

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 6047(e), 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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☒ a multiemployer plan; ☐ a multiple-employer plan; or ☐ 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)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>TEAMSTERS UNION LOCAL 293 PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1959</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1959</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1959</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>TRUSTEES OF TEAMSTERS UNION LOCAL 293 PENSION PLAN</u> <u>5505 VALLEY BELT ROAD, UNIT D</u> <u>INDEPENDENCE, OH 44131-1447</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>51-0151830</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>216-739-9489</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>484120</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>51-0151830</u>	2c Sponsor's telephone number <u>216-739-9489</u>	2d Business code (see instructions) <u>484120</u>	
2b Employer Identification Number (EIN) <u>51-0151830</u>					
2c Sponsor's telephone number <u>216-739-9489</u>					
2d Business code (see instructions) <u>484120</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.	09/28/2014	MICHAEL ZEMLA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/26/2014	KEVIN SCHROEDER
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) <u>JEFFREY R. SPENCER, CPA</u> <u>CIUNI & PANICHI, INC.</u> <u>25201 CHAGRIN BLVD., SUITE 200</u> <u>BEACHWOOD, OH 44122</u>			Preparer's telephone number (optional) <u>216-831-7171</u>

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		3c Administrator's telephone number	
a Sponsor's name		4b EIN	
5 Total number of participants at the beginning of the plan year		4c PN	
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		5 1619	
a Active participants		6a	
b Retired or separated participants receiving benefits		6b 524	
c Other retired or separated participants entitled to future benefits		6c 921	
d Subtotal. Add lines 6a , 6b , and 6c		6d 1445	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 172	
f Total. Add lines 6d and 6e		6f 1617	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7 10	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1I			
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)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☒ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013	
A Name of plan TEAMSTERS UNION LOCAL 293 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS UNION LOCAL 293 PENSION PLAN	D Employer Identification Number (EIN) 51-0151830

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

BOSTON TRUST

04-2273811

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28		86410	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DOLL, JANSEN, FORD, & RAKAY

20-1933910

(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		40698	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INDEPENDENT FIDUCIARY

13-4946705

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28		40545	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)

THE SEGAL COMPANY

13-1975125

(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		27135	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

04-1867445

(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?
19 51		10000	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ELIZABETH PETERKOSKI

51-0151830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	39240	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)

KEY CORPORATION

34-1784820

(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?
19		30940	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CIUNI & PANICHI

34-1322309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10		27865	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan TEAMSTERS UNION LOCAL 293 PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS UNION LOCAL 293 PENSION PLAN	D Employer Identification Number (EIN) 51-0151830	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: S & P FLAGSHIP NL FUND		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY		
c EIN-PN 04-0025081-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20262335
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIME PROPERTY FUND		
b Name of sponsor of entity listed in (a): MORGAN STANLEY		
c EIN-PN 13-5570651-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6857974
a Name of MTIA, CCT, PSA, or 103-12 IE: EARNEST PARTNERS INTERNATIONAL FUND		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 26-4101643-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6307934
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>TEAMSTERS UNION LOCAL 293 PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF TEAMSTERS UNION LOCAL 293 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>51-0151830</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	38484972	37589110
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2111986	1536838
(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)	7195297	6619844
(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)	24575359	33428243
(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)	25828469	24201938
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	520	411
f Total assets (add all amounts in lines 1a through 1e)	1f	98196603	103376384

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	35316	39669
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	35316	39669

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	98161287	103336715
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	160	
(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)	2229381	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2229541
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	81484	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	428214	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		509698
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	16635519	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	15639993	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		995526
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1235679	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1235679

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		6104432
(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)		279614
c Other income.....	2c		672
d Total income. Add all income amounts in column (b) and enter total.....	2d		11355162

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5788572	
(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)		5788572
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)	96617	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	167895	
(4) Other.....	2i(4)	126650	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		391162
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6179734

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		5175428
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) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: **CIUNI & PANICHI, INC.**

(2) EIN: **34-1322309**

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.).....
- 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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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?		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☒ Yes ☐ No Amount: 0

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 section 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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>TEAMSTERS UNION LOCAL 293 PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF TEAMSTERS UNION LOCAL 293 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>51-0151830</u>

Part I	Distributions
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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): <u>51-0151830</u>	
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 <u>0</u>

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)
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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
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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
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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.
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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

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 THIS PART IS NOT APPLICABLE - DISREGARD ALL INFORMATION BELOW

b EIN 01-0000000

c Dollar amount contributed by employer

0

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 12 Day 31 Year 2013

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

(1) Contribution rate (in dollars and cents) 0.00

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	1445
b The plan year immediately preceding the current plan year	14b	1470
c The second preceding plan year	14c	1477

- 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	98.3
b The corresponding number for the second preceding plan year	15b	97.83

- 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: 7.3% Investment-Grade Debt: 24.0% High-Yield Debt: 1.0% Real Estate: _____% Other: 67.7%

- 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): _____



Independent Auditor's Report

To the Board of Trustees
Teamsters Union Local 293 Pension Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Teamsters Union Local 293 Pension Plan (the "Plan"), which comprise the statements of net assets in liquidation available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets in liquidation available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the liquidation basis of accounting described in Note 2; this includes determining that the liquidation basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

To the Board of Trustees
Teamsters Union Local 293 Pension Plan

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets in liquidation available for benefits of the Plan (liquidation basis) as of December 31, 2013 and 2012 and changes therein for the years then ended, and its financial status as of December 31, 2012 and 2011 and changes therein for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on the liquidation basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year), as of December 31, 2013, and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2013 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Ciuni & Panichi, Inc.

Cleveland, Ohio
August 11, 2014

Teamsters Union Local 293 Pension Plan

Statements of Net Assets in Liquidation Available for Benefits

December 31, 2013 and 2012

	<u>Assets</u>	
	<u>2013</u>	<u>2012</u>
Investments, at fair value:		
Equity mutual funds	\$ 8,854,621	\$ 9,877,859
Fixed income mutual funds	15,347,317	15,950,610
Common stock	6,619,844	7,195,297
Common collective funds	33,428,243	24,575,359
Cash	<u>983,653</u>	<u>1,569,745</u>
Total investments	65,233,678	59,168,870
Property and equipment:		
Office furniture and equipment	184,077	184,077
Equipment under capital lease	5,915	5,915
Leasehold improvements	<u>184,861</u>	<u>184,861</u>
	374,853	374,853
Less: accumulated depreciation	<u>(374,442)</u>	<u>(374,333)</u>
Total property and equipment, net	411	520
Other assets:		
Prepaid expenses	1,008	979
Security deposits	4,649	4,649
Withdrawal liability receivable (less allowance for uncollectible amounts of \$7,773,175 in 2013 and 2012) (Note 12)	37,583,453	38,479,344
Cash	<u>553,185</u>	<u>542,241</u>
Total other assets	<u>38,142,295</u>	<u>39,027,213</u>
Total assets	<u>103,376,384</u>	<u>98,196,603</u>
<u>Liabilities</u>		
Accounts payable	<u>39,669</u>	<u>35,316</u>
Total liabilities	<u>39,669</u>	<u>35,316</u>
Net assets in liquidation available for benefits	\$ <u>103,336,715</u>	\$ <u>98,161,287</u>

The accompanying notes are an integral part of these financial statements

Teamsters Union Local 293 Pension Plan

Statements of Changes in Net Assets in Liquidation Available for Benefits

For the years ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Additions to net assets in liquidation available for benefits attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 7,527,579	\$ 4,877,339
Interest and dividend income	<u>1,599,042</u>	<u>1,994,608</u>
	9,126,621	6,871,947
Less: investment expenses	<u>(167,895)</u>	<u>(155,433)</u>
Net investment income	8,958,726	6,716,514
Contributions:		
Interest on employer withdrawal liability	<u>2,227,869</u>	<u>2,290,262</u>
Total contributions	2,227,869	2,290,262
PBGC refund	<u>672</u>	<u>1,566</u>
Total additions	<u>11,187,267</u>	<u>9,008,342</u>
Deductions from net assets attributed to:		
Pension benefits paid to participants	5,788,572	5,664,885
Administrative expenses	<u>223,267</u>	<u>199,479</u>
Total deductions	<u>6,011,839</u>	<u>5,864,364</u>
Net increase	5,175,428	3,143,978
Net assets in liquidation available for benefits:		
Beginning of year	<u>98,161,287</u>	<u>95,017,309</u>
End of year	\$ <u>103,336,715</u>	\$ <u>98,161,287</u>

The accompanying notes are an integral part of these financial statements

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2013 and 2012

Note 1: Description of Plan

The following description of Teamsters Union Local 293 Pension Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined benefit pension plan, which provides retirement benefits to individuals represented by Teamsters Union Local 293 (the “Local”). In addition, the Plan covers administrative personnel employed by the Local. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective December 31, 2009, the Plan was terminated (Note 12) subject to the provisions set forth in the Plan document and ERISA.

Pension Benefits

Participants are eligible to receive normal retirement benefits at the age of 65 and after five years of vesting service. The monthly benefit payment ranges from \$684 to \$2,100 per month. The retirement benefit is reduced proportionately if a participant has less than 30 years of credited service at retirement.

Participants are eligible to receive an early retirement benefit at age 50 but must have 10 years of service. This benefit is reduced by an actuarial equivalence, based on 8% interest rate and the GA83 Male Mortality Table with ages set forward two years.

Death Benefits

If an active or separated participant becomes deceased with a deferred vested benefit before the age of 50, and has completed 10 years of vesting service, a death benefit equal to the amount that was due to the participant under a joint survivor 50% pre-retirement annuity would be payable to the surviving spouse. If death is after the age of 50, they must have had at least five years of vesting service for the surviving spouse to receive benefits as the participant’s beneficiary.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the liquidation basis of accounting.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2013 and 2012

Note 2: Summary of Significant Accounting Policies (continued)

Basis of Presentation

The Plan follows authoritative guidance issued by the Financial Accounting Standards Board ("FASB") which established the FASB Accounting Standards Codification ("ASC") as the single source of authoritative accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in accordance with the liquidation basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Cash

The Plan considers all highly liquid investments with original maturities of three months or less to be cash. The Plan maintains its cash account at a national financial institution. The balances, at times may exceed federally insured limits.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by its investment advisor and custodian. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Property and Equipment

Property and equipment, plus improvements, which significantly extend their useful lives, are stated at cost. Depreciation and amortization is provided on a straight-line method of accounting over the useful lives of the assets, which range from five to ten years.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2013 and 2012

Note 2: Summary of Significant Accounting Policies (continued)

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. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on their accrued credited service on the date as of which the benefit information is presented, December 31, 2012 and 2011. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of December 31, 2012 and 2011 were:

	2012	2011
Assumed rate of return on investments	As prescribed in PBGC regulations for terminating plans for the applicable valuation date. First 20 years: 3.07% After 20 years: 3.00%	As prescribed in PBGC regulations for terminating plans for the applicable valuation date. First 20 years: 4.09% After 20 years: 4.30%
Mortality basis	As prescribed in PBGC regulations for terminating plans (Appendix A to Part 4044) for the applicable valuation date.	As prescribed in PBGC regulations for terminating plans (Appendix A to Part 4044) for the applicable valuation date.
Retirement age	Participants currently eligible to begin receiving benefits but not yet in pay status are assumed to retire on the valuation date. Other participants not yet in pay status are assumed to retire at the earliest date that a benefit could be elected.	Participants currently eligible to begin receiving benefits but not yet in pay status are assumed to retire on the valuation date. Other participants not yet in pay status are assumed to retire at the earliest date that a benefit could be elected.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2013 and 2012

Note 2: Summary of Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits (continued)

Valuation of assets	Market value.	Market value.
Administrative expenses	\$10,000 plus \$200 per vested participant, plus a percentage (defined by statute) of the excess of the value of benefits over \$200,000.	\$10,000 plus \$200 per vested participant, plus a percentage (defined by statute) of the excess of the value of benefits over \$200,000.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid by the Plan, as provided by the plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets in liquidation available for benefits. In addition, certain investment related expenses are included as a reduction in net investment income presented in the accompanying statements of changes in net assets in liquidation available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through August 11, 2014, the date the financial statements were available to be issued.

Note 3: Accumulated Plan Benefits

The following reflects the actuarial present value of accumulated plan benefits from the actuarial valuation and review prepared by the Plan's actuary as of December 31, 2012 and 2011:

	<u>2012</u>	<u>2011</u>
Actuarial present value of accumulated plan benefits:		
Pensioners and beneficiaries	\$ 73,674,628	\$ 66,812,057
Vested participants and eligible spouses	50,689,362	43,856,521
Expense loading	<u>1,025,393</u>	<u>1,063,188</u>
Total actuarial present value of accumulated plan benefits	\$ <u>125,389,383</u>	\$ <u>111,731,766</u>

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2013 and 2012

Note 3: Accumulated Plan Benefits (continued)

Changes in actuarial present value of accumulated plan benefits for the years ended December 31:

	<u>2012</u>	<u>2011</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 111,731,766	\$ 110,891,839
Increase (decrease) during the year attributable to:		
Change in actuarial assumptions to those prescribed by the Pension Benefit Guaranty Corporation	19,446,189	6,504,812
Benefits paid	<u>(5,788,572)</u>	<u>(5,664,885)</u>
Net increase	<u>13,657,617</u>	<u>839,927</u>
Actuarial present value of accumulated plan benefits at end of year	\$ <u>125,389,383</u>	\$ <u>111,731,766</u>

Note 4: Funding Policy

The Plan was funded by employer contributions pursuant to collective bargaining agreements. The contributions were designed to fund the Plan's current service costs on a current basis and to fund the past service liabilities arising from qualifying service before the establishment of the Plan and each subsequent Plan amendment. The yield on investments of the Plan served to reduce future contributions that would otherwise be required to provide for the defined level of benefits under the Plan.

Effective December 31, 2009, the Plan was terminated (Note 12) subject to the provisions set forth in the Plan document and ERISA. All contributions to the Plan ceased on the termination date, and subsequently only the withdrawal liability receivable and interest thereon calculated by the actuary will be paid by former participating employers.

Note 5: Investments

The following table presents the investments that represent 5% or more of the Plan's net assets in liquidation available for benefits at December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
S&P 500 Flagship Non-Lending Fund	\$ 20,262,335	\$ 13,741,368
PIMCO Total Return Fund	**	12,046,439
Neuberger Berman Equity Income Open-End Fund	8,854,621	9,877,859
Prime Property Fund, LLC	6,857,974	6,130,902
Earnest Partners International Fund	6,307,934	**

**Does not represent 5% or more of Plan's net assets

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2013 and 2012

Note 5: Investments (continued)

During 2013 and 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$7,527,579 and \$4,877,339, respectively, as follows:

	Year ended December 31,	
	2013	2012
Common stock	\$ 2,231,206	\$ 787,210
Mutual funds	(268,013)	1,312,047
Common collective funds	<u>5,564,386</u>	<u>2,778,082</u>
	<u>\$ 7,527,579</u>	<u>\$ 4,877,339</u>

Note 6: 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.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2013 and 2012

Note 6: 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. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Equity and fixed income mutual funds: Mutual funds are valued at the net asset value ("NAV") of shares held by the Plan at year-end.

Common collective funds: The Plan's interest in the common collective equity fund is based on the fair value of the collective fund's underlying investments as based on information reported by the investment advisor using the audited financial statements of the collective fund at year-end. Valuation of the Plan's interest in real estate funds is based on the underlying value of the property held within the funds. The value of the underlying property is determined by the fund managers, giving consideration to the income, cost, and sales comparison approaches of estimating property value. The income approach estimates an income stream for a property (typically 10 years) and discounts this income plus a reversion (presumed sale) into a present value at a risk-adjusted rate. Yield rates and growth assumptions utilized in this approach are derived from market transactions as well as other financial and industry data. The cost approach estimates the replacement cost of the building, less physical depreciation, plus the land value. Generally, this approach provides a check on the value derived using the income approach. The sales comparison approach compares recent transactions to the appraised property. Adjustments are made for dissimilarities, which typically provide a range of value. Generally, the income approach carries the most weight in the value reconciliation.

Cash: Valued at cost, which approximates fair value.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2013 and 2012

Note 6: Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Intermediate-term bond funds	\$ 5,058,558	\$ -	\$ -	\$ 5,058,558
International bond funds	5,130,201	-	-	5,130,201
Unconstrained bond funds	5,158,558	-	-	5,158,558
Income equity funds	8,854,621	-	-	8,854,621
Common stock:				
Basic industry	413,254	-	-	413,254
Capital goods	730,038	-	-	730,038
Consumer cyclicals	1,110,894	-	-	1,110,894
Consumer staples	964,575	-	-	964,575
Energy/utilities	547,676	-	-	547,676
Financial	1,422,226	-	-	1,422,226
Miscellaneous	317,971	-	-	317,971
Technology	1,113,210	-	-	1,113,210
Common collective funds – equity	-	20,262,335	-	20,262,335
Common collective funds – real estate	-	6,857,974	-	6,857,974
Common collective funds – international	-	6,307,934	-	6,307,934
Cash	<u>983,653</u>	<u>-</u>	<u>-</u>	<u>983,653</u>
	\$ <u>31,805,435</u>	\$ <u>33,428,243</u>	\$ <u>-</u>	\$ <u>65,233,678</u>

