

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>TEAMSTERS UNION LOCAL 293 PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1959</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1959</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1959</u>					
2a Plan sponsor's name (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 UNION LOCAL 293 PENSION PLAN</u> <u>5505 VALLEY BELT ROAD, UNIT D</u> <u>INDEPENDENCE, OH 44131-1447</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>51-0151830</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>216-739-9489</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>484120</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>51-0151830</u>	2c Plan Sponsor's telephone number <u>216-739-9489</u>	2d Business code (see instructions) <u>484120</u>	
2b Employer Identification Number (EIN) <u>51-0151830</u>					
2c Plan Sponsor's telephone number <u>216-739-9489</u>					
2d Business code (see instructions) <u>484120</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2021	MICHAEL ZEMLA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2021	KEVIN SCHROEDER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1462
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)	0
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits.....		6b	590
c Other retired or separated participants entitled to future benefits		6c	667
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1257
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	178
f Total. Add lines 6d and 6e		6f	1435
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	8
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan TEