	Money Market	785,603	785,603
	Vanguard Total Bond Market Index Fund Admiral Shares	Mutual Fund	3,795,803	3,409,719
	Vanguard Short-Term Investment-Grade Fund Admiral Shares	Mutual Fund	4,378,030	4,149,512
	Vanguard Short-Term Treasury Index Fund Admiral Class	Mutual Fund	3,860,205	3,732,894
	Ishares TR MSCI EAFE ETF	Exchange-Traded Funds	4,460,818	4,600,321
	Ishares TR Russell 1000 Value ETF	Exchange-Traded Funds	3,840,967	4,379,884
	Ishares Tr Russell 1000 Growth ETF	Exchange-Traded Funds	1,273,683	1,821,300
	Ishares TR Russell 2000 ETF	Exchange-Traded Funds	821,438	935,477
	Ishares TR JPMorgan USD Emerging Markets BD ETF	Exchange-Traded Funds	282,707	227,200
	Ishares INC Core MSCI Emerging Markets ETF	Exchange-Traded Funds	2,366,318	2,372,150
	SPDR S&P 500 ETF TR TR Unit	Exchange-Traded Funds	1,889,367	2,479,004
	SPDR Index SHS FDS S&P Emerging Asia Pac ETF	Exchange-Traded Funds	792,563	823,496
	Vanguard INTL Equity Index FDS FTSE Europe ETF	Exchange-Traded Funds	1,127,076	1,192,441
			<u>\$ 29,674,578</u>	<u>\$ 30,909,001</u>

* Identifies a Party in Interest

IRON RANGE PLUMBERS & FITTERS RETIREMENT INCOME PLAN
EIN: 41-6057633/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 9
STATEMENT BY ENROLLED ACTUARY

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

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

Iron Range Plumbers and Fitters Retirement Plan
EIN: 41-6057633/PN: 001
Attachment to 2021 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		5/1/2021 Outstanding Balance	5/1/2021 Amortization Payment
				Years	Months		
Charges							
5/1/1992	Amendment	830,879	30	1	0	64,685	64,685
5/1/1993	Amendment	224,125	30	2	0	33,688	17,374
5/1/1994	Amendment	643,205	30	3	0	140,072	49,660
1/1/1996	Amendment	61,844	30	4	8	19,666	4,720
5/1/1997	Amendment	140,741	30	6	0	55,370	10,740
5/1/1998	Amendment	683,509	30	7	0	303,498	51,960
11/1/1998	Amendment	499,615	30	7	6	233,409	37,874
5/1/1999	Amendment	621,151	30	8	0	305,104	47,051
6/1/2000	Amendment	999,015	30	9	1	550,356	77,124
5/1/2001	Amendment	263,663	30	10	0	151,854	19,834
5/1/2002	Amendment	269,663	30	11	0	165,563	20,218
5/1/2006	Assumptions	566,145	30	15	0	419,862	41,928
5/1/2009	Experience Loss	2,408,650	15	3	0	701,709	248,778
5/1/2010	Assumptions	736,766	15	4	0	276,552	75,799
5/1/2010	Experience Loss	1,129,669	15	4	0	424,028	116,221
5/1/2013	Assumptions	57,705	15	7	0	34,284	5,870
5/1/2014	Amendment	755,229	15	8	0	496,322	76,540
5/1/2015	Assumptions	1,452,936	15	9	0	1,040,166	146,735
5/1/2016	Assumptions	111,502	15	10	0	85,987	11,231
5/1/2016	Experience Loss	100,626	15	10	0	77,600	10,136
5/1/2017	Amendment	1,206,668	15	11	0	993,471	121,320
5/1/2017	Experience Loss	256,894	15	11	0	211,506	25,829
5/1/2018	Amendment	4,692,270	15	12	0	4,091,961	470,933
5/1/2020	Experience Loss	822,765	15	14	0	790,024	82,296
5/1/2021	Assumptions	1,508,201	15	15	0	1,508,201	150,612
Total Charges:						13,174,938	1,985,468

Iron Range Plumbers and Fitters Retirement Plan
EIN: 41-6057633/PN: 001
Attachment to 2021 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		5/1/2021 Outstanding Balance	5/1/2021 Amortization Payment
				Years	Months		

