

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 2015 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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); 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 LOCAL UNION NO. 73 PENSION 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>TRUSTEES OF TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN</u> <u>6511 EASTLAND ROAD, SUITE 140</u> <u>BROOK PARK, OH 44142</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
1c Effective date of plan <u>08/01/1976</u>		
2b Employer Identification Number (EIN) <u>51-0149915</u>		
2c Plan Sponsor's telephone number <u>440-243-0663</u>		
2d Business code (see instructions) <u>339900</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2016	FRANK GRACE - CHAIRMAN TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2016	THOR EGELAND - EMPLOYER TRUSTEE
	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)			Preparer's telephone number

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 has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 666
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 105
a(2) Total number of active participants at the end of the plan year	6a(2) 90
b Retired or separated participants receiving benefits.....	6b 277
c Other retired or separated participants entitled to future benefits.....	6c 223
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 590
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 58
f Total. Add lines 6d and 6e	6f 648
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 3
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A	
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)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

A Name of plan <u>TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRUSTEES OF TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>51-0149915</u>

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)	
1a Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>	
b Assets	
(1) Current value of assets	1b(1) <u>20301266</u>
(2) Actuarial value of assets for funding standard account.....	1b(2) <u>20954968</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>22305347</u>
(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) <u>22305347</u>
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) <u>33743248</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>561166</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>1571812</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>1747095</u>

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

SIGN HERE	<u>10/10/2016</u>
Signature of actuary	Date
<u>SAM HARRIS FSA EA</u>	<u>14-03452</u>
Type or print name of actuary	Most recent enrollment number
<u>CHEIRON, INC</u>	<u>216-468-0082</u>
Firm name	Telephone number (including area code)
<u>25961 ANNESLEY ROAD, CLEVELAND, OH 44122</u>	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	20301266
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	337	15325776
(2) For terminated vested participants	224	9161368
(3) For active participants:		
(a) Non-vested benefits		283153
(b) Vested benefits		8972951
(c) Total active	105	9256104
(4) Total	666	33743248
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	60.16 %

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
01/15/2015	20582		07/15/2015	20180	
02/15/2015	41967		08/15/2015	46529	
03/15/2015	18440		09/15/2015	16604	
04/15/2015	20039		10/15/2015	20221	
05/15/2015	38831		11/15/2015	40380	
06/15/2015	19482		12/15/2015	17513	
Totals ▶			3(b)	355316	3(c)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	93.9%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	4b	C
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	0
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	2034

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 ☐ Reorganization | j ☐ Other (specify): | | |

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.51 %
b Rates specified in insurance or annuity contracts	Pre-retirement	Post-retirement
	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		

2 Operational information as of beginning of this plan year:

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

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
01/15/2016	34548				
Totals ▶			3(b)		3(c)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	4b	
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 ☐ Reorganization | j ☐ Other (specify): | | |

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	%
b Rates specified in insurance or annuity contracts	Pre-retirement Post-retirement ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A	
c Mortality table code for valuation purposes:		

(1) Males.....	6c(1)		8		8
(2) Females	6c(2)		8F		8F
d Valuation liability interest rate.....	6d		7.00%		7.00 %
e Expense loading	6e	50.7 %	☐ 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				5.8 %
h Estimated investment return on current value of assets for year ending on the valuation date.....	6h				6.9 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	386761	39686

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	445902
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)	9041961
(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	154976
e Total charges. Add lines 9a through 9d.....	9e	2368919
Credits to funding standard account:		
f Prior year credit balance, if any	9f	6116697
g Employer contributions. Total from column (b) of line 3	9g	355316
h Amortization credits as of valuation date.....	9h	1574886
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	534756

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	9164347	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	9885986	
(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	8368003	
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	5999084	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2015 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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan TEAMSTERS LOCAL UNION NO. 73 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 LOCAL UNION NO. 73 PENSION PLAN	D Employer Identification Number (EIN) 51-0149915	

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
--

(b) Enter name and EIN or address of person who provided you disclosure 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)

VICKI HANRAHAN

34-6672591

(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	43628	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHEIRON

13-4215617

(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	NONE	84128	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BOGDAHN GROUP

59-3676225

(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	NONE	21750	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)

BARROW HANLEY NEWHINNEY & STRAUSS

75-2403190

(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	NONE	25881	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FAULKNER HOFFMAN & PHILLIPS

45-1540483

(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	NONE	14523	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TEAMSTERS LOCAL UNION 473

34-0427385

(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?
14	UNION	8732	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)

GARY M. TIBONI, CPA

34-1900875

(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	NONE	13960	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEY BANK

127 PUBLIC SQUARE,
CLEVELAND, OH 44114

(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 59 62	NONE	10866	Yes ☒ No ☐	Yes ☐ No ☒	228	Yes ☐ No ☒

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

VICTORY CAPITAL MANAGEMENT

34-6514544

(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	NONE	15797	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 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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>51-0149915</u>	

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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DIVERSIFIED

b Name of sponsor of entity listed in (a): VICTORY CAPITAL MANAGEMENT

c EIN-PN <u>34-6514544-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3064193</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CORE REALTY FUND

b Name of sponsor of entity listed in (a): AMERICAN CORE REALTY FUND

c EIN-PN <u>95-4871432-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1094783</u>
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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
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)

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 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>TEAMSTERS LOCAL UNION NO. 73 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 LOCAL UNION NO. 73 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>51-0149915</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)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	160293	403483
(2) U.S. Government securities.....	1c(2)	3551135	3182608
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3379602	2885020
(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)	3686641	4158976
(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)	9523817	8077842
(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	73	
f Total assets (add all amounts in lines 1a through 1e)	1f	20301561	18707929

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	295	1031
k Total liabilities (add all amounts in lines 1g through 1j)	1k	295	1031

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	20301266	18706898
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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)	267620	
(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)		267620
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	92	
(B) U.S. Government securities	2b(1)(B)	102962	
(C) Corporate debt instruments	2b(1)(C)	107712	
(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)		210766
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	591	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	239284	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		239875
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	8944362	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9015368	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-71006
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-63562	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-63562

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		30386
(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)		-629651
c Other income	2c		88540
d Total income. Add all income amounts in column (b) and enter total	2d		72968

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1394503	
(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)		1394503
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)	112611	
(2) Contract administrator fees	2i(2)	8732	
(3) Investment advisory and management fees	2i(3)	74294	
(4) Other	2i(4)	77196	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		272833
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1667336

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1594368
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: GARY M. TIBONI, CPA

(2) EIN: 34-1900872

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:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X		
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.)		X		

	Yes	No	N/A	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.)		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.)		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		
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		
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		
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			
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			
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		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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:

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan TEAMSTERS LOCAL UNION NO. 73 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 LOCAL UNION NO. 73 PENSION PLAN	D Employer Identification Number (EIN) 51-0149915

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): _____ 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)
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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
----------	------------

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 and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

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 FERROTHERM CORPORATION

b EIN 34-1470026

c Dollar amount contributed by employer 176860

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 07 Day 31 Year 2016

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) 1.03

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

a Name of contributing employer SUPPLY ONE

b EIN 34-0966857

c Dollar amount contributed by employer 32815

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 2016

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) 1.03

(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	513
b	The plan year immediately preceding the current plan year	14b	520
c	The second preceding plan year	14c	525
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a	The corresponding number for the plan year immediately preceding the current plan year	15a	0.99
b	The corresponding number for the second preceding plan year	15b	0.98
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): _____	

Part VII	IRS Compliance Questions
-----------------	---------------------------------

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

**TEAMSTERS UNION LOCAL NO. 73
PENSION PLAN**

AUDITED FINANCIAL STATEMENTS

**FOR THE YEARS ENDED
DECEMBER 31, 2015 AND 2014**

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Note: Certain schedules required under the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because of the absence of the conditions under which they are required.

Gary M. Tiboni, CPA
P.O. Box 630
Columbia Station, Ohio 44028-0630
Phone: (216) 990-5878 Fax: (216) 274-9619

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Teamsters Local Union No. 73 Pension Plan

Report on the Financial Statements

I have audited the accompanying financial statements of Teamsters Local Union No. 73 Pension Plan, which comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits – modified cash basis 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 modified cash basis of accounting described in Note 2; this includes determining that the modified cash 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

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

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 risk 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, I 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.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

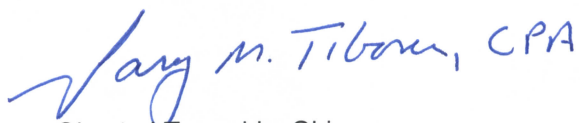
In my opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits – modified cash basis as of December 31, 2015 and 2014 and the changes in net assets available for benefits – modified cash basis for the years then ended, in accordance with the modified cash basis of accounting described in Note 2.

Basis of Accounting

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

Report on Supplementary Information

My audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules (modified cash basis) of assets held at end of year and the schedule of reportable transactions as of and for the year ended December 31, 2015 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In my opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in blue ink that reads "Gary M. Tiboni, CPA". The signature is stylized with a large, sweeping initial "G".

Olmsted Township, Ohio
October 14, 2016

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS****DECEMBER 31, 2015 AND 2014**

	<u>2015</u>	<u>2014</u>
ASSETS		
Investments at Fair Value:		
Money market funds	\$ 279,530	\$ 0
U.S. government securities	3,182,608	3,551,135
Corporate obligations	2,625,393	2,883,248
Foreign bonds	259,627	496,354
Common/Collective trust	4,158,976	3,686,641
Mutual funds	<u>8,077,842</u>	<u>9,523,817</u>
Total investments	<u>18,583,976</u>	<u>20,141,195</u>
Property and equipment:		
Office equipment	33,086	33,086
Less: Accumulated depreciation	<u><33,086></u>	<u><33,013></u>
Property and equipment, net	<u>0</u>	<u>73</u>
Cash	<u>123,953</u>	<u>160,293</u>
TOTAL ASSETS	<u>18,707,929</u>	<u>20,301,561</u>
LIABILITIES		
Payroll Taxes Withheld	<u>1,031</u>	<u>295</u>
TOTAL LIABILITIES	<u>1,031</u>	<u>295</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 18,706,898</u>	<u>\$ 20,301,266</u>

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

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Investment income		
Interest and dividend income	\$ 487,016	\$ 487,116
Class action settlement	844	1,820
Net realized and unrealized appreciation in fair value of investments	0	942,892
	<u>487,860</u>	<u>1,431,828</u>
Total investment income	487,860	1,431,828
Less: Investment expenses	<u><74,294></u>	<u><87,631></u>
Net investment income	413,566	1,344,197
Employer contributions	267,620	246,184
Employer withdrawal liability	<u>87,696</u>	<u>87,696</u>
TOTAL ADDITIONS	<u>768,882</u>	<u>1,678,077</u>
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
Net realized and unrealized depreciation in fair value of investments	770,208	0
Pension benefits	1,394,503	1,368,151
Rent	4,075	3,700
Actuarial fees	84,128	29,763
Wages	26,682	27,023
Payroll taxes	3,446	2,234
Office expense	14,103	12,523
Legal fees	14,523	12,150
Audit, tax and accounting fees	13,960	13,200
Depreciation	73	174
PBGC insurance	17,316	7,524
Insurance	8,092	6,661
Employee benefits	10,271	10,234
Administrative costs	<u>1,870</u>	<u>1,856</u>
TOTAL DEDUCTIONS	<u>2,363,250</u>	<u>1,495,193</u>
NET <DECREASE> INCREASE DURING THE YEAR	<u><1,594,368></u>	<u>182,884</u>
Net assets available for benefits:		
Beginning of year	<u>20,301,266</u>	<u>20,118,382</u>
End of year	<u>\$ 18,706,898</u>	<u>\$ 20,301,266</u>

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

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2015 AND 2014

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Teamsters Union Local No. 73 Pension Plan ("Plan") is provided for general information purposes only. Participants should refer to the Plan Agreement for a complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit plan which provides benefits for individuals represented by Teamsters Union Local No. 473 and employed by employers under collective bargaining agreements requiring payment of contributions to the Plan by the employers. In addition, the Plan covers administrative personnel employed by Teamsters Union Local No. 473. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") as amended.

Pension Benefits

Normal retirement benefits are payable at age 62 with at least 5 years of credited service. Benefits are pro-rated for less than 25 years of service. Benefits are paid for the retired participant's lifetime with 60 monthly payments guaranteed. Early retirement benefits are payable after age 55 and 5 years of credited service, actuarially reduced for the younger retirement age.

Disability and Death Benefits

A disability benefit, guaranteed for the greater of 60 months or the participant's life, is payable in the event of total and permanent disability after age 40 and incurred after completion of 15 years of credited service. Pre-retirement death benefits vary depending upon age and service.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Investment Valuation, Income Recognition and Fair Value Measurements

As of December 31, 2015 and 2014, investments are reported at fair value, defined as 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. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the cash basis. Dividends are recorded when received. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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 measurements) and the lowest priority to unobservable inputs (level 3 measurements.) The three levels of the fair value hierarchy are described below:

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

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED

DECEMBER 31, 2015 AND 2014

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

- 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 in active markets
 - Inputs other than quoted prices that are observable for the asset
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means
- If the asset has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's 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.

Money market funds reported as assets held for investment are valued at the closing price reported on the active market on which the individual securities are traded.

U.S. government securities are valued at the closing price reported on the active market on which the individual securities are traded.

Corporate obligations and foreign bonds are valued at the closing price reported on the active market on which the individual securities are traded.

Common stocks are valued at the closing price reported on the active market on which the individual securities are traded.

Common collective trusts are valued based on the underlying fair market values of the securities held by the trust at the end of the year.

Mutual funds are valued at the net asset value of shares held by the Plan at year end.

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.

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED

DECEMBER 31, 2015 AND 2014

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015:

Assets at Fair Value as of December 31, 2015

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 279,530	\$ -	\$ -	\$ 279,530
U.S. government securities	-	3,182,608		3,182,608
Corporate obligations and foreign bonds	-	2,885,020		2,885,020
Common collective trust		3,064,193	1,094,783	4,158,976
Mutual funds	8,077,842			8,077,842
Total investments	<u>\$ 8,357,372</u>	<u>\$ 9,131,821</u>	<u>\$ 1,094,783</u>	<u>\$ 18,583,976</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

Assets at Fair Value as of December 31, 2014

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ -	\$ -	\$ -	\$ -
U.S. government securities	-	3,551,135		3,551,135
Corporate obligations and foreign bonds	-	3,379,602		3,379,602
Common collective trust		3,248,597	438,044	3,686,641
Mutual funds	9,523,817			9,523,817
Total investments	<u>\$ 9,523,817</u>	<u>\$ 10,179,334</u>	<u>\$ 438,044</u>	<u>\$ 20,141,195</u>

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2015 and 2014:

	<u>American Core Realty Fund</u>
Balance, January 1, 2014	\$ -
Purchases	438,000
Unrealized gains	<u>44</u>
Balance, December 31, 2014	438,044
Purchases	562,000
Investment income	36,375
Unrealized appreciation	<u>58,364</u>
Balance, December 31, 2015	<u>\$ 1,094,783</u>

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED

DECEMBER 31, 2015 AND 2014

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Gains and losses (realized and unrealized) included in changes in net assets for the year above are reported in net appreciation in fair values of investments on the statement of changes in net assets available for benefits.

Contributions

Contributions from employers are based upon hours worked by covered employees during the year and are determined by collective bargaining agreements.

Basis of Accounting

The financial statements of the Plan are prepared on the modified cash basis of accounting; consequently, certain revenue and related assets are recognized when received rather than when earned, and certain expenses are recognized when paid rather than when the obligation is incurred.

Property and Equipment:

Acquisitions of property and equipment in excess of \$500 are capitalized and recorded at cost. Depreciation has been provided using the straight-line method over the useful lives of the assets which are estimated at five to forty years.

Office furniture and equipment 5-10 years

Depreciation expense for the years ended December 31, 2015 and 2014 was \$73 and \$174, respectively.

Investment Income

Interest and dividend income are recorded when received.

Cash Equivalents

The plan considers checking accounts to be cash equivalents. Money market funds are considered to be investments.

Use of Estimates

The preparation of financial statements on the modified cash basis of accounting requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED

DECEMBER 31, 2015 AND 2014

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Actuarial Present Value of Accumulated Plan Benefits and Actuarial Assumptions Applied

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 as of the date the benefit information is presented, January 1, 2015. 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 was determined by Cheiron (Plan actuary) and is the 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 decreases such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. Some significant actuarial assumptions used in the valuation as of January 1, 2015 were:

- | | |
|--------------------------|---|
| a) Actuarial cost method | Unit Credit Actuarial Cost Method |
| b) Mortality | UP2004 Mortality Table |
| c) Retirement age | A graded scale for ages 55 to 62 based on the Fund's prior experience |
| d) Discount rate | 7.0% per annum |

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. (See Note 4.)

Accumulated plan benefit information is as follows:

	<u>January 1, 2015</u>
Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants currently receiving payments	\$ 11,534,377
Active participants	5,189,121
Deferred vested participants	<u>5,448,483</u>
Total vested	22,171,981
Nonvested benefits	<u>133,366</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 22,305,347</u>

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED

DECEMBER 31, 2015 AND 2014

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

The accumulated plan benefits as presented above changed between valuation dates as follows:

Actuarial present value of accumulated plan benefits at January 1, 2014	\$ 21,713,923
Increase <decrease> during the year attributable to:	
Benefit accumulation	302,397
Change in discount period	1,494,067
Benefits paid	(1,368,151)
Other actuarial gains	<u>163,111</u>
Net increase	<u>591,424</u>

Actuarial present value of accumulated plan benefits at January 1, 2015	<u>\$ 22,305,347</u>
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Beginning January 1, 2015, the Fund was classified as being in Endangered Status. In addition, the Fund is projected to be classified as being in Critical Status within the next five years. Due to the fact that the Fund's actuary certified that the fund was in Endangered Status, the Trustees adopted a Rehabilitation Plan that implemented adjustments to benefits due. The modifies certain benefits under the Fund as follows:

Disability Retirement Pension benefits under the Plan shall be eliminated with respect to Participants who are not already receiving a Disability Retirement Pension as of August 21, 2016.

Participants actively working in covered employment and vested terminated participants applying for benefits on or after August 21, 2016, will not be eligible for the 5-Year Certain and Life Annuity benefit option under the Plan.

Participants actively working in covered employment, or participants who have left covered employment but have not sustained two consecutive one-year breaks in service, will not be eligible for the Lump Sum Death Benefit under the Plan if death of the participant occurs on or after August 21, 2016.

NOTE 3 - FUNDING POLICY

The Pension Fund is a multiemployer defined benefit plan to which participating employers contribute. These contributions have been determined on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan members.

The contributions are designed to fund the Plan's current service cost on a current basis and to fund, over thirty year periods, 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 serves to reduce future contributions that would otherwise be required to provide for the defined level of benefits under the Plan.

The contributions for 2015 and 2014 were \$267,620 and \$246,184, respectively, which were in excess of the minimum funding requirements of ERISA after application of a credit balance in the funding standards account.

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED

DECEMBER 31, 2015 AND 2014

NOTE 4 - PLAN TERMINATION

In the event the Plan terminates, the accrual of benefits and other further vesting under the Plan would be frozen. ERISA requires that the Plan continue for the purposes of paying out benefits prior to termination and receiving any additional contributions which employers may be obligated to contribute to sufficiently fund the Plan.

Subject to certain limitations, the Pension Benefit Guaranty Corporation ("PBGC") guarantees the payment of those benefits which are vested if the Plan becomes insolvent or terminates by reason of mass withdrawal.

Whether all participants receive all their benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets available to provide those benefits and on the level of benefits guaranteed by the PBGC.

NOTE 5 - INVESTMENTS

The following table presents the fair values of Plan investments at December 31:

	<u>2015</u>	<u>2014</u>
Investments at fair value as determined by quoted market prices:		
Money market funds	\$ 279,530	\$ 0
U. S. government securities	3,182,608	3,551,135
Corporate obligations	2,625,393	2,883,248
Foreign bonds	259,627	496,354
Common/Collective trust	4,158,976	3,686,641
Mutual funds	<u>8,077,842</u>	<u>9,523,817</u>
	<u>\$ 18,583,976</u>	<u>\$ 20,141,195</u>

During 2015 and 2014 the Plan's investments (including investments bought, sold, as well as held during the year) appreciated <depreciated> in fair value as follows:

	<u>2015</u>	<u>2014</u>
U. S. government securities	\$ <59,289>	\$ 127,923
Corporate obligations	<66,462>	40,252
Foreign bonds	<8,817>	8,153
Common/Collective trust	<5,989>	361,051
Mutual funds	<u><629,651></u>	<u>405,513</u>
	<u>\$ <770,208></u>	<u>\$ 942,892</u>

The fair values of individual investments that represent 5% or more of the Plan's net assets at December 31, 2015 are as follows:

EB Diversified Stock Fund	\$ 3,064,193
American Core Realty Fund	1,094,783
Loomis Sayles Bond Fund Open-End	1,359,292
Vanguard Total International Stock Index	985,098
Vanguard Russell 1000 Value Index	2,759,280
Vanguard Small-Cap Index Fund	2,974,172

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED

DECEMBER 31, 2015 AND 2014

NOTE 5 – INVESTMENTS - CONTINUED

The fair values of individual investments that represent 5% or more of the Plan's net assets at December 31, 2014 are as follows:

EB Diversified Stock Fund	\$ 3,248,597
Loomis Sayles Bond Fund Open-End	1,794,940
Vanguard Total International Stock Index	1,028,921
Vanguard Russell 1000 Value Index	3,016,359
Vanguard Small-Cap Index Fund	3,683,597

NOTE 6 - RELATED PARTY TRANSACTIONS

The Pension Plan entered into a cost allocation agreement with Local 473 to be provided office facilities and administrative services. Rent expense under a month-to-month agreement amounted to \$4,075 and \$5,967 for the years ended December 31, 2015 and 2014. Total administrative reimbursement to Local 473 for the years ended December 31, 2015 and 2014 was \$4,657 and \$5,593, respectively.

The Plan's board of trustees also serves as the board of trustees for the Local Union 73 Health & Welfare Fund ("the Welfare Fund"). In order to improve operating efficiency certain administrative expenses are paid by the Pension Plan and appropriately reimbursed by the Welfare Fund under an allocation agreement approved by both boards. Expenses reimbursed by the Welfare Fund are applied to reduce the related Pension Plan expense. Total administrative reimbursements received by the Plan were \$29,405 and \$30,546 for the years ending December 31, 2015 and 2014, respectively.

Key Trust serves as custodian of the Plan's investments, and has an ownership interest in certain securities in which the Plan invests.

NOTE 7 - TAX STATUS

The Plan obtained its latest determination letter on November 18, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. 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 Internal Revenue Code.

The modified cash basis of accounting 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 Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes it is no longer subject to income tax examinations for years prior to 2012.

NOTE 8 - CONCENTRATION OF CREDIT RISK

The Plan collects contributions under collective bargaining agreements from various companies located in several areas of Ohio. Additionally, the Plan maintains its cash accounts at several area banks. The total cash balance was insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per financial institution. At times during the year, the Plan has an account balance in excess of the insured amounts in a financial institution.

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED

DECEMBER 31, 2015 AND 2014

NOTE 9 - RISKS AND UNCERTAINTIES

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

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, retirement age assumptions 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.

NOTE 10 - SUBSEQUENT EVENTS

The Plan did not have any other subsequent events through October 14, 2016, which is the date the financial statements were available to be issued for events requiring recording or disclosure in the financial statements for the year ended December 31, 2015.

NOTE 11 – RECLASSIFICATION

Certain amounts in the December 31 2014 financial statements have been reclassified to conform to the current year presentation.

SUPPLEMENTAL INFORMATION

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

SCHEDULE I

FORM 5500, EIN 51-0149915, PN 001

SCHEDULE H, LINE - 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	Par/Val Shares	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<u>SHORT TERM INVESTMENTS</u>					
*	Key Bank	-	Federated Government Obligations Institutional Shares	\$ 117,317	\$ 117,317
			Federated Prime Cash Obligations Fund	162,213	162,213
			TOTAL SHORT TERM INVESTMENTS	279,530	279,530
<u>U. S. GOVERNMENT SECURITIES</u>					
	Fannie Mae	26,879	Pool AQ9345 Dtd 01/01/13 3.50% Due 01/01/43	26,749	26,879
	Fannie Mae	27,377	Pool AB3876 Dtd 10/01/11 4.00% Due 11/01/41	29,295	29,041
	Fannie Mae	28,610	Pool AQ5095 Dtd 11/01/12 3.00% Due 11/01/27	30,808	29,634
	Fannie Mae	60,021	Pool AQ0505 Dtd 11/01/12 4.00% Due 11/01/42	66,623	63,670
	Fannie Mae	2,159	Pool 930300 Dtd 12/01/08 5.00% Due 12/01/23	2,936	2,327
	Fannie Mae	9,732	Pool AL2877 Dtd 12/01/12 3.50% Due 01/01/28	10,529	10,219
	Fannie Mae	26,746	Pool AL2752 Dtd 12/01/12 5.00% Due 03/01/42	29,693	29,618
	Fannie Mae	48,526	Pool AL6270 Dtd 12/01/14 3.50% Due 10/01/34	51,028	50,815
	Fannie Mae	18,729	Pool AH5574 Dtd 02/01/11 4.00% Due 02/01/41	20,705	19,902
	Fannie Mae	34,287	Pool AB2567 Dtd 02/01/11 5.00% Due 03/01/41	37,213	37,850
	Fannie Mae	21,196	Pool MA1870 Dtd 03/01/14 4.50% Due 04/01/34	21,056	21,196
	Fannie Mae	14,813	Pool AH6301 Dtd 04/01/11 4.00% Due 05/01/26	15,224	14,813
	Fannie Mae	32,029	Pool AH8854 Dtd 04/01/11 4.50% Due 04/01/41	32,952	32,029
	Fannie Mae	34,194	Pool AL0215 Pool 04/01/11 4.50% Due 04/01/41	37,786	37,005
	Fannie Mae	38,874	Pool AI0208 Dtd 04/01/11 4.50% Due 05/01/41	41,694	42,177
	Fannie Mae	57,033	Pool AT2720 Dtd 05/01/13 3.00% Due 5/01/43	58,575	57,292
	Fannie Mae	10,968	Pool AL5233 Dtd 05/01/14 4.00% Due 01/01/41	11,655	11,610
	Fannie Mae	15,546	Pool AD6929 Dtd 06/01/10 5.00% Due 06/01/40	15,403	15,546
	Fannie Mae	51,839	Pool AI4868 Dtd 06/01/11 4.00% Due 06/01/26	52,500	51,837
	Fannie Mae	54,813	Pool AT5900 Dtd 06/01/13 3.00% Due 06/01/43	56,454	54,813
	Fannie Mae	41,143	Pool AT5860 Dtd 06/01/13 3.50% Due 06/01/43	41,074	41,143
	Fannie Mae	97,955	Pool AS5469 Dtd 06/01/15 4.00% Due 07/01/45	98,373	97,955
	Fannie Mae	39,541	Pool AB3382 Dtd 07/01/11 4.00% due 08/01/41	41,779	42,229
	Fannie Mae	44,310	Pool AB3395 Dtd 07/01/11 4.50% Due 08/01/41	45,369	44,310
	Fannie Mae	21,547	Pool AB5907 Dtd 07/01/12 3.00% Due 08/01/27	22,706	22,318
	Fannie Mae	24,290	Pool AU1625 Dtd 07/01/13 3.50% Due 07/01/43	25,664	25,129
	Fannie Mae	19,353	Pool AL3896 Dtd 07/01/13 4.50% Due 01/01/43	20,723	20,989
	Fannie Mae	86,490	Pool AS3135 Dtd 07/01/14 3.50% Due 08/01/44	88,869	89,315
	Freddie Mac Gold	9,828	Pool AS5597 Dtd 07/01/15 3.50% Due 08/01/45	10,225	10,174
	Freddie Mac Gold	71,795	Pool AZ0832 td 07/01/15 4.00% Due 07/01/45	76,406	76,125
	Freddie Mac Gold	21,888	Pool AD9311 Dtd 08/01/10 4.50% Due 08/01/40	24,666	23,683
	Freddie Mac Gold	22,419	Pool CO3815 Dtd 03/01/12 3.50% Due 03/01/42	23,501	23,119
	Freddie Mac Gold	52,128	Pool U89032 Dtd 04/01/14 3.00T Due 07/01/33	53,399	53,179
	Freddie Mac Gold	93,411	Pool QO9949 Dtd 07/01/12 3.00% Due 08/01/42	96,838	93,411
	Freddie Mac Gold	67,373	Pool QO9530 Dtd 07/01/12 3.50% Due 07/01/42	72,068	69,436
	Government National Mortgage Association	47,656	Pool J25557 Dtd 09/01/13 3.50% Due 09/01/28	50,167	50,082

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

SCHEDULE I

FORM 5500, EIN 51-0149915, PN 001

SCHEDULE H, LINE - 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	Par/Val Shares	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	<u>U.S. GOVERNMENT SECURITIES - (CONTINUED)</u>				
	Government National Mortgage Association	30,539	Pool 723248 Dtd 10/01/09 5.00% due 10/15/39	34,129	34,199
	Government National Mortgage Association	47,999	Pool AD8801 Dtd 03/01/13 3.50% Due 03/15/43	52,677	50,144
	Government National Mortgage Association	18,093	Pool 782916 Dtd 04/01/10 5.50% Due 04/15/40	21,950	20,163
	Government National Mortgage Association	10,682	Pool 701857 Dtd 05/01/09 Due 05/15/39	11,636	11,558
	Government National Mortgage Association	26,573	Pool 741872 Dtd 05/01/10 4.00% Due 05/15/40	29,355	28,225
	Government National Mortgage Association	23,842	Pool 733724 Dtd 06/01/10 4.50% Due 06/15/40	26,070	26,074
	Government National Mortgage Association	13,349	Pool 719262 Dtd 08/01/10 5.00% Due 08/15/40	14,744	14,878
	Government National Mortgage Association	46,902	Pool 783403 Dtd 09/01/11 3.50% Due 09/15/41	49,365	48,852
	Government National Mortgage Association	38,150	Pool 752599 Dtd 10/01/10 4.00% Due 10/20/40	42,352	41,017
	Government National Mortgage Association	33,949	Pool 752631 Dtd 10/01/10 4.50% Due 10/20/40	35,948	36,797
	Government National Mortgage Association	96,359	Pool AL9364 Dtd 03/01/15 3.50% Due 03/20/45	101,583	100,755
	Government National Mortgage Association	50,862	Pool MA2681 Dtd 03/01/15 5.00% Due 03/20/45	55,670	55,344
	Government National Mortgage Association	67,771	Pool MA2892 Dtd 06/01/15 3.50% Due 06/20/45	70,418	70,757
	Government National Mortgage Association	62,492	Pool MA2962 Dtd 07/01/15 4.00% Due 07/20/45	66,731	66,437
	Government National Mortgage Association	29,572	Pool MA3106 Dtd 09/01/15 4.00% Due 09/20/45	31,378	31,449
	United States Treasury Bonds	340,000	Dtd 11/15/13 3.125% Due 11/15/41	347,469	351,264
	United States Treasury Bonds	30,000	Dtd 01/31/12 0.875% Due 01/31/17	30,020	30,003
	United States Treasury Bonds	180,000	Dtd 11/15/11 2.00% Due 11/15/21	179,230	180,527
	United States Treasury Bonds	295,000	Dtd 02/15/12 2.00%b Due 02/15/22	295,800	295,531
	United States Treasury Bonds	265,000	Dtd 08/15/14 2.375% Due 08/15/24	268,758	267,764
			TOTAL U. S. GOVERNMENT SECURITIES	3,205,988	3,182,608
	<u>CORPORATE OBLIGATIONS</u>				
	Abbvie Inc	15,000	Senior Note Dtd 08/05/13 1.75% Due 11/06/17	15,111	14,971
	ACE Ina Holdings Inc	10,000	Note Dtd 11/03/2015 3.350% Due 05/23/26	9,969	9,969
	ALLY Auto Receivables Trust	30,000	ABS Seq Dtd 7/22/15 1.39% Due 9/16/19	29,996	29,878
	American Express Credit	35,000	Senior Note Dtd 03/18/14 2.125% Due 03/18/19	35,128	34,996
	American Express Credit	20,000	Med Term Note Dtd 03/26/12 2.375% Due 3/24/17	20,429	20,217
	American International Group	15,000	Senior Note Dtd 07/16/14 4.50% Due 07/16/44	14,910	13,871
	Americredit Auto Receivables	35,000	ABS Seq Dtd 8/2/14 1.15% Due 06/10/19	34,999	34,873
	Analog Devices Inc	20,000	Senior Note Dtd 12/14/15 3.900% Due 12/15/25	9,977	10,096
	Apple Inc	40,000	Senior Note Dtd 05/03/13 2.40% Due 05/03/23	39,947	38,975
	AT&T Inc	10,000	Senior Bond Dtd 05/03/13 4.500% Due 5/15/35	9,995	9,848
	AT&T Inc	15,000	Senior Bond Dtd 05/04/15 4.500% Due 05/15/35	14,957	13,873
	Bank of America Corp	40,000	Medium Term Note Dtd 01/21/14 5.00% Due 01/21/44	39,914	41,748
	Bank of America Corp	45,000	Medium Term Note Dtd 10/22/13 2.60% Due 01/15/19	45,174	45,147
	Bank of New York Co Inc	30,000	Medium Term Note Dtd 02/04/12 2.20% Due 03/04/19	29,967	30,091
	Bank of New York Co Inc	35,000	Medium Term Note Dtd 10/25/12 1.30% Due 01/25/18	34,825	34,686
	Baxter International Inc	20,000	Senior Note Dtd 06/11/13 1.85% Due 06/15/18	20,116	19,881
	BB&T Branch Banking & Trust	25,000	Medium Term Bank Dtd 09/09/13 1.45% Due 10/03/16	24,989	24,837
	Bears Stearns Com Inc	50,000	Senior Note Dtd 02/01/08 7.25% Due 02/01/18	59,451	55,154

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

SCHEDULE I

FORM 5500, EIN 51-0149915, PN 001

SCHEDULE H, LINE - 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Par/Val Shares	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	<u>CORPORATE OBLIGATIONS (CONTINUED)</u>				
	Bears Stearns Comm Mortg	33,251	CMO Dtd 12/01/06 5.20% Due 12/11/38	30,404	33,893
	Bear Stearns Com Mtg	46,454	CMO Dtd 09/01/06 5.54% Due 09/11/41	49,678	46,894
	Becton Dickinson & Co	20,000	Senior Note Dtd 11/15/14 3.875% Due 05/15/24	20,896	20,259
	Becton Dickinson & Co	15,000	Senior Note Dtd 11/08/11 3.125% Due 11/08/21	14,962	15,126
	Buckeye Partners LP	10,000	Dtd 01/13/11 4.875% Due 02/01/21	10,547	9,727
	Burlington Northern Santa Fe	10,000	Deb Dtd 08/08/00 7.95% Due 08/15/30	9,978	10,132
	Burlington Northern Santa Fe	15,000	Deb Dtd 08/08/00 7.95% Due 08/15/30	19,493	20,828
	Capital Auto Receivables Asse	39,482	ABS Dtd 11/27/13 1.09% Due 03/20/18	39,482	39,436
	Capital One Finacial Corp	20,000	Dtd 04/04/14 2.45% Due 04/24/19	20,108	20,037
	Capital One Multi-Asset	50,000	ABS Dtd 10/14/14 1.48% Due 7/15/20	49,987	50,009
	Cardinal Health Inc	20,000	Senior Bond Dtd 02/22/13 3.20% Due 03/15/23	19,959	19,746
	Caterpillar Financial Services	25,000	Med Term Dtd 05/30/12 1.625% Due 06/01/17	25,224	25,086
	Celgene Corp	10,000	Senior Bond Dtd 08/06/13 5.25% Due 08/15/43	9,915	10,218
	Citigroup Inc	55,000	Sub Note Dtd 06/10/15 4.400% Due 06/10/25	54,776	55,551
	CNA Financial Corp	20,000	Senior Note Dtd 11/13/09 7.35% Due 11/15/19	21,300	23,027
	Comcast Corp	30,000	Note Dtd 11/17/06 5.875% Due 02/15/18	32,428	32,675
	Consolidated Edison Co	10,000	Senior deb Dtd 11/24/14 4.625% Due 12/01/54	9,975	9,839
	Coopers US Inc	15,000	Senior Note Dtd 12/07/10 3.875% Due 12/15/20	14,928	15,515
	Cummins Inc	5,000	Senior Note Dtd 09/24/13 3.65% Due 10/01/23	4,987	5,150
	CVS Health Corp	15,000	Senior Note Dtd 07/20/15 1.900% Due 07/20/18	14,990	14,991
	Delmarva PWR & Light Co	15,000	Dtd 11/15/13 3.500% Due 11/15/23	15,320	15,414
	Delphi Corp	20,000	Dtd 03/03/14 4.15% Due 03/15/24	19,930	20,153
	Dow Chemical Co	20,000	Senior Date Dtd 11/14/11 4.125% Due 11/15/21	20,960	20,968
	Duke Energy Corp	30,000	Senior Note Dtd 08/25/11 3.550% Due 09/15/21	32,067	30,637
	Duke Energy Progress Inc	20,000	Note Dtd 11/20/14 4.150% Due 12/01/44	19,932	19,539
	Eaton Corp	20,000	Note Dtd 05/20/08 5.600% Due 05/15/18	20,246	21,620
	Ebay Inc	20,000	Senior Bond Dtd 07/24/12 1.350% Due 07/15/17	19,989	19,842
	Enterprise Products Operating LLC	5,000	Senior Bond Dtd 10/05/09 6.125% Due 10/15/39	4,969	4,568
	ERP Operating LP	10,000	Senior Bond Dtd 04/10/13 3.00% Due 04/15/23	9,911	9,817
	Ford CR Floor Plan	65,000	ABD Dtd 8/26/14 1.40% Due 8/15/19	64,981	64,707
	Ford Credit Auto Lease Group	15,000	ABS Dtd 03/26/14 0.90% Due 06/15/17	15,000	14,977
	Ford Credit Auto Owners	35,000	ABS Dtd 03/24/15 2.03% Due 08/15/20	34,994	34,815
	General Electric Co	15,000	Note Dtd 12/06/07 5.250% Due 12/06/17	16,683	16,015
	Genzyme Corp	10,000	Senior Note Dtd 06/17/10 5.00% Due 06/15/20	10,892	11,077
	Georgia Power Co	10,000	Senior Note dtd 12/04/15 1.950% Due 12/01/18	9,991	9,975
	Goldman Sachs Group Inc	30,000	Note Dtd 01/18/08 5.950% Due 01/18/18	31,170	32,309
	Goldman Sachs Group Inc	10,000	Senior Note Dtd 01/23/15 3.500% Due 1/23/25	9,996	9,828
	GS Mortgage Securities	60,000	CMO Dtd 11/01/13 3.033% Due 11/10/46	61,927	61,225
	Halliburton Co	15,000	Senior Note Dtd 11/13/15 3.375% Due 11/15/22	15,048	14,762
	Halliburton Co	10,000	Senior Bond Dtd 11/14/13 3.25% Due 11/15/21	10,014	9,991
	Health Care Reit Inc	15,000	Senior Bond Dtd 03/14/11 5.25% Due 1/15/22	14,901	16,224
	Health Care Reit Inc	15,000	Senior Bond Dtd 04/03/12 4.125% Due 04/01/19	16,444	15,643