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2013 and 2012

Note 6: Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Intermediate-term bond funds	\$ 12,046,439	\$ -	\$ -	\$ 12,046,439
International bond funds	1,943,506	-	-	1,943,506
Unconstrained bond funds	1,960,665	-	-	1,960,665
Income equity funds	9,877,859	-	-	9,877,859
Common stock:				
Basic industry	472,927	-	-	472,927
Capital goods	792,554	-	-	792,554
Consumer cyclical	1,095,519	-	-	1,095,519
Consumer staples	992,605	-	-	992,605
Energy/utilities	522,996	-	-	522,996
Financial	1,482,663	-	-	1,482,663
Miscellaneous	546,458	-	-	546,458
Technology	1,289,575	-	-	1,289,575
Common collective funds – equity	-	13,741,368	-	13,741,368
Common collective funds – real estate	-	6,130,902	-	6,130,902
Common collective funds – international	-	4,703,089	-	4,703,089
Cash	<u>1,569,745</u>	<u>-</u>	<u>-</u>	<u>1,569,745</u>
	\$ <u>34,593,511</u>	\$ <u>24,575,359</u>	\$ <u>-</u>	\$ <u>59,168,870</u>

Note 7: Related Party Transactions and Party-in-Interest

The Local and the Welfare Fund made monthly contributions to the Plan on behalf of their administrative personnel to obtain retirement benefits. There were no contributions received by the Plan for the years ended December 31, 2013 and 2012. The total withdrawal liability receivable totaled \$594,494 and \$609,136 for the years ended December 31, 2013 and 2012, respectively.

Commencing April 1, 2012, the Plan entered into a lease agreement as a subtenant of the Local. The Plan paid the Local \$4,562 and \$4,517 for rent and related expenses for the years ended December 31, 2013 and 2012, respectively.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2013 and 2012

Note 7: Related Party Transactions and Party-in-Interest (continued)

Certain Plan investments are managed by Key Trust Company of Ohio, N.A., the custodian as defined by the Plan. Therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the investment management services totaled \$30,940 and \$28,702 for the years ended December 31, 2013 and 2012, respectively.

The Plan holds units of the State Street Bank and Trust Company S&P 500 Flagship Non-Lending Fund. A related entity, State Street Global Advisors ("State Street"), serves as one of the Plan's asset managers. For their services, State Street receives compensation based on net assets under their management. During both years ended December 31, 2013 and 2012, this compensation amounted to \$10,000.

Note 8: Tax Status

The Plan obtained its latest determination letter on August 9, 2011, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (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 if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

Note 9: Operating Leases

The Plan subleases office space from the Local.

Future minimum lease payments are as follows:

2014	\$ 4,593
2015	4,688
2016	4,688
2017	<u>1,172</u>
	\$ <u>15,141</u>

Additionally, the Local has a lease agreement for their postage machine for 48 months entered into in August 2010, to which the Plan reimburses the Local one-third of the monthly rent expense. The Plan's portion of the future minimum lease payments are as follows:

2014	\$ <u>226</u>
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Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2013 and 2012

Note 9: Operating Leases (continued)

Rent expense totaled \$4,709 and \$4,701 as of December 31, 2013 and 2012, respectively.

Note 10: Administrative Expenses

Administrative expenses incurred by the plan consisted of the following at December 31:

	<u>2013</u>	<u>2012</u>
Administrative:		
Accounting and auditing services	\$ 27,865	\$ 27,865
Actuarial and consulting	27,135	27,537
Arbitrator expense	919	15,000
Depreciation	110	110
Fiduciary insurance	26,525	22,639
Health and welfare contributions	8,241	8,040
Insurance	870	817
Legal	40,698	8,685
Payroll taxes	3,135	3,195
Pension contributions	5,004	5,004
PBGC premium	20,100	16,200
Office	14,565	16,526
Real estate tax	431	454
Rent	4,709	4,701
Salaries	39,240	38,880
Utilities	<u>3,720</u>	<u>3,826</u>
Total administrative	\$ <u>223,267</u>	\$ <u>199,479</u>

Note 11: Risks and Uncertainties

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

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.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2013 and 2012

Note 12: Plan Termination

At January 1, 2009, the Plan was certified as seriously endangered under the Pension Protection Act of 2006 (“PPA”). The Plan was in seriously endangered status because its funded percentage was less than 80% and a funding deficiency was projected in seven years. In accordance with the PPA, the Plan was required to either (1) adopt a “Funding Improvement Plan” aimed at improving the funded status of the Plan over a funding improvement period of up to 15 years, or (2) elect to freeze the “Zone Status” of the Plan for 2009 at the level it was assigned for 2008 (i.e., Green Zone) under the Worker, Retiree and Employer Recovery Act of 2008 (“WRERA”). The Board of Trustees elected to freeze the “Zone Status” for 2009 under WRERA.