Credits

5/1/1992	Assumptions	558,566	30	1	0	43,482	43,482
5/1/1993	Method	209,645	30	2	0	31,520	16,256
5/1/1993	Method	1,114,438	30	2	0	167,500	86,386
5/1/2006	Amendment	1,240,846	30	15	0	920,246	91,897
5/1/2007	Experience Gain	1,495,235	15	1	0	155,742	155,742
5/1/2008	Experience Gain	226,273	15	2	0	45,502	23,467
5/1/2009	Amendment	436,993	15	3	0	127,315	45,137
5/1/2011	Experience Gain	491,746	15	5	0	223,036	50,395
5/1/2012	Experience Gain	106,038	15	6	0	55,811	10,825
5/1/2013	Experience Gain	533,270	15	7	0	316,819	54,240
5/1/2014	Experience Gain	534,423	15	8	0	351,211	54,161
5/1/2015	Experience Gain	61,950	15	9	0	44,350	6,256
5/1/2018	Experience Gain	656,079	15	12	0	572,147	65,847
5/1/2019	Assumptions	2,486,093	15	13	0	2,281,303	249,085
5/1/2019	Expereince Gain	727,621	15	13	0	667,685	72,902
5/1/2019	Method	1,897,248	10	8	0	1,612,998	248,746
5/1/2021	Experience Gain	1,937,748	15	15	0	1,937,748	193,507

Total Credits: 9,554,415 1,468,331

Net Charges: 3,620,523 517,137

Less Credit Balance: 4,944,767

Less Reconciliation Balance: 0

Unfunded Actuarial Liability: -1,324,244

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

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

▶ **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 Iron Range Plumbers and Fitters Retirement Income Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Trustees of Iron Range Plumbers & Fitters Retirement Income Plan	D Employer Identification Number (EIN) 41-6057633

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

1a Enter the valuation date: Month 5 Day 1 Year 2021

b Assets	
(1) Current value of assets.....	1b(1) 33,918,909
(2) Actuarial value of assets for funding standard account	1b(2) 30,950,211
c (1) Accrued liability for plan using immediate gain methods	1c(1) 29,625,967
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 29,625,967
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability.....	1d(2)(a) 57,460,695
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 1,634,337
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 1,886,479
(3) Expected plan disbursements for the plan year.....	1d(3) 1,905,438

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		1/17/2023
Signature of actuary		Date
Kathyrn A. Garrity, FSA, EA, MAA		20-05379
Type or print name of actuary		Most recent enrollment number
United Actuarial Services, Inc.		(317) 580-8688
Firm name		Telephone number (including area code)
11590 N. Meridian Street, Suite 610		
Carmel IN 46032-4529		
Address of the firm		

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

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

Schedule MB (Form 5500) 2021
v. 200204

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	33,918,909
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	109	26,307,693
(2) For terminated vested participants	33	6,623,232
(3) For active participants:		
(a) Non-vested benefits		787,713
(b) Vested benefits		23,742,057
(c) Total active	143	24,529,770
(4) Total	285	57,460,695
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	59.03 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	1,819,400				
Totals ▶			3(b)	1,819,400	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	104.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.01 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	6.50 %
e Expense loading	6e	21.3 % ☐ N/A ☒ N/A
f Salary scale	6f	% ☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	9.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	28.3 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	1,508,201	150,612
1	-1,937,748	193,507

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	681,125
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	13,174,938
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	173,329
e Total charges. Add lines 9a through 9d.....	9e	2,839,922

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	4,944,767
g Employer contributions. Total from column (b) of line 3.....	9g	1,819,400

Outstanding balance

h Amortization credits as of valuation date.....	9h	9,554,415	1,468,331
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i		475,983

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....	9j(1)	4,581,409
(2) "RPA '94" override (90% current liability FFL)	9j(2)	21,682,695

(3) FFL credit	9j(3)	0
-----------------------------	--------------	---

k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	8,708,481
--	-----------	-----------

m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	5,868,559
---	-----------	-----------

n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
---	-----------	--

9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2020 plan year	9o(1)	0
---	--------------	---

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
--	--	--

(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
--	-----------------	---

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
---	-----------------	---

(3) Total as of valuation date	9o(3)	0
---	--------------	---

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
--	-----------	---

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
--	---

IRON RANGE PLUMBERS & FITTERS RETIREMENT INCOME PLAN
EIN: 41-6057633/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 3
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 3 –Employer Contributions

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

IRON RANGE PLUMBERS & FITTERS RETIREMENT INCOME PLAN
EIN: 41-6057633/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 6
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 6 - Summary of Plan Provisions

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

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

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

PLAN HISTORY

Origins/Purpose

The Iron Range Plumbers & Fitters Pension Fund was established effective May 1, 1965 as a result of Collective Bargaining Agreements between the Plumbers & Fitters Local Union #589-A.F.L. and the Range Association of Plumbing Contractors.

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

The purpose of the Pension Plan is to provide a retirement income for eligible employees.