FORM 5500, EIN 51-0149915, PN 001

SCHEDULE H, LINE - 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	Par/Val Shares	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<u>CORPORATE OBLIGATIONS (CONTINUED)</u>					
	Home Depot Inc	10,000	Senior Note Dtd 04/05/13 2.70% Due 04/01/23	9,984	9,924
	Home Depot Inc	10,000	Senior Note Dtd 09/15/15 3.35% Due 09/15/25	9,986	10,219
	Humana Inc	25,000	Senior Note Dtd 12/10/12 3.15% Due 12/01/22	24,722	24,302
	Hyundai Auto Receivables	16,473	ABS Dtd 02/05/14 1.07% Due 07/16/18	16,470	16,436
	Intel Corp	15,000	Senior Note Dtd 09/19/11 33.30% Due 10/01/21	14,964	15,537
	Intercontinental Exchange Inc	10,000	Senior Note Dtd 11/24/15 2.75% Due 12/01/20	9,989	9,997
	John Deere Capital Inc	25,000	Med term Note Dtd 03/11/13 1.30% Due 03/12/18	24,942	24,777
	JPMBB Commercial Mortgage	20,000	CMBS Dtd 06/01/13 3.157% Due 07/15/45	20,646	20,345
	JPMorgan Chase & Co	25,000	Sub Note Dtd 09/10/14 3.875% Due 09/10/24	24,869	24,869
	KeyCorp	10,000	Med term Note Dtd 03/24/11 5.10% Due 03/24/21	9,991	10,929
	Marathon Petroleum Corp	10,000	Senior Bond Dtd 09/05/14 3.625% Due 09/15/24	9,964	9,318
	Mastercard Inc	20,000	Senior Bond Dtd 03/31/14 3.375% Due 04/01/24	19,914	20,439
	McDonalds Corp	20,000	Med Tern Note Dtd 12/09/15 3.70% Due 01/30/26	19,935	19,984
	Metlife Inc	10,000	Senior Bond Dtd 11/13/15 4.60% due 05/13/46	9,961	10,066
	Mercedes -Benz Auto lease	50,000	ABD Dtd 04/09/14 0.90% Due 12/16/19	49,996	49,957
	Microsoft Corp	25,000	Senior Bond Dtd 11/03/15 4.45% Due 11/03/45	24,811	25,780
	Monsanto Co	35,000	Senior Note Dtd 07/01/14 1.15% Due 06/30/17	34,966	34,746
	Monsanto Co	15,000	Senior Bond Dtd 07/01/14 4.40% Due 07/15/44	14,881	12,419
	Morgan Stanley	35,000	Med Term Note Dtd 10/23/14 3.70% Due 10/23/24	35,416	35,168
	Morgan Stanley	25,000	Med Term Note Dtd 09/08/14 4.35% Due 09/08/26	24,956	25,082
	National Rural Utilities	20,000	Deb Dtd 04/10/07 5.45% Due 04/10/17	23,250	20,945
	Northrop Gruman Corp	25,000	Senior Bond Dtd 02/06/15 3.85%v Due 04/15/45	24,993	22,465
	Nucor Corp	10,000	Senior Bond Dtd 07/29/13 4.00% Due 08/01/23	10,380	9,696
	Nucor Corp	5,000	Senior Noted Dtd 09/21/10 4.125% Due 09/15/22	5,165	5,088
	Oracle Corp	25,000	Senior Note Dtd 07/08/14 2.25% due 10/08/19	24,972	25,261
	Oracle Corp	25,000	Senior Note Dtd 07/08/14 4.30% Due 07/08/34	24,990	24,870
	Paccar Financial Corp	10,000	Med Term Note Dtd 09/15/14 2.20% Due 09/15/19	10,197	9,959
	Pacific Gas & electric	15,000	Senior Bond Dtd 11/05/15 4.25% Due 3/15/46	14,719	14,535
	Philips 66	20,000	Senior Note Dtd 11/01/12 2.95% Due 05/01/17	20,974	20,272
	PNC Funding Corp	20,000	Senior Note Dtd 03/08/12 3.30% Due 03/08/22	19,889	20,477
	Qualcomm nc	10,000	Senior Note Dtd 05/20/15 3.00% Due 05/20/22	9,996	9,900
	Reynolds American Inc	5,000	Senior Bond Dtd 06/12/15 5.85% Due 08/15/45	4,974	5,559
	Sierra Pacific Power Co	10,000	Note Sr t Dtd 08/15/13 3.375% Due 08/15/23	9,979	10,112
	Simon Property Group LP	35,000	Senior Note Dtd 01/21/14 23201%v Due 02/01/19	35,080	35,179
	Southern Co	15,000	Senior Note Dtd 08/22/14 2.15% Due 09/01/19	14,965	14,714
	Stanley Black 7 Decker Inc	20,000	Junior Sub Note Dtd 11/17/15 2.45% Due 11/17/18	20,000	20,078
	State Street Corp	10,000	Senior Note Dtd 08/18/15 2.55% due 08/18/20	9,977	10,124
	Sunoco Logistics Partner	5,000	Senior Note Dtd 04/03/14 4.25% Due 4/01/24	5,089	4,324
	Toyota Motor Credit Corp	45,000	Med term Note Dtd 07/18/14 2.125% Due 07/18/19	45,246	45,081
	Union Electric Co	25,000	Senior Note Dtd 06/19/08 6.70% Due 02/01/19	25,973	28,408
	Union pacific Corp	10,000	Senior Bond Dtd 01/29/15 3.375% due 2/01/35	9,970	9,032
	Unitedhealth Group Inc	10,000	Senior Bond Dtd 10/22/12 3.955 Due 10/15/42	9,773	9,308

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

SCHEDULE I

FORM 5500, EIN 51-0149915, PN 001

SCHEDULE H, LINE - 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	Par/Val Shares	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<u>CORPORATE OBLIGATIONS (CONTINUED)</u>					
	Unitedhealth Group Inc	20,000	Senior Note Dtd 02/28/13 1.625% Due 03/15/19	19,312	19,779
	US Bank	55,000	Med Term Note Dtd 11/07/13 1.95% Due 11/15/18	55,146	55,338
	Ventas Realty LP/Cap Corp	10,000	Senior Bond Dtd 09/26/13 5.70% Due 09/30/43	9,963	10,985
	Verizon Communications Inc	35,000	Senior Bond Dtd 09/18/13 6.40% Due 09/15/33	38,666	39,875
	Visa Inc	25,000	Senior Note Dtd 12/14/15 1.20% Due 12/14/17	24,987	24,972
	Visa Inc	10,000	Senior Note Dtd 12/14/15 2.80% Due 12/14/22	9,986	10,041
	Visa Inc	15,000	Senior Note Dtd 12/14/15 3.15% Due 12/14/25	14,945	15,019
	Volkswagen Auto Lease	25,000	ABS Dtd 03/05/15 1.25% Due 12/20/17	24,998	24,751
	Walgreens Boots Alliance	25,000	Senior Note Dtd 11/18/14 2.70% Due 11/18/19	25,486	24,953
	Wells Fargo Co	15,000	Senior Note Dtd 10/28/13 2.15% Due 01/15/19	14,967	15,084
	Wells Fargo Co	10,000	med Term Note Dtd 07/22/15 4.30% Due 07/22/27	9,962	10,215
	Wells Fargo Co	10,000	Med Term Note Dtd 02/02/15 2.15% Due 1/30/20	9,978	9,912
	Wells Fargo Commercial Mortg	45,000	CMO Dtd 08/01/15 3.412% Due 09/15/58	46,347	45,548
	Williams Partners LP	10,000	Senior Bond Dtd 06/27/14 3.90% Due 01/15/25	9,969	7,514
	WF-RBS Commercial Moertgage Trust	30,000	CMO Dtd 03/01/14 3.66% Due 3/15/47	30,899	30,977
	Wisconsin Energy Co	15,000	Senior Bond Dtd 06/10/15 3.55% Due 06/15/25	14,997	15,084
	Xcel Energy Inc	33,000	Senior Note Dtd 10/01/07 5.613% Due 04/01/17	33,900	34,592
	Zimmer Holdings Inc	10,000	Senior Bond Dtd 3/19/15 3.55% Due 4/01/25	9,976	9,717
TOTAL CORPORATE OBLIGATIONS				<u>2,635,634</u>	<u>2,625,393</u>
<u>FOREIGN BONDS</u>					
	Actavis Funding	5,000	Senior Note Dtd 03/12/15 4.55% Due 03/15/35	4,979	4,859
	BHP Billiton Finance USE	15,000	Senior Note Dtd 02/24/12 1.625% Due 02/24/17	15,296	14,969
	Canadian national Resources	15,000	Senior Note Dtd 11/18/11 3.45% Due 11/15/21	14,941	14,136
	Glaxosmithkline Capital PLC	45,000	Senior Note Dtd 05/09/12 1.50% Due 05/08/17	45,257	45,190
	Husky Energy Inc	25,000	Senior Bond Dtd 03/22/12 3.95% Due 04/15/22	24,921	23,174
	Koninklijke Philips Electronics	20,000	Note Dtd 13/11/08 5.75% Due 03/11/18	21,159	21,402
	LYB International Finance B V	20,000	Senior Note Dtd 07/16/13 4.00% Due 07/15/23	20,147	19,937
	Pentair Finance S A	10,000	Senior Note Dtd 3/15/13 3.15% Due 9/15/22	9,743	9,407
	Rio Tinto Fin USA	5,000	Senior Note Dtd 06/16/15 3.75% Due 06/15/25	4,967	4,539
	Rogers Communications Inc	5,000	Senior Bond Dtd 3/10/14 5.00% Due 03/15/44	24,808	25,169
	Sanor-Aventis	20,000	Senior Note Dtd 03/29/11 4.00% Due 03/29/21	19,795	21,403
	Sanor-Aventis	5,000	Senior Note Dtd 04/10/13 1.25% Due 04/10/18	4,978	4,978
	Shell International Finance B V	20,000	Senior Note Dtd 11/10/15 1.625% Due 11/10/18	19,934	19,890
	Toronto-Dominion Bank	30,000	Med Term Note Dtd 09/10/13 2.625% Due 09/10/18	30,927	30,574
TOTAL FOREIGN BONDS				<u>261,852</u>	<u>259,627</u>

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

SCHEDULE I

FORM 5500, EIN 51-0149915, PN 001

SCHEDULE H, LINE - 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	Par/Val Shares	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	<u>COMMON/COLLECTIVE TRUST</u>				
	EB Diversified Stock Fund	113,210	EB Diversified Stock Fund	1,465,354	3,064,193
	American Core Realty Fund	9	American Core Realty Fund	1,036,375	1,094,783
			TOTAL COMMON/COLLECTIVE TRUST	2,501,729	4,158,976
	<u>MUTUAL FUNDS</u>				
	Loomis Sayles Bond Fund	105,535	Loomis Sayles Bond Fund Open-End Fund	1,379,812	1,359,292
	Vanguard Russell 1000 Value Index Fund	32,212	Vanguard Russell 1000 Value Index Closed-End Fund	2,416,813	2,759,280
	Vanguard Small-Cap Index Fund	56,064	Vanguard Small-Cap Index Fund Open-End Fund	2,360,381	2,974,172
	Vanguard Total International Stock Index Fund	40,639	Vanguard Total International Stock Index Fund Open-End Fund	1,082,827	985,098
			TOTAL MUTUAL FUNDS	7,239,833	8,077,842
			TOTAL INVESTMENTS	\$16,124,566	\$18,583,976

FORM 5500, EIN 51-0149915, PN 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS*

FOR THE YEAR ENDED DECEMBER 31, 2015

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION	TOTAL NUMBER OF		(c) PURCHASE PRICE	(d) SELLING PRICE	(g) COST OF ASSET	(h) CURRENT VALUE	(i) NET GAIN OR (LOSS)
		PURCH.	SALES					
Key Bank	Federated Prime Cash Obligations	132	44	1,142,242	1,207,707	1,142,242 1,207,707	1,142,242 1,207,707	0
Key Bank	Federated Government Obligations	45	27	2,402,581	2,472,325	2,402,581 2,472,325	2,402,581 2,472,325	0

* Represents transaction or a series of transactions in securities of the same issue in excess 5% of the current value of Plan assets as of January 1, 2015.

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), 6047(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 2015 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2015 or fiscal plan year beginning _____ and ending _____	
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); 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 TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN 6511 EASTLAND ROAD, SUITE 140 BROOK PARK OH 44142	1b Three-digit plan number (PN) ► 001 1c Effective date of plan 08/01/1976 2b Employer Identification Number (EIN) 51-0149915 2c Plan Sponsor's telephone number 440-243-0663 2d Business code (see instructions) 339900	

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

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

SIGN HERE		10-14-16	FRANK GRACE - CHAIRMAN/TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10-14-16	THOR EGELAND - EMPLOYER TRUSTEE
	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)			Preparer's telephone number