In response to the projected seriously endangered status of the Plan under the PPA for 2010 and the inability of Local 293 and the remaining contributing employers to reach a consensus on a plan to obtain Green Status on a long-term basis, the remaining contributing employers individually decided to discontinue contributions to the Plan as of December 31, 2009. As a result, the Board of Trustees declared a mass withdrawal under the provisions set forth in ERISA and terminated the Plan effective December 31, 2009. Thereafter, the Trustees agreed to amend the Plan to effectuate the Plan termination based on a mass withdrawal. The amendment, effective December 31, 2009, allowed the remaining contributing employers to withdraw from participation in the Plan. Additional provisions of the amendment were as follows:

- (i) Effective December 31, 2009, no participant shall accrue any further benefits under the Plan. The accrued benefit for each participant shall be frozen as of December 31, 2009.
- (ii) No Employer shall have any further obligation under any collective bargaining agreement to make any contributions to the Plan.
- (iii) No participant shall be credited with any service for employment after December 31, 2009.
- (iv) As of December 31, 2009, all participants in the Plan are vested in their accrued benefits earned as of such date and these benefits shall not be forfeited.
- (v) No employee or participant shall earn any further years of eligibility service or further hours of service related to the Plan.

The Board of Trustees has notified all Plan participants of the termination as required by Section 204(h) of ERISA.

A revised net withdrawal liability for each Employer has been calculated by the Plan’s actuary. The Employers have the option to pay the net withdrawal liability in one lump sum, or they may amortize the amount owed and pay the Plan in minimum quarterly installments as set forth in ERISA. The estimated net withdrawal liability owed to the Plan totaled \$37,583,453 and \$38,479,344 at December 31, 2013 and 2012, respectively. This amount is to be received from Employers in quarterly installment payments.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2013 and 2012

Note 12: Plan Termination (continued)

For one employer, the quarterly payments do not fully cover the interest portion of the reallocation amount. Therefore, the quarterly installment payments will extend into perpetuity and the principal portion of the reallocation amount will never be repaid. Therefore, the reallocation amount related to this employer has been fully reserved for in an allowance for doubtful accounts at December 31, 2013 and 2012 on the statement of net assets in liquidation available for benefits.

Certain benefits under the Plan are insured by the PBGC. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

The PBGC's guarantee of benefits in a terminated, multi-employer plan, payable as financial assistance to the Plan, only starts if and when the Plan is unable to make payments at the statutorily guaranteed levels. Whether all participants receive their benefits will depend on the sufficiency of the Plan's net assets to provide for accumulated benefit obligations and the level of benefits guaranteed by the PBGC.

Note 13: Pending Litigation

During 2012, a lawsuit was filed against the Plan. No financial statement effect, if any, can be determined at this time.