Employer Contributions

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

<i>Date</i>	<i>Hourly Contribution Rate</i>
May 1, 2011	\$4.54
May 1, 2012	\$4.79
May 1, 2013	\$4.90
May 1, 2014	\$5.15
May 1, 2015	\$5.35
May 1, 2016	\$5.60
May 1, 2017	\$5.85
May 1, 2018	\$6.30
May 1, 2019	\$6.90
May 1, 2021	\$7.60

SUMMARY OF PLAN PROVISIONS

Participation	As of the Entry Date coinciding with or immediately following the date on which he or she becomes an employee																		
Year of service (vesting)	Based on the following Schedule of Hours worked in a Plan Year: <table> <tr> <th><u>Years</u></th><th><u>Hours</u> <u>Worked</u></th></tr> <tr> <td>0</td><td>0-499</td></tr> <tr> <td>0.4</td><td>500-749</td></tr> <tr> <td>0.5</td><td>750-899</td></tr> <tr> <td>1.0</td><td>900+</td></tr> </table>	<u>Years</u>	<u>Hours</u> <u>Worked</u>	0	0-499	0.4	500-749	0.5	750-899	1.0	900+								
<u>Years</u>	<u>Hours</u> <u>Worked</u>																		
0	0-499																		
0.4	500-749																		
0.5	750-899																		
1.0	900+																		
Future credited service	Future Service is service earned after May 1, 1965 based on the following Schedule of Hours worked in a Plan Year: <table> <tr> <th><u>Years</u></th><th><u>Hours</u> <u>Worked</u></th></tr> <tr> <td>0</td><td>0-599</td></tr> <tr> <td>0.4</td><td>600-749</td></tr> <tr> <td>0.5</td><td>750-899</td></tr> <tr> <td>0.6</td><td>900-1049</td></tr> <tr> <td>0.7</td><td>1050-1199</td></tr> <tr> <td>0.8</td><td>1200-1349</td></tr> <tr> <td>0.9</td><td>1350-1499</td></tr> <tr> <td>1.0</td><td>1500+</td></tr> </table> Under a recent VCP filing, additional rules for banking and carrying forward service were simplified. Credit will be given for total career hours worked divided by 1500, with a limit of the number of years in which the participant had at least one hour of service. Past Service is service prior to May 1, 1965 maximized at 20 years.	<u>Years</u>	<u>Hours</u> <u>Worked</u>	0	0-599	0.4	600-749	0.5	750-899	0.6	900-1049	0.7	1050-1199	0.8	1200-1349	0.9	1350-1499	1.0	1500+
<u>Years</u>	<u>Hours</u> <u>Worked</u>																		
0	0-599																		
0.4	600-749																		
0.5	750-899																		
0.6	900-1049																		
0.7	1050-1199																		
0.8	1200-1349																		
0.9	1350-1499																		
1.0	1500+																		
Break in service	Plan Year with less than 500 Hours of Service																		

SUMMARY OF PLAN PROVISIONS (CONT.)

Normal retirement benefit	
<i>Eligibility</i>	Age 62
<i>Monthly amount</i>	\$11.95 times years of Past Credited Service up to a maximum amount of \$239; plus \$83 times years of Future Credited Service. Payable for life.
Early retirement benefit	
<i>Eligibility</i>	Age 55 and 5 years of Credited Service
<i>Monthly amount</i>	Normal reduced by 1/6% for each month prior to age 60. Payable for life.
Disability benefit	
<i>Eligibility</i>	5 years of Credited Service
<i>Monthly amount</i>	Normal. Payable until recovery, death or normal retirement age.
<i>Eligibility</i>	Not vested
<i>Monthly amount</i>	100% of the contributions made on the participant's behalf
Vested benefit	
<i>Eligibility</i>	5 years of service and termination of employment
<i>Monthly amount</i>	100% of normal benefit payable at normal retirement age or payable at early with a reduction. Payable for life.

SUMMARY OF PLAN PROVISIONS (CONT.)

Optional forms of payment	• Qualified joint and 50% survivor annuity* • Joint and 2/3 survivor annuity* • Joint and 75% survivor annuity* • Joint and 100% survivor annuity* • Ten year certain and life annuity * Pop up may be elected.
Pre-retirement death benefit	
<i>Eligibility</i>	Death of vested participant with surviving spouse
<i>Monthly amount</i>	50% of participant's qualified joint and 50% survivor annuity payable to spouse over spouse's lifetime commencing at participant's earliest retirement date
<i>Eligibility</i>	Death of vested participant without surviving spouse or who has waived pre-retirement spouse benefit
<i>Monthly amount</i>	Normal payable for 5 years, commencing month after death
Lump sum death benefit	
<i>Eligibility</i>	Death of a non-vested participant
<i>Lump sum amount</i>	100% of the contributions made on the participant's behalf