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

SCHEDULE I

FORM 5500, EIN 51-0149915, PN 001

SCHEDULE H, LINE - 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	Par/Val Shares	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<u>SHORT TERM INVESTMENTS</u>					
*	Key Bank	-	Federated Government Obligations Institutional Shares	\$ 117,317	\$ 117,317
			Federated Prime Cash Obligations Fund	162,213	162,213
			TOTAL SHORT TERM INVESTMENTS	<u>279,530</u>	<u>279,530</u>
<u>U. S. GOVERNMENT SECURITIES</u>					
	Fannie Mae	26,879	Pool AQ9345 Dtd 01/01/13 3.50% Due 01/01/43	26,749	26,879
	Fannie Mae	27,377	Pool AB3876 Dtd 10/01/11 4.00% Due 11/01/41	29,295	29,041
	Fannie Mae	28,610	Pool AQ5095 Dtd 11/01/12 3.00% Due 11/01/27	30,808	29,634
	Fannie Mae	60,021	Pool AQ0505 Dtd 11/01/12 4.00% Due 11/01/42	66,623	63,670
	Fannie Mae	2,159	Pool 930300 Dtd 12/01/08 5.00% Due 12/01/23	2,936	2,327
	Fannie Mae	9,732	Pool AL2877 Dtd 12/01/12 3.50% Due 01/01/28	10,529	10,219
	Fannie Mae	26,746	Pool AL2752 Dtd 12/01/12 5.00% Due 03/01/42	29,693	29,618
	Fannie Mae	48,526	Pool AL6270 Dtd 12/01/14 3.50% Due 10/01/34	51,028	50,815
	Fannie Mae	18,729	Pool AH5574 Dtd 02/01/11 4.00% Due 02/01/41	20,705	19,902
	Fannie Mae	34,287	Pool AB2567 Dtd 02/01/11 5.00% Due 03/01/41	37,213	37,850
	Fannie Mae	21,196	Pool MA1870 Dtd 03/01/14 4.50% Due 04/01/34	21,056	21,196
	Fannie Mae	14,813	Pool AH6301 Dtd 04/01/11 4.00% Due 05/01/26	15,224	14,813
	Fannie Mae	32,029	Pool AH8854 Dtd 04/01/11 4.50% Due 04/01/41	32,952	32,029
	Fannie Mae	34,194	Pool AL0215 Pool 04/01/11 4.50% Due 04/01/41	37,786	37,005
	Fannie Mae	38,874	Pool AI0208 Dtd 04/01/11 4.50% Due 05/01/41	41,694	42,177
	Fannie Mae	57,033	Pool AT2720 Dtd 05/01/13 3.00% Due 5/01/43	58,575	57,292
	Fannie Mae	10,968	Pool AL5233 Dtd 05/01/14 4.00% Due 01/01/41	11,655	11,610
	Fannie Mae	15,546	Pool AD6929 Dtd 06/01/10 5.00% Due 06/01/40	15,403	15,546
	Fannie Mae	51,839	Pool AI4868 Dtd 06/01/11 4.00% Due 06/01/26	52,500	51,837
	Fannie Mae	54,813	Pool AT5900 Dtd 06/01/13 3.00% Due 06/01/43	56,454	54,813
	Fannie Mae	41,143	Pool AT5860 Dtd 06/01/13 3.50% Due 06/01/43	41,074	41,143
	Fannie Mae	97,955	Pool AS5469 Dtd 06/01/15 4.00% Due 07/01/45	98,373	97,955
	Fannie Mae	39,541	Pool AB3382 Dtd 07/01/11 4.00% due 08/01/41	41,779	42,229
	Fannie Mae	44,310	Pool AB3395 Dtd 07/01/11 4.50% Due 08/01/41	45,369	44,310
	Fannie Mae	21,547	Pool AB5907 Dtd 07/01/12 3.00% Due 08/01/27	22,706	22,318
	Fannie Mae	24,290	Pool AU1625 Dtd 07/01/13 3.50% Due 07/01/43	25,664	25,129
	Fannie Mae	19,353	Pool AL3896 Dtd 07/01/13 4.50% Due 01/01/43	20,723	20,989
	Fannie Mae	86,490	Pool AS3135 Dtd 07/01/14 3.50% Due 08/01/44	88,869	89,315
	Freddie Mac Gold	9,828	Pool AS5597 Dtd 07/01/15 3.50% Due 08/01/45	10,225	10,174
	Freddie Mac Gold	71,795	Pool AZ0832 td 07/01/15 4.00% Due 07/01/45	76,406	76,125
	Freddie Mac Gold	21,888	Pool AD9311 Dtd 08/01/10 4.50% Due 08/01/40	24,666	23,683
	Freddie Mac Gold	22,419	Pool CO3815 Dtd 03/01/12 3.50% Due 03/01/42	23,501	23,119
	Freddie Mac Gold	52,128	Pool U89032 Dtd 04/01/14 3.00T Due 07/01/33	53,399	53,179
	Freddie Mac Gold	93,411	Pool QO9949 Dtd 07/01/12 3.00% Due 08/01/42	96,838	93,411
	Government National Mortgage Association	67,373	Pool QO9530 Dtd 07/01/12 3.50% Due 07/01/42	72,068	69,436
	Government National Mortgage Association	47,656	Pool J25557 Dtd 09/01/13 3.50% Due 09/01/28	50,167	50,082

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

SCHEDULE I

FORM 5500, EIN 51-0149915, PN 001

SCHEDULE H, LINE - 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	Par/Val Shares	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<u>U.S. GOVERNMENT SECURITIES - (CONTINUED)</u>					
	Government National Mortgage Association	30,539	Pool 723248 Dtd 10/01/09 5.00% due 10/15/39	34,129	34,199
	Government National Mortgage Association	47,999	Pool AD8801 Dtd 03/01/13 3.50% Due 03/15/43	52,677	50,144
	Government National Mortgage Association	18,093	Pool 782916 Dtd 04/01/10 5.50% Due 04/15/40	21,950	20,163
	Government National Mortgage Association	10,682	Pool 701857 Dtd 05/01/09 Due 05/15/39	11,636	11,558
	Government National Mortgage Association	26,573	Pool 741872 Dtd 05/01/10 4.00% Due 05/15/40	29,355	28,225
	Government National Mortgage Association	23,842	Pool 733724 Dtd 06/01/10 4.50% Due 06/15/40	26,070	26,074
	Government National Mortgage Association	13,349	Pool 719262 Dtd 08/01/10 5.00% Due 08/15/40	14,744	14,878
	Government National Mortgage Association	46,902	Pool 783403 Dtd 09/01/11 3.50% Due 09/15/41	49,365	48,852
	Government National Mortgage Association	38,150	Pool 752599 Dtd 10/01/10 4.00% Due 10/20/40	42,352	41,017
	Government National Mortgage Association	33,949	Pool 752631 Dtd 10/01/10 4.50% Due 10/20/40	35,948	36,797
	Government National Mortgage Association	96,359	Pool AL9364 Dtd 03/01/15 3.50% Due 03/20/45	101,583	100,755
	Government National Mortgage Association	50,862	Pool MA2681 Dtd 03/01/15 5.00% Due 03/20/45	55,670	55,344
	Government National Mortgage Association	67,771	Pool MA2892 Dtd 06/01/15 3.50% Due 06/20/45	70,418	70,757
	Government National Mortgage Association	62,492	Pool MA2962 Dtd 07/01/15 4.00% Due 07/20/45	66,731	66,437
	Government National Mortgage Association	29,572	Pool MA3106 Dtd 09/01/15 4.00% Due 09/20/45	31,378	31,449
	United States Treasury Bonds	340,000	Dtd 11/15/13 3.125% Due 11/15/41	347,469	351,264
	United States Treasury Bonds	30,000	Dtd 01/31/12 0.875% Due 01/31/17	30,020	30,003
	United States Treasury Bonds	180,000	Dtd 11/15/11 2.00% Due 11/15/21	179,230	180,527
	United States Treasury Bonds	295,000	Dtd 02/15/12 2.00% Due 02/15/22	295,800	295,531
	United States Treasury Bonds	265,000	Dtd 08/15/14 2.375% Due 08/15/24	268,758	267,764
TOTAL U. S. GOVERNMENT SECURITIES				3,205,988	3,182,608
<u>CORPORATE OBLIGATIONS</u>					
	Abbvie Inc	15,000	Senior Note Dtd 08/05/13 1.75% Due 11/06/17	15,111	14,971
	ACE Ina Holdings Inc	10,000	Note Dtd 11/03/2015 3.350% Due 05/23/26	9,969	9,969
	ALLY Auto Receivables Trust	30,000	ABS Seq Dtd 7/22/15 1.39% Due 9/16/19	29,996	29,878
	American Express Credit	35,000	Senior Note Dtd 03/18/14 2.125% Due 03/18/19	35,128	34,996
	American Express Credit	20,000	Med Term Note Dtd 03/26/12 2.375% Due 3/24/17	20,429	20,217
	American International Group	15,000	Senior Note Dtd 07/16/14 4.50% Due 07/16/44	14,910	13,871
	Americredit Auto Receivables	35,000	ABS Seq Dtd 8/2/14 1.15% Due 06/10/19	34,999	34,873
	Analog Devices Inc	20,000	Senior Note Dtd 12/14/15 3.900% Due 12/15/25	9,977	10,096
	Apple Inc	40,000	Senior Note Dtd 05/03/13 2.40% Due 05/03/23	39,947	38,975
	AT&T Inc	10,000	Senior Bond Dtd 05/03/13 4.500% Due 5/15/35	9,995	9,848
	AT&T Inc	15,000	Senior Bond Dtd 05/04/15 4.500% Due 05/15/35	14,957	13,873
	Bank of America Corp	40,000	Medium Term Note Dtd 01/21/14 5.00% Due 01/21/44	39,914	41,748
	Bank of America Corp	45,000	Medium Term Note Dtd 10/22/13 2.60% Due 01/15/19	45,174	45,147
	Bank of New York Co Inc	30,000	Medium Term Note Dtd 02/04/12 2.20% Due 03/04/19	29,967	30,091
	Bank of New York Co Inc	35,000	Medium Term Note Dtd 10/25/12 1.30% Due 01/25/18	34,825	34,686
	Baxter International Inc	20,000	Senior Note Dtd 06/11/13 1.85% Due 06/15/18	20,116	19,881
	BB&T Branch Banking & Trust	25,000	Medium Term Bank Dtd 09/09/13 1.45% Due 10/03/16	24,989	24,837
	Bears Stearns Com Inc	50,000	Senior Note Dtd 02/01/08 7.25% Due 02/01/18	59,451	55,154

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

SCHEDULE I

FORM 5500, EIN 51-0149915, PN 001

SCHEDULE H, LINE - 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	Par/Val Shares	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	<u>CORPORATE OBLIGATIONS (CONTINUED)</u>				
	Bears Stearns Comm Mortg	33,251	CMO Dtd 12/01/06 5.20% Due 12/11/38	30,404	33,893
	Bear Stearns Com Mtg	46,454	CMO Dtd 09/01/06 5.54% Due 09/11/41	49,678	46,894
	Becton Dickinson & Co	20,000	Senior Note Dtd 11/15/14 3.875% Due 05/15/24	20,896	20,259
	Becton Dickinson & Co	15,000	Senior Note Dtd 11/08/11 3.125% Due 11/08/21	14,962	15,126
	Buckeye Partners LP	10,000	Dtd 01/13/11 4.875% Due 02/01/21	10,547	9,727
	Burlington Northern Santa Fe	10,000	Deb Dtd 08/08/00 7.95% Due 08/15/30	9,978	10,132
	Burlington Northern Santa Fe	15,000	Deb Dtd 08/08/00 7.95% Due 08/15/30	19,493	20,828
	Capital Auto Receivables Asse	39,482	ABS Dtd 11/27/13 1.09% Due 03/20/18	39,482	39,436
	Capital One Finacial Corp	20,000	Dtd 04/04/14 2.45% Due 04/24/19	20,108	20,037
	Capital One Multi-Asset	50,000	ABS Dtd 10/14/14 1.48% Due 7/15/20	49,987	50,009
	Cardinal Health Inc	20,000	Senior Bond Dtd 02/22/13 3.20% Due 03/15/23	19,959	19,746
	Caterpillar Financial Services	25,000	Med Term Dtd 05/30/12 1.625% Due 06/01/17	25,224	25,086
	Celgene Corp	10,000	Senior Bond Dtd 08/06/13 5.25% Due 08/15/43	9,915	10,218
	Citigroup Inc	55,000	Sub Note Dtd 06/10/15 4.400% Due 06/10/25	54,776	55,551
	CNA Financial Corp	20,000	Senior Note Dtd 11/13/09 7.35% Due 11/15/19	21,300	23,027
	Comcast Corp	30,000	Note Dtd 11/17/06 5.875% Due 02/15/18	32,428	32,675
	Consolidated Edison Co	10,000	Senior deb Dtd 11/24/14 4.625% Due 12/01/54	9,975	9,839
	Coopers US Inc	15,000	Senior Note Dtd 12/07/10 3.875% Due 12/15/20	14,928	15,515
	Cummins Inc	5,000	Senior Note Dtd 09/24/13 3.65% Due 10/01/23	4,987	5,150
	CVS Health Corp	15,000	Senior Note Dtd 07/20/15 1.900% Due 07/20/18	14,990	14,991
	Delmarva PWR & Light Co	15,000	Dtd 11/15/13 3.500% Due 11/15/23	15,320	15,414
	Delphi Corp	20,000	Dtd 03/03/14 4.15% Due 03/15/24	19,930	20,153
	Dow Chemical Co	20,000	Senior Date Dtd 11/14/11 4.125% Due 11/15/21	20,960	20,968
	Duke Energy Corp	30,000	Senior Note Dtd 08/25/11 3.550% Due 09/15/21	32,067	30,637
	Duke Energy Progress Inc	20,000	Note Dtd 11/20/14 4.150% Due 12/01/44	19,932	19,539
	Eaton Corp	20,000	Note Dtd 05/20/08 5.600% Due 05/15/18	20,246	21,620
	Ebay Inc	20,000	Senior Bond Dtd 07/24/12 1.350% Due 07/15/17	19,989	19,842
	Enterprise Products Operating LLC	5,000	Senior Bond Dtd 10/05/09 6.125% Due 10/15/39	4,969	4,568
	ERP Operating LP	10,000	Senior Bond Dtd 04/10/13 3.00% Due 04/15/23	9,911	9,817
	Ford CR Floor Plan	65,000	ABD Dtd 8/26/14 1.40% Due 8/15/19	64,981	64,707
	Ford Credit Auto Lease Group	15,000	ABS Dtd 03/26/14 0.90% Due 06/15/17	15,000	14,977
	Ford Credit Auto Owners	35,000	ABS Dtd 03/24/15 2.03% Due 08/15/20	34,994	34,815
	General Electric Co	15,000	Note Dtd 12/06/07 5.250% Due 12/06/17	16,683	16,015
	Genzyme Corp	10,000	Senior Note Dtd 06/17/10 5.00% Due 06/15/20	10,892	11,077
	Georgia Power Co	10,000	Senior Note dtd 12/04/15 1.950% Due 12/01/18	9,991	9,975
	Goldman Sachs Group Inc	30,000	Note Dtd 01/18/08 5.950% Due 01/18/18	31,170	32,309
	Goldman Sachs Group Inc	10,000	Senior Note Dtd 01/23/15 3.500% Due 1/23/25	9,996	9,828
	GS Mortgage Securities	60,000	CMO Dtd 11/01/13 3.033% Due 11/10/46	61,927	61,225
	Halliburton Co	15,000	Senior Note Dtd 11/13/15 3.375% Due 11/15/22	15,048	14,762
	Halliburton Co	10,000	Senior Bond Dtd 11/14/13 3.25% Due 11/15/21	10,014	9,991
	Health Care Reit Inc	15,000	Senior Bond Dtd 03/14/11 5.25% Due 1/15/22	14,901	16,224
	Health Care Reit Inc	15,000	Senior Bond Dtd 04/03/12 4.125% Due 04/01/19	16,444	15,643