Teamsters Union Local 293 Pension Fund
Supplemental Schedule I
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
FEIN: 51-0151830, Plan No. 001
December 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Equity Mutual Funds:			
	NEUBERGER BERMAN EQUITY INCOME OPEN-END FUND INSTL CL	734,214	\$ 8,179,571	\$ 8,854,621
	Total Equity Mutual Funds		8,179,571	8,854,621
	Fixed Income Mutual Funds:			
	BLACKROCK STRATEGIC INCOME OPPS OPEN-END FUND INSTL CL	507,152	5,138,295	5,158,558
	PIMCO FUNDS-TOTAL RETURN FUND OPEN-END FUND INSTL CL	472,568	4,956,623	5,058,558
	PIMCO GLOBAL ADV STRATEGY BD FD OPEN-END FUND INSTL	463,801	5,360,377	5,130,201
	Total Fixed Income Mutual Funds		15,455,295	15,347,317
	Common Collective Funds:			
*	EARNST PARTNERS INTERNATIONAL FUND	433,237	5,176,081	6,307,934
*	EQUITABLE REAL ESTATE INVT AC-8418 PRIME PROPERTY FUND	503	7,458,094	6,857,974
	S&P 500 FLAGSHIP NL(CM13)	49,538	12,105,412	20,262,335
	Total Common Collective Funds		24,739,587	33,428,243
	Common Stock:			
	AMERICAN SCIENCE & ENGR INC COM	550	43,948	39,551
	AMERICAN STATES WATER CO COM	1,650	30,800	47,405
	APOGEE ENTERPRISES INC COM	1,200	16,642	43,092
	BANK OF HAWAII CORP COM	2,150	98,791	127,151
	BBCN BANCORP INC COM	3,325	45,749	55,162
	BIOMED REALTY TRUST INC COM	1,750	32,361	32,148
	BIO-REFERENCE LABS INC COM	2,225	69,265	56,827
	BLACKBAUD INC COM	1,375	36,145	51,769
	BRIGHT HORIZONS FAMILY SOLUTIONS COM	950	34,169	34,903
	BRUKER CORP COM	5,100	94,908	100,826
	CALGON CARBON CORP COM	3,175	51,438	65,310
	CANTEL MEDICAL CORP COM	1,350	18,485	45,779
	CARBO CERAMICS INC COM	1,050	164,804	122,356
	CHART INDUSTRIES INC COM	500	33,859	47,820
	CHEFS WAREHOUSE INC COM	1,000	25,197	29,160
	CITY NATL CORP COM	450	24,327	35,649
	CLARCOR INC COM	1,850	88,997	119,361
	COHEN & STEERS INC COM	1,925	63,876	77,116
	COHERENT INC COM	1,025	59,462	76,250
	COLUMBIA SPORTSWEAR CO COM	1,100	63,058	86,625
	COMMERCIAL METALS CO COM	3,725	53,723	75,728
	COMPUTER PROGRAMS & SYSTEMS INC COM	1,225	68,408	75,717
	CORESITE REALTY CORP REIT	2,225	62,359	72,402
	CORVEL CORP COM	425	19,494	19,848
	DARLING INTERNATIONAL INC COM	3,175	58,134	66,294
	DIME CMNTY BANCORP INC COM	1,875	26,521	31,725
	DORMAN PRODUCTS INC COM	1,550	43,815	86,864
	DSW INC COM CL A	1,100	36,375	47,003
	DUPONT FABROS TECHNOLOGY INC REIT	3,225	85,345	80,496
	EAGLE BANCORP INC COM	1,175	34,296	35,990
	ENCORE CAPITAL GROUP INC COM	2,400	115,453	120,623
	ESCO TECHNOLOGIES INC COM	1,325	50,474	45,501
	FIRST FINANCIAL BANKSHARES INC COM	1,050	41,500	69,689
	FIRST NBC BANK HOLDING CO COM	1,275	31,810	41,183
	FORTINET INC COM	2,900	52,364	55,477
	FORUM ENERGY TECHNOLOGIES INC COM	2,550	75,602	72,063
	FRANKLIN ELEC INC COM	2,000	58,353	89,280
	GENTHERM INC COM	2,875	50,806	77,079
	GEOSPACE TECHNOLOGIES CORP COM	1,150	76,375	108,830
	HAEMONETICS CORP COM	1,700	69,174	71,621
	HERMAN MILLER INC COM	950	23,701	28,153
	HFF INC COM CL A	1,700	39,896	45,645
	HIBBETT SPORTS INC COM	1,275	57,665	85,619
	HUB GROUP INC COM CL A	1,975	72,229	78,763
	ICU MED INC COM	1,125	50,038	71,674
	II VI INC COM	3,100	64,184	54,498
	INDEPENDENT BK CORP COM	1,375	38,652	54,093