FORM 5500, EIN 51-0149915, PN 001

SCHEDULE H, LINE - 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	Par/Val Shares	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<u>CORPORATE OBLIGATIONS (CONTINUED)</u>					
	Home Depot Inc	10,000	Senior Note Dtd 04/05/13 2.70% Due 04/01/23	9,984	9,924
	Home Depot Inc	10,000	Senior Note Dtd 09/15/15 3.35% Due 09/15/25	9,986	10,219
	Humana Inc	25,000	Senior Note Dtd 12/10/12 3.15% Due 12/01/22	24,722	24,302
	Hyundai Auto Receivables	16,473	ABS Dtd 02/05/14 1.07% Due 07/16/18	16,470	16,436
	Intel Corp	15,000	Senior Note Dtd 09/19/11 33.30% Due 10/01/21	14,964	15,537
	Intercontinental Exchange Inc	10,000	Senior Note Dtd 11/24/15 2.75% Due 12/01/20	9,989	9,997
	John Deere Capital Inc	25,000	Med term Note Dtd 03/11/13 1.30% Due 03/12/18	24,942	24,777
	JPMBB Commercial Mortgage	20,000	CMBS Dtd 06/01/13 3.157% Due 07/15/45	20,646	20,345
	JPMorgan Chase & Co	25,000	Sub Note Dtd 09/10/14 3.875% Due 09/10/24	24,869	24,869
	KeyCorp	10,000	Med term Note Dtd 03/24/11 5.10% Due 03/24/21	9,991	10,929
	Marathon Petroleum Corp	10,000	Senior Bond Dtd 09/05/14 3.625% Due 09/15/24	9,964	9,318
	Mastercard Inc	20,000	Senior Bond Dtd 03/31/14 3.375% Due 04/01/24	19,914	20,439
	McDonalds Corp	20,000	Med Tern Note Dtd 12/09/15 3.70% Due 01/30/26	19,935	19,984
	Metlife Inc	10,000	Senior Bond Dtd 11/13/15 4.60% due 05/13/46	9,961	10,066
	Mercedes -Benz Auto lease	50,000	ABD Dtd 04/09/14 0.90% Due 12/16/19	49,996	49,957
	Microsoft Corp	25,000	Senior Bond Dtd 11/03/15 4.45% Due 11/03/45	24,811	25,780
	Monsanto Co	35,000	Senior Note Dtd 07/01/14 1.15% Due 06/30/17	34,966	34,746
	Monsanto Co	15,000	Senior Bond Dtd 07/01/14 4.40% Due 07/15/44	14,881	12,419
	Morgan Stanley	35,000	Med Term Note Dtd 10/23/14 3.70% Due 10/23/24	35,416	35,168
	Morgan Stanley	25,000	Med Term Note Dtd 09/08/14 4.35% Due 09/08/26	24,956	25,082
	National Rural Utilities	20,000	Deb Dtd 04/10/07 5.45% Due 04/10/17	23,250	20,945
	Northrop Gruman Corp	25,000	Senior Bond Dtd 02/06/15 3.85%v Due 04/15/45	24,993	22,465
	Nucor Corp	10,000	Senior Bond Dtd 07/29/13 4.00% Due 08/01/23	10,380	9,696
	Nucor Corp	5,000	Senior Noted Dtd 09/21/10 4.125% Due 09/15/22	5,165	5,088
	Oracle Corp	25,000	Senior Note Dtd 07/08/14 2.25% due 10/08/19	24,972	25,261
	Oracle Corp	25,000	Senior Note Dtd 07/08/14 4.30% Due 07/08/34	24,990	24,870
	Paccar Financial Corp	10,000	Med Term Note Dtd 09/15/14 2.20% Due 09/15/19	10,197	9,959
	Pacific Gas & electric	15,000	Senior Bond Dtd 11/05/15 4.25% Due 3/15/46	14,719	14,535
	Philips 66	20,000	Senior Note Dtd 11/01/12 2.95% Due 05/01/17	20,974	20,272
	PNC Funding Corp	20,000	Senior Note Dtd 03/08/12 3.30% Due 03/08/22	19,889	20,477
	Qualcomm nc	10,000	Senior Note Dtd 05/20/15 3.00% Due 05/20/22	9,996	9,900
	Reynolds American Inc	5,000	Senior Bond Dtd 06/12/15 5.85% Due 08/15/45	4,974	5,559
	Sierra Pacific Power Co	10,000	Note Sr t Dtd 08/15/13 3.375% Due 08/15/23	9,979	10,112
	Simon Property Group LP	35,000	Senior Note Dtd 01/21/14 23201%v Due 02/01/19	35,080	35,179
	Southern Co	15,000	Senior Note Dtd 08/22/14 2.15% Due 09/01/19	14,965	14,714
	Stanley Black 7 Decker Inc	20,000	Junior Sub Note Dtd 11/17/15 2.45% Due 11/17/18	20,000	20,078
	State Street Corp	10,000	Senior Note Dtd 08/18/15 2.55% due 08/18/20	9,977	10,124
	Sunoco Logistics Partner	5,000	Senior Note Dtd 04/03/14 4.25% Due 4/01/24	5,089	4,324
	Toyota Motor Credit Corp	45,000	Med term Note Dtd 07/18/14 2.125% Due 07/18/19	45,246	45,081
	Union Electric Co	25,000	Senior Note Dtd 06/19/08 6.70% Due 02/01/19	25,973	28,408
	Union pacific Corp	10,000	Senior Bond Dtd 01/29/15 3.375% due 2/01/35	9,970	9,032
	Unitedhealth Group Inc	10,000	Senior Bond Dtd 10/22/12 3.955 Due 10/15/42	9,773	9,308

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

SCHEDULE I

FORM 5500, EIN 51-0149915, PN 001

SCHEDULE H, LINE - 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	Par/Val Shares	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<u>CORPORATE OBLIGATIONS (CONTINUED)</u>					
	Unitedhealth Group Inc	20,000	Senior Note Dtd 02/28/13 1.625% Due 03/15/19	19,312	19,779
	US Bank	55,000	Med Term Note Dtd 11/07/13 1.95% Due 11/15/18	55,146	55,338
	Ventas Realty LP/Cap Corp	10,000	Senior Bond Dtd 09/26/13 5.70% Due 09/30/43	9,963	10,985
	Verizon Communications Inc	35,000	Senior Bond Dtd 09/18/13 6.40% Due 09/15/33	38,666	39,875
	Visa Inc	25,000	Senior Note Dtd 12/14/15 1.20% Due 12/14/17	24,987	24,972
	Visa Inc	10,000	Senior Note Dtd 12/14/15 2.80% Due 12/14/22	9,986	10,041
	Visa Inc	15,000	Senior Note Dtd 12/14/15 3.15% Due 12/14/25	14,945	15,019
	Volkswagen Auto Lease	25,000	ABS Dtd 03/05/15 1.25% Due 12/20/17	24,998	24,751
	Walgreens Boots Alliance	25,000	Senior Note Dtd 11/18/14 2.70% Due 11/18/19	25,486	24,953
	Wells Fargo Co	15,000	Senior Note Dtd 10/28/13 2.15% Due 01/15/19	14,967	15,084
	Wells Fargo Co	10,000	Med Term Note Dtd 07/22/15 4.30% Due 07/22/27	9,962	10,215
	Wells Fargo Co	10,000	Med Term Note Dtd 02/02/15 2.15% Due 1/30/20	9,978	9,912
	Wells Fargo Commercial Mortg	45,000	CMO Dtd 08/01/15 3.412% Due 09/15/58	46,347	45,548
	Williams Partners LP	10,000	Senior Bond Dtd 06/27/14 3.90% Due 01/15/25	9,969	7,514
	WF-RBS Commercial Mortgage Trust	30,000	CMO Dtd 03/01/14 3.66% Due 3/15/47	30,899	30,977
	Wisconsin Energy Co	15,000	Senior Bond Dtd 06/10/15 3.55% Due 06/15/25	14,997	15,084
	Xcel Energy Inc	33,000	Senior Note Dtd 10/01/07 5.613% Due 04/01/17	33,900	34,592
	Zimmer Holdings Inc	10,000	Senior Bond Dtd 3/19/15 3.55% Due 4/01/25	9,976	9,717
TOTAL CORPORATE OBLIGATIONS				<u>2,635,634</u>	<u>2,625,393</u>
<u>FOREIGN BONDS</u>					
	Actavis Funding	5,000	Senior Note Dtd 03/12/15 4.55% Due 03/15/35	4,979	4,859
	BHP Billiton Finance USE	15,000	Senior Note Dtd 02/24/12 1.625% Due 02/24/17	15,296	14,969
	Canadian national Resources	15,000	Senior Note Dtd 11/18/11 3.45% Due 11/15/21	14,941	14,136
	Glaxosmithkline Capital PLC	45,000	Senior Note Dtd 05/09/12 1.50% Due 05/08/17	45,257	45,190
	Husky Energy Inc	25,000	Senior Bond Dtd 03/22/12 3.95% Due 04/15/22	24,921	23,174
	Koninklijke Philips Electronics	20,000	Note Dtd 13/11/08 5.75% Due 03/11/18	21,159	21,402
	LYB International Finance B V	20,000	Senior Note Dtd 07/16/13 4.00% Due 07/15/23	20,147	19,937
	Pentair Finance S A	10,000	Senior Note Dtd 3/15/13 3.15% Due 9/15/22	9,743	9,407
	Rio Tinto Fin USA	5,000	Senior Note Dtd 06/16/15 3.75% Due 06/15/25	4,967	4,539
	Rogers Communications Inc	5,000	Senior Bond Dtd 3/10/14 5.00% Due 03/15/44	24,808	25,169
	Sanor-Aventis	20,000	Senior Note Dtd 03/29/11 4.00% Due 03/29/21	19,795	21,403
	Sanor-Aventis	5,000	Senior Note Dtd 04/10/13 1.25% Due 04/10/18	4,978	4,978
	Shell International Finance B V	20,000	Senior Note Dtd 11/10/15 1.625% Due 11/10/18	19,934	19,890
	Toronto-Dominion Bank	30,000	Med Term Note Dtd 09/10/13 2.625% Due 09/10/18	30,927	30,574
TOTAL FOREIGN BONDS				<u>261,852</u>	<u>259,627</u>

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

SCHEDULE I

FORM 5500, EIN 51-0149915, PN 001

SCHEDULE H, LINE - 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	Par/Val Shares	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	<u>COMMON/COLLECTIVE TRUST</u>				
	EB Diversified Stock Fund	113,210	EB Diversified Stock Fund	1,465,354	3,064,193
	American Core Realty Fund	9	American Core Realty Fund	1,036,375	1,094,783
			TOTAL COMMON/COLLECTIVE TRUST	2,501,729	4,158,976
	<u>MUTUAL FUNDS</u>				
	Loomis Sayles Bond Fund	105,535	Loomis Sayles Bond Fund Open-End Fund	1,379,812	1,359,292
	Vanguard Russell 1000 Value Index Fund	32,212	Vanguard Russell 1000 Value Index Closed-End Fund	2,416,813	2,759,280
	Vanguard Small-Cap Index Fund	56,064	Vanguard Small-Cap Index Fund Open-End Fund	2,360,381	2,974,172
	Vanguard Total International Stock Index Fund	40,639	Vanguard Total International Stock Index Fund Open-End Fund	1,082,827	985,098
			TOTAL MUTUAL FUNDS	7,239,833	8,077,842
			TOTAL INVESTMENTS	\$16,124,566	\$18,583,976

FORM 5500, EIN 51-0149915, PN 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS*

FOR THE YEAR ENDED DECEMBER 31, 2015

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION	TOTAL NUMBER OF		(c) PURCHASE PRICE	(d) SELLING PRICE	(g) COST OF ASSET	(h) CURRENT VALUE	(i) NET GAIN OR (LOSS)
		PURCH.	SALES					
Key Bank	Federated Prime Cash Obligations	132	44	1,142,242	1,207,707	1,142,242 1,207,707	1,142,242 1,207,707	0
Key Bank	Federated Government Obligations	45	27	2,402,581	2,472,325	2,402,581 2,472,325	2,402,581 2,472,325	0

* Represents transaction or a series of transactions in securities of the same issue in excess 5% of the current value of Plan assets as of January 1, 2015.

Plan Name: Teamsters Union Local No. 73 Pension Plan
EIN: 51-0149915 Plan Number: 001
Attachment A to 2015 Form 5500 Schedule MB
Page 2

Schedule MB, line 4b – Illustration Supporting Actuarial Certification of Status

Support for the Plan's "Critical" status can be found in the attached 2015 PPA certification.



Schedule MB, line 6 – Summary of Plan Provisions

1. Participation

A Member of the Teamsters Union Local No. 73 becomes a participant on the first date contributions are made or, if earlier, 1 year of employment and completion of 1,000 hours of service.

2. Credited Service

Credited Service is earned as follows:

Reported Hours Worked During Calendar Year	Years of Future Credited Benefit Service
1,800 or more	1 year
1,650 to 1,799	11/12
1,500 to 1,649	10/12
1,350 to 1,499	9/12
1,200 to 1,349	8/12
1,050 to 1,199	7/12
900 to 1,049	6/12
750 to 899	5/12
600 to 749	4/12
0 to 599	0

3. Vesting Credit

One year of Service is earned in a plan year in which contributions are made for 1,000 hours.

4. Normal Pension

a. Eligibility Attainment of age 62 (age 65 for employees who have not worked after December 31, 1997) and completion of 5 years of Service. Benefit is the accrued benefit.

b. Amount A monthly benefit as follows consisting of the total benefit plus an additional benefit for each year of credited service between 25 and 35. The total benefit is prorated for credited service less than 25.

		25 Years Total Benefit	26 – 35 Years Additional per Year
All Years of Service	Eveready	\$ 1,343	\$ 71
	Products		
	Ferrotherm	1,343	71
	Corp. Local 73	1,500	80
Service to 12/31/06	Supply One	1,067	56
Service after 12/31/06	Supply One	1,500	80



Schedule MB, line 6 – Summary of Plan Provisions

5. Form of Payment

The accrued benefit is expressed in a five-year certain and life annuity.

The Participant and the spouse may reject the automatic form of payment and elect any of the following optional forms of payment, which are actuarially equivalent:

- Life Annuity
- Automatic qualified 50% Joint and Survivor Annuity
- 75% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity
- 10-Year Certain and Life Annuity
- Social Security Adjustment Annuity

6. Early Retirement

- a. Eligibility** Attainment of age 55 and completion of 5 years of Service.
- b. Amount** Benefit is the accrued benefit reduced by 6/10% for each of month that early retirement precedes normal retirement age.

7. Deferred Vested Retirement

- a. Eligibility** 5 years of Service.
- b. Amount** The normal pension earned to the date of termination or a reduced benefit payable at or after age 55.

8. Pre-Retirement Death Benefit

- a. Eligibility** Payable to the surviving spouse of a Participant who dies after becoming vested. The beneficiary may be eligible for one of the following three death benefits:

- b. Amount** Lump Sum Death Benefit
A refund of 50% of contributions up to a maximum of \$2,500.

60 Month Survivor Benefit

The spouse or dependent children of a participant who dies after attainment of age 50 and completion of 5 years of Service is eligible for a monthly benefit for a maximum of 60 months equal to the accrued benefit that would have been payable to the participant if his death had occurred on his 55th birthday.

Qualified Pre-Retirement Survivor Annuity

The surviving spouse of a participant who dies after completion of 5 years of service is eligible for a benefit equal to 50% of the accrued benefit reduced for early commencement, as applicable, and for joint and survivor protection, payable for life beginning at age 55 or later.



Plan Name: Teamsters Union Local No. 73 Pension Plan
EIN: 51-0149915 Plan Number: 001
Attachment B to 2015 Form 5500 Schedule MB
Page 5

Schedule MB, line 6 – Summary of Plan Provisions

9. Disability Retirement

- a. Eligibility** Attainment of age 40, completion of at least 15 years of Service and totally and permanently disabled under Social Security, while in covered employment.
- b. Amount** An immediate benefit equal to the accrued benefit.

10. Changes since last valuation

None.



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

A. Actuarial Assumptions

1. Rates of Investment Return

Funding and disclosure purposes:

7.00% compounded annually

Current Liability under RPA 1994:

3.51% compounded annually

All investment returns are net of investment expenses.

2. Rates of Mortality

(a) Funding:

Mortality of non-disabled participants is assumed to follow the 1994 Unisex Pensioners Mortality Table projected to 2004 using Scale AA.

Mortality of disabled participants is assumed to follow the PBGC mortality for disabled people not receiving Social Security.

Upon a review of the historical mortality rates, past experience has shown mortality assumptions to be more conservative than actual experience. Therefore, it will continue to be monitored, but it is not necessary to project further mortality improvement at this time.

(b) RPA '94 Current Liability:

Mortality under RPA '94 is assumed to follow the IRS 2015 Static Mortality Table.

3. Rates of Retirement

Rates of retirement are assumed to be in accordance with annual rates as shown below for illustrative ages.

Age	Rate of Retirement
0 to 54	0%
55 to 59	8
60 to 61	12
62 and over	100

4. Rates of Turnover

Termination of employment for reasons other than death, disability, or retirement are assumed to be in accordance with Table T-8 with the following sample rates.

Age	Rate of Turnover
25	11.62%
30	11.20
35	10.55
40	9.40
45	7.54
50	4.83
55	1.73
60	0.16
65	0.00

5. Vested Terminated Participants

Death of terminated vested participants is assumed to follow the 1994 Unisex Pensioners Mortality Table projected to 2004 using Scale AA.



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

6. Disability

After age 40 with 15 years of service with incidence of disability assumed to occur according to five times the UAW disability rate table up to 5% with the following sample rates.

Age	Rate of Disability
40	0.35%
45	0.50
50	0.90
55	1.80
60	4.50
65	0.00

7. Marital Status

80% of participants are assumed to be married. The female spouse is assumed to be three years younger than the male spouse.

8. Administrative Expenses

\$150,000 assumed payable at the beginning of the year. Ten years of administrative expenses are included to determine the value of vested benefits when determining Withdrawal Liability.

9. Changes in Assumptions Since Last Valuation

As required, the current liability interest rate and mortality tables were updated. The interest rate went from 3.64% to 3.51% (per IRS Notice 2010-5).

10. Rationale for Assumptions

The actuarial assumptions were adopted by the Board of Trustees upon the recommendation of the actuary and are incorporated into this report.



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

B. Actuarial Methods

1. Asset Valuation Method

The valuation assets are determined as the market value less (1) 80% of the investment gain/ (loss) during the preceding year, less (2) 60% of the investment gain/ (loss) during the second preceding year, less (3) 40% of the investment gain/(loss) during the third preceding year, less (4) 20% of the investment gain/(loss) for the fourth preceding year. However, the 2008 investment loss is recognized at a rate of 10% per Plan year due to funding relief. For the purpose of this calculation, the gain/(loss) are defined as the difference between the actual and the expected return (based on the valuation interest rate) on the market value of assets during the year.

The actuarial value is taken to be the adjusted market value as described above, but subject to a 20% corridor limit around the actual market value; that is, the actuarial value is never greater than 120% of market value, or less than 80% of market value.

2. Funding Method: Unit Credit Cost Method

The cost method for valuation of liabilities used for this valuation is the unit credit method. This is one of a family of valuation methods known as an accrued benefits method. The chief characteristic of an accrued benefits method is that the funding pattern follows the pattern of benefit accrual. Under the Unit Credit actuarial cost method, the normal cost is determined as that portion of each

Participant's benefit attributable to service expected to be earned in the upcoming plan year. The actuarial liability, which is determined for each Participant as of each valuation date, represents the actuarial present value of the Participant's current accrued benefit as of the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the unit credit method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost could increase over time.

3. PRA 2010 Funding Relief

The Fund's Board of Trustees elected funding relief under §431(b)(8) of the Code and §304(b)(8) of ERISA, specifically:

- The "special asset valuation rule" in determining the actuarial value of plan assets which allows the Fund to recognize the 2008 loss over 10 years, at 10% per year.
- As part of the special valuation rule, the actuarial value of assets will be no greater than 130% of the market value of assets for the plan year beginning January 1, 2009.

4. Changes in Actuarial Methods Since the Last Valuation

None.



Plan Name: Teamsters Union Local No. 73 Pension Plan
EIN: 51-0149915 Plan Number: 001
Attachment D to 2015 Form 5500 Schedule MB
Page 9

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

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments	
Plan Year	Expected Annual Benefit Payments
2015	1,610,753
2016	1,631,831
2017	1,686,294
2018	1,749,443
2019	1,783,144
2020	1,887,086
2021	1,994,906
2022	2,041,092
2023	2,080,508
2024	2,084,860



Plan Name: Teamsters Union Local No. 73 Pension Plan
 EIN: 51-0149915 Plan Number: 001
 Attachment E to 2015 Form 5500 Schedule MB
 Page 10

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

Count of Active Participants Years of Service at January 1, 2015											
Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 25		5									5
25-29		4									4
30-34		5	3								8
35-39		2	1	1	2						6
40-44		2	2	1	3						8
45-49		2	2	3	4	1	1				13
50-54		6	1	3	6	2	6	1			25
55-59		4	6	4	4	3	4		1		26
60-64			2	1	1		1		2		7
65-69						1				1	2
70+				1							1
Total	0	30	17	14	20	7	12	1	3	1	105
Average Age: 48.6				Average Service: 13.1							



Plan Name: Teamsters Union Local No. 73 Pension Plan
 EIN: 51-0149915 Plan Number: 001
 Attachment F to 2015 Form 5500 Schedule MB
 Page 11

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

Table IV-5 SCHEDULE OF AMORTIZATIONS REQUIRED FOR MINIMUM REQUIRED CONTRIBUTION AS OF JANUARY 1, 2015						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2015 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
Charges						
1. Initial Base	1/1/1976	\$ 2,863,572	40	\$ 195,706	1	195,706
2. Plan Amendment	1/1/1977	532,037	40	70,570	2	36,474
3. Plan Amendment	1/1/1980	26,586	40	8,062	5	1,838
4. Plan Amendment	1/1/1981	17,101	40	6,053	6	1,185
5. Plan Amendment	1/1/1986	157,759	30	17,706	1	17,706
6. Assumption Change	1/1/1987	23,985	30	5,093	2	2,629
7. Assumption Change	1/1/1991	631,941	30	257,303	6	50,451
8. Plan Amendment	1/1/1993	520,589	30	251,059	8	39,294
9. Plan Amendment	1/1/1997	392,316	30	251,579	12	29,603
10. Plan Amendment	1/1/1998	1,953,079	30	1,316,649	13	147,231
11. Plan Amendment	1/1/1999	1,084,327	30	764,200	14	81,665
12. Assumption Change	1/1/1999	329,904	30	232,509	14	24,846
13. Plan Amendment	1/1/2000	2,175,954	30	1,597,100	15	163,880
14. Plan Amendment	1/1/2001	450,821	30	46,259	1	46,259
15. Actuarial Loss	1/1/2001	37,030	30	28,188	16	2,789
16. Plan Amendment	1/1/2002	2,281,676	15	452,936	2	234,127
17. Actuarial Loss	1/1/2002	174,564	30	137,347	17	13,147
18. Plan Amendment	1/1/2003	3,124,932	15	900,405	3	320,655
19. Actuarial Loss	1/1/2004	24,812	30	20,662	19	1,869
20. Plan Amendment	1/1/2005	760,920	15	342,557	5	78,079
21. Actuarial Loss	1/1/2006	5,215	15	2,732	6	535
22. Actuarial Loss	1/1/2007	160,578	15	95,018	7	16,477
23. Actuarial Loss	1/1/2009	1,586,532	15	1,134,906	9	162,797
24. Actuarial Loss	1/1/2012	176,237	15	153,691	12	18,084
25. Actuarial Loss	1/1/2013	399,848	15	366,910	13	41,029
26. Actuarial Loss	1/1/2015	386,761	15	386,761	15	39,686
TOTAL CHARGES				\$ 9,041,961		\$ 1,768,041



Plan Name: Teamsters Union Local No. 73 Pension Plan
 EIN: 51-0149915 Plan Number: 001
 Attachment F to 2015 Form 5500 Schedule MB
 Page 12

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

Table IV-6 SCHEDULE OF AMORTIZATIONS REQUIRED FOR MINIMUM REQUIRED CONTRIBUTION AS OF JANUARY 1, 2015							
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2015 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount	
Credits							
1. Combined Credits	1/1/2010	\$ 8,975,371	5.7232	\$ 1,334,869	0.7232	\$ 1,334,869	
2. Combined Credits	1/1/2011	48,951	15	40,303	11	5,023	
3. Actuarial Gain	1/1/2014	207,991	15	199,714	14	21,342	
TOTAL CREDITS				\$ 1,574,886		\$ 1,361,234	
NET CHARGE				\$ 7,467,075		\$ 406,807	



Plan Name: Teamsters Union Local No. 73 Pension Plan

EIN: 51-0149915 Plan Number: 001

Attachment G to 2015 Form 5500 Schedule MB

Page 13

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

1. As required, the current liability interest rate and mortality tables were updated. The interest rate went from 3.64% to 3.51% to comply with appropriate guidance (per IRS Notice 2010-5), and the mortality table was updated to the 2015 Static Mortality Tables for annuitants and non-annuitants (per IRS Notice 2008-85).



FOR PLAN YEAR COMMENCING JANUARY 1, 2015

**ANNUAL CERTIFICATION OF PLAN STATUS UNDER SECTION 432(b) OF THE
INTERNAL REVENUE CODE, (SEC. 305(b) OF THE EMPLOYEE RETIREMENT
INCOME SECURITY ACT OF 1974)**

FOR

TEAMSTERS UNION LOCAL 73 PENSION PLAN

**EIN: 51-0149915
PN: 001**

**Plan Year 01/01/2015
Fund Contact
Vicki Hanrahan
Plan Administrator
(440) 234-0473**

March 31, 2015



Classic Values, Innovative Advice.

Board of Trustees of the
Teamsters Union Local 73 Pension Plan
6511 Eastland Road, Suite 140
Brook Park, OH 44142

March 31, 2015
EIN: 51-0149915
PN: 001
Phone: (440) 234-0473

Re: Annual Certification of Plan Status under Internal Revenue Code §432(b) and Employee Retirement Income Security Act of 1974 §305(b)

Dear Board of Trustees:

CERTIFICATION

As required by Section 432(b)(3) of the Internal Revenue Code (“Code”) and Section 305(b)(3) of the Employee Retirement Income Security Act of 1974 (“ERISA”), we certify, for the plan year beginning January 1, 2015, that the Fund is classified as being in Endangered status as this term is defined in Section 432(b) of the Code and Section 305(b) of ERISA as amended by the Multiemployer Pension Reform Act of 2014. In addition, the Fund is projected to be classified as being in Critical status within the next five plan years. This certification also takes into account the funding relief under Section 431(b)(8)(A) and 431(b)(8)(B) of the Code and Section 304(b)(8)(A) and 304(b)(8)(B) of ERISA.

The Funding Improvement Period is not scheduled to begin until January 1, 2017. As such, there is no requirement to certify that scheduled progress is being made.

To the best of our knowledge, this report is complete and has been prepared in accordance with the requirements of Section 432 of the Code, Section 305 of ERISA, and generally recognized and accepted actuarial principles and practices that are consistent with the Code of Professional Conduct and applicable Actuarial Standards of Practice set out by the Actuarial Standards Board. Furthermore, as credentialed actuaries, we meet the Qualification Standards of the American Academy of Actuaries to render the opinion contained herein. This report does not address any contractual or legal issues. We are not attorneys and our firm does not provide any legal services or advice.