Teamsters Union Local 293 Pension Fund
Supplemental Schedule I
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
FEIN: 51-0151830, Plan No. 001
December 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	INTERDIGITAL INC COM	1,475	76,084	43,498
	IPC THE HOSPITALIST CO INC COM	1,600	85,077	95,024
	IPG PHOTONICS CORP COM	1,825	100,350	141,637
	IROBOT CORP COM	925	23,782	32,162
	LIFE TIME FITNESS INC COM	1,100	49,017	51,700
	LINDSAY CORP COM	775	51,797	64,131
	LIQUIDITY SERVICES INC COM	2,300	67,202	52,118
	MARKETAXESS HOLDINGS INC COM	1,950	55,369	130,509
	MELLANOX TECHNOLOGIES LTD FGN COM	1,925	91,908	76,942
	MERIDIAN BIOSCIENCE INC COM	2,300	49,265	61,019
	MINERALS TECHNOLOGIES INC COM	1,925	68,618	115,634
	MYRIAD GENETICS INC COM	1,325	32,506	27,799
	NATURAL GAS SERVICES GROUP INC COM	1,300	21,038	35,841
	NEOGEN CORP COM	675	19,489	30,848
	NEW JERSEY RES COM	1,750	79,379	81,655
	NIC INC COM	1,875	26,036	47,926
	NORTEL NETWORKS CORP COM	368	1	3
	PLANTRONICS INC NEW COM	2,100	75,929	97,545
	POLYCOM INC COM	4,800	51,612	53,904
	POLYPORE INTERNATIONAL INC COM	1,500	61,867	58,350
	POWER INTEGRATIONS INC COM	1,700	64,817	94,893
	QUAKER CHEM CORP COM	1,100	46,206	84,777
	RIVERBED TECHNOLOGY INC COM	4,200	68,197	75,936
	RPC INC COM	1,712	19,499	30,559
	SAPIENT CORP COM	6,075	88,235	105,461
	SIMPSON MANUFACTURING CO INC COM	750	20,878	27,641
	SODASTREAM INTERNATIONAL LTD FGN COM	1,225	52,946	60,809
	SOLARWINDS INC COM	925	32,526	34,993
	SOUTH JERSEY INDS INC COM	875	45,783	48,965
	SYNTEL INC COM	875	54,725	79,581
	TEAM INC COM	1,525	38,538	64,569
	TECHNE CORP COM	350	24,524	33,135
	TENNANT CO COM	1,250	71,552	84,763
	TENNECO INC COM	1,450	72,439	82,027
	TEXAS CAPITAL BANCSHARES INC COM	2,300	80,013	143,059
	TEXAS ROADHOUSE INC COM CL A	1,200	32,967	33,360
	THORATEC CORP COM	1,825	62,406	66,795
	TIBCO SOFTWARE INC COM	875	19,825	19,670
	TRUSTMARK CORP COM	2,200	59,460	59,048
	UMB FINANCIAL CORP COM	1,725	76,740	111,271
	UMPQUA HOLDINGS CORP COM	3,475	40,779	67,033
	UNIFIRST CORP MASS COM	325	34,343	34,775
	UNITED NAT FOODS INC COM	1,475	66,444	111,200
	VIRTUS INVESTMENT PARTNERS INC COM	550	105,519	110,028
	VITAMIN SHOPPE INC COM	1,550	72,450	80,616
	WATTS WATER TECHNOLOGIES INC COM	1,650	62,254	102,086
	WEST PHARMACEUTICAL SERVICES INC COM	2,850	64,375	139,821
	WEX INC COM	1,250	61,208	123,788
	WHITEWAVE FOODS CO COM CL A	2,300	40,907	52,762
	WOLVERINE WORLD WIDE INC COM	3,000	58,334	102,060
	Total Common Stock		5,278,242	6,619,844
	Cash and Cash Equivalents:			
	FEDERATED GOVERNMENT OBLIGATIONS FUND INST SHRS	983,653	983,653	983,653
	Total Cash and Cash Equivalents		983,653	983,653
	Total investments		\$ 54,636,348	\$ 65,233,678

* Indicates a party-in-interest.

Teamsters Union Local 293 Pension Fund

Supplemental Schedule II

Schedule H, Line 4j – Schedule of Reportable Transactions

FEIN: 51-0151830, Plan No. 001

For the year ended December 31, 2013

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
<u>Single Transaction:</u>								
PIMCO Investments	Total Return Fund - Institutional Class	\$ —	\$ 6,743,000	\$ —	\$ —	\$ 6,282,545	\$ 6,743,000	\$ 460,455
PIMCO Investments	Global Advantage Strategy Bond Fund	3,406,000	—	—	—	3,406,000	3,406,000	—
PIMCO Investments	Unconstrained Bond Fund	3,337,000	—	—	—	3,337,000	3,337,000	—
PIMCO Investments	Unconstrained Bond Fund	—	5,121,923	—	—	5,214,331	5,121,923	(92,408)
Federated Investors	Government Obligations Fund	—	3,016,904	—	—	3,016,904	3,016,904	—
BlackRock	Strategic Income Opportunities Fund	5,100,000	—	—	—	5,100,000	5,100,000	—
<u>Series Transactions:</u>								
BlackRock	Strategic Income Opportunities Fund							
	4 Purchases	\$ 5,132,400	\$ —	\$ —	\$ —	\$ 5,132,400	\$ 5,132,400	\$ —
Federated Investors	Government Obligations Fund							
	167 Purchases	10,214,147	—	—	—	10,214,147	10,214,147	—
	150 Sales	10,669,944	—	—	—	10,669,944	10,669,944	—
PIMCO Investments	Total Return Fund - Institutional Class							
	2 Purchases	33,528	—	—	—	33,528	33,528	—
	1 Sale	—	6,743,000	—	—	6,282,545	6,743,000	460,455
PIMCO Investments	Global Advantage Strategy Bond Fund							
	2 Purchases	3,455,850	—	—	—	3,455,850	3,455,850	—
PIMCO Investments	Unconstrained Bond Fund							
	1 Purchase	3,337,000	—	—	—	3,337,000	3,337,000	—
	1 Sale	—	5,121,923	—	—	5,214,331	5,121,923	(92,408)