This report was prepared solely for the Trustees of the Pension Fund and the Secretary of Treasury. It only certifies the condition of the Fund under Code Section 432 as added by the Pension Protection Act of 2006 and should be used only for that purpose. Other users of this report are not intended users as defined in the Actuarial Standards of Practice, and Cheiron assumes no duty or liability to such other users.

In preparing this report, we have relied on information supplied by the Fund Office and Board of Trustees. This information includes, but is not limited to, the plan provisions, employee data, financial information, and expectations of future industry activity. We performed an informal examination of the obvious characteristics of the data for reasonableness and consistency in accordance with Actuarial Standard of Practice #23.

Board of Trustees
March 31, 2015
Page ii

Future analysis may differ significantly from those presented in this certification letter due to such factors as the following: plan experience differing from that anticipated by the assumptions; changes in assumptions; and changes in plan provisions or applicable law.

The attached appendices show the results for the statutory tests and describe the methodologies and assumptions used to perform the tests. Please contact the undersigned with any questions.

Sincerely,



Samuel D. Harris, FSA, EA (14-03452)



Christian Benjaminson, FSA, EA (14-07015)

Attachments: Appendix I: Tests of Fund Status
Appendix II: Detail for Actuarial Certification
Appendix III: Methodology and Assumptions

cc: Secretary of the Treasury

APPENDIX I – TESTS OF FUND STATUS

Critical Status – The Fund will be certified as Critical if it meets the conditions of any one of the five following tests:

**Condition
Met?**

- 1 The Fund has a funded ratio of less than 65%, and the value of Fund assets plus projected contributions is less than the value of projected Fund benefits and expenses to be paid for the current and six succeeding plan years. NO
- 2 The Fund has a funded ratio of less than 65%, and is projected to have an accumulated funding deficiency for the current year or the next four plan years. NO
- 3 The Fund is projected to have an accumulated funding deficiency for the current plan year or the next three plan years. NO
- 4 Normal cost plus interest on the unfunded liabilities exceeds contributions, the present value of vested benefits of inactives exceeds the present value of vested benefits of actives, and the Fund is projected to have a funded deficiency for the current plan year or the next four plan years. NO
- 5 The value of Plan assets plus projected contributions is less than the value of projected benefits and expenses to be paid for the current and four succeeding plan years. NO

Critical and Declining Status – The Fund will be certified as Critical and Declining if it meets test 6.

- 6 The Fund is Critical and projected to become insolvent within the current or the next 14 (19 if the Fund's number of inactives is more than twice the number of actives or if the funding level is below 80%) plan years Not
Applicable

Projected Critical Status – If the Fund is not in Critical status, it will be eligible to elect to be in Critical status for the year if it meets test 7 below:

- 7 The Fund is projected to meet one of the tests above (1-5) in the following five plan years. YES

Endangered Status – The Fund will be certified as Endangered if it is not in Critical status and it meets either test 8 or test 9 below:

- 8 The ratio of assets to liabilities is less than 80% on the first day of the plan year. NO
- 9 The Fund is projected to have an accumulated funding deficiency for the current plan year or in any of the six succeeding plan years. YES

Seriously Endangered Status – The Fund will be certified as Seriously Endangered if it is not in Critical status and meets both test 8 and test 9 above.

The Fund is certified to be in Endangered status for 2015. In addition, the Fund is projected to be classified as being in Critical status within the following five plan years.

APPENDIX II - DETAIL FOR ACTUARIAL CERTIFICATION

A. DETERMINATION OF FUNDED PERCENTAGE as of January 1, 2015 (used in Tests 1, 2, and 8)

Most Recent Reported Market Value of Plan Assets¹ \$ 20,301,552

Development of Actuarial Value of Assets:

1. Market Value of Plan Assets:	\$ 20,301,552
2. 80% of 2014 (gain) / loss based on reported assets	13,245
3. 60% of 2013 (gain) / loss	(1,224,974)
4. 40% of 2012 (gain) / loss	(263,373)
5. 20% of 2011 (gain) / loss	345,382
6. 30% of 2008 (gain) / loss ²	1,777,140
7. Preliminary Actuarial Value of Assets, January 1, 2015 (1. + 2. + 3. + 4. + 5. + 6.)	\$ 20,948,972
8. Adjustment to remain within 20% of market value	0
9. Actuarial Value of Assets, January 1, 2015 (7. - 8.)	\$ 20,948,972

Development of Unit Credit Liabilities:

1. Liabilities from Actuarial Valuation, January 1, 2014	
a. Active liability	\$ 5,203,850
b. Inactive liability	16,510,073
2. Adjustments ³	
a. To active liability	102,647
b. To inactive liability	325,666
3. TOTAL, January 1, 2015 (1a. + 1b. + 2a. + 2b.)	\$ 22,142,236

FUNDED PERCENTAGE = Actuarial Value of Assets/Liabilities = **94.61%**

¹ The Market Value of Assets is based on the preliminary financial statements as of December 31, 2014 provided by the Fund Office.

² Reflects the Trustees election of the 10-year smoothing of the 2008 net investment loss as provided by PRA 2010.

³ The liabilities have been adjusted for the following:
Accrual of benefits
Accrual of interest
Benefit payments

APPENDIX II - DETAIL FOR ACTUARIAL CERTIFICATION

B. PROJECTIONS

1. Funding Standard Account Credit Balance (used in Tests 3, 4, 7, and 9)

<u>Date</u>	<u>Credit</u>	<u>adjusted with interest to end of year</u>		
	<u>Balance</u>	<u>Charges</u>	<u>Credits</u>	<u>Contributions</u>
1/1/2015	\$ 6,116,358	\$ 2,361,020	\$ 1,456,578	\$ 345,369
1/1/2016	5,985,429	2,138,889	28,211	345,369
1/1/2017	4,639,099	1,851,032	28,211	345,369
1/1/2018	3,486,384	1,527,828	28,211	333,608
1/1/2019	2,564,422	1,537,055	28,211	254,655
1/1/2020	1,489,742	1,443,671	28,211	254,655
1/1/2021	433,219	1,380,713	28,211	254,655
1/1/2022	(634,302)			

The projected Funding Standard Account is based on the methods and assumptions set out in Appendix III. The projection of future contributions is based on the Trustees' estimate that the current level of work/contributions will continue in the future.

2. Asset Projection (used in Tests 5 and 7)

<u>Date</u>	<u>Market Value</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>
	<u>Assets</u>	<u>Contributions</u>	<u>Benefits and</u>	<u>Investment</u>
			<u>Expenses</u>	<u>Earnings</u>
1/1/2015	\$ 20,301,552	\$ 333,881	\$ 1,768,815	\$ 1,371,735
1/1/2016	20,238,352	333,881	1,793,998	1,366,445
1/1/2017	20,144,679	333,881	1,856,719	1,357,730
1/1/2018	19,979,571	322,512	1,921,092	1,343,566
1/1/2019	19,724,556	246,185	1,949,766	1,322,102
1/1/2020	19,343,077	246,185	2,052,489	1,291,864
1/1/2021	18,828,637	246,185	2,153,970	1,252,361
1/1/2022	18,173,212			

APPENDIX III – METHODOLOGY AND ASSUMPTIONS

A. Actuarial Assumptions

1. Investment Return (net of investment expenses)

Funding purposes: 7.00% per year

2. Administrative Expenses

\$154,500 for 2015 payable beginning of year, increasing 3% per year thereafter

3. Rate of Mortality

Mortality of non-disabled participants is assumed to follow the 1994 Unisex Pensioners Mortality Table projected to 2004 using Scale AA.

Mortality of disabled participants is assumed to follow the PBGC mortality for disabled people not receiving Social Security.

Upon a review of the historical mortality rates, past experience has shown mortality assumptions to be more conservative than actual experience. Therefore, it will continue to be monitored but it is not necessary to project further mortality improvement at this time.

4. Rate of Turnover

Termination of employment for reasons other than death, disability or retirement are assumed to be in accordance with Table T-8 with the following sample rates:

Age	Rate of Turnover
25	11.62%
30	11.20
35	10.55
40	9.40
45	7.54
50	4.83
55	1.73
60	0.16
65	0.00

5. Rate of Retirement

Rates of retirement are assumed to be in accordance with annual rates as shown below for illustrative purposes:

Age	Rate of Retirement
0 to 54	0%
55 to 59	8
60 to 61	12
62 and over	100

APPENDIX III – METHODOLOGY AND ASSUMPTIONS

6. Disability

After age 40 with 15 years of service with incidence of disability assumed to occur according to five times the UAW disability rate table up to 5% with the following sample rates

Age	Rate of Disability
40	0.35%
45	0.50
50	0.90
55	1.80
60	4.50
65	0.00

7. Percentage Married

80% of participants are assumed to be married. The female spouse is assumed to be three years younger than the male spouse.

APPENDIX III – METHODOLOGY AND ASSUMPTIONS

B. Actuarial Methods

1. Asset Valuation Method

The valuation assets are determined as the Market Value less (1) 80% of the investment gain/ (loss) during the preceding year, less (2) 60% of the investment gain/ (loss) during the second preceding year, less (3) 40% of the investment gain/ (loss) during the third preceding year, less (4) 20% of the investment gain/ (loss) for the fourth preceding year. However, the 2008 investment loss is recognized at a rate of 10% per Plan year due to funding relief. For the purpose of this calculation, the gain/ (loss) are defined as the difference between the actual and the expected return (based on the valuation interest rate) on the Market Value of assets during the year.

The Actuarial Value is taken to be the adjusted Market Value as described above, but subject to a 20% corridor limit around the actual Market Value. This means the Actuarial Value is never greater than 120% of Market Value, or less than 80% of Market Value.

2. Funding Method: Unit Credit Funding Method

The cost method for valuation of liabilities used for this valuation is the Unit Credit method. This is one of a family of valuation methods known as an accrued benefits method. The chief characteristic of an accrued benefits method is that the funding pattern follows the pattern of benefit accrual. Under the Unit Credit actuarial cost method, the normal cost is determined as that portion of each Participant's benefit attributable to service expected to be earned in the upcoming plan year. The actuarial liability, which is determined for each Participant as of each valuation date, represents the actuarial present value of the Participant's current accrued benefit as of the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the Unit Credit method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost could increase over time.

3. PRA 2010 Funding Relief

The Plan's Board of Trustees elected funding relief under §431(b)(8) of the Code and §304(b)(8) of ERISA, specifically:

- The "special asset valuation rule" in determining the Actuarial Value of plan assets which allows the Plan to recognize the 2008 loss over 10 years, at 10% per year.
- As part of the special valuation rule, the actuarial value of assets will be no greater than 130% of the Market Value of Assets for the plan year beginning January 1, 2009.

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 2015 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ **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 TEAMSTERS UNION LOCAL NO 73 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF TEAMSTERS UNION LOCAL N. 73 PENSION PLAN	D Employer Identification Number (EIN) 51-0149915

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

1a Enter the valuation date: Month 1 Day 1 Year 2015

b Assets

(1) Current value of assets	1b(1)	20,301,266
(2) Actuarial value of assets for funding standard account	1b(2)	20,954,968

c (1) Accrued liability for plan using immediate gain methods

(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)	22,305,347

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)

(2) "RPA '94" information:

(a) Current liability	1d(2)(a)	33,743,248
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	561,166
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	1,571,812
(3) Expected plan disbursements for the plan year	1d(3)	1,747,095

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		10/10/2016
	Signature of actuary	Date
Samuel D. Harris	Type or print name of actuary	14-03452
		Most recent enrollment number
Cheiron, Inc. 26300 Village Lane	Firm name	(877) 243-4766
Beachwood	Address of the firm	Telephone number (including area code)
	OH 44122	

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 ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	20,301,266
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	337	15,325,776
(2) For terminated vested participants	224	9,161,368
(3) For active participants:		
(a) Non-vested benefits		283,153
(b) Vested benefits		8,972,951
(c) Total active	105	9,256,104
(4) Total	666	33,743,248
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	60.16%

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
01/15/2015	20,582		07/15/2015	20,180	
02/15/2015	41,967		08/15/2015	46,529	
03/15/2015	18,440		09/15/2015	16,604	
04/15/2015	20,039		10/15/2015	20,221	
05/15/2015	38,831		11/15/2015	40,380	
06/15/2015	19,482		12/15/2015	17,513	
Totals ▶			3(b)	355,316	3(c) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	93.9%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	4b	C
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	0
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	2034

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 ☐ Reorganization
 j ☐ Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.51%				
b Rates specified in insurance or annuity contracts	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Pre-retirement</th> <th style="width: 50%;">Post-retirement</th> </tr> <tr> <td style="text-align: center;">☐ Yes ☐ No ☒ N/A</td> <td style="text-align: center;">☐ Yes ☐ No ☒ N/A</td> </tr> </table>	Pre-retirement	Post-retirement	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
Pre-retirement	Post-retirement					
☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A					
c Mortality table code for valuation purposes:						

(1) Males	6c(1)	8P04	8P04
(2) Females	6c(2)	8P04	8P04
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Expense loading	6e	50.7 % ☐ 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		5.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		6.9 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	386,761	39,686

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	445,902
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)	9,041,961
(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	154,976
e Total charges. Add lines 9a through 9d	9e	2,368,919

Credits to funding standard account:

f Prior year credit balance, if any	9f	6,116,697
g Employer contributions. Total from column (b) of line 3	9g	355,316
	Outstanding balance	
h Amortization credits as of valuation date	9h	1,574,886
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	534,756

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	9,166,347	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	9,885,986	
(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	8,368,003	
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	5,999,084	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2015 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		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.	☒ Yes ☐ No		

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Plan Sponsor's Name	TRUSTEES OF TEAMSTERS UNION LOCAL N. 73 PENSION	Plan	001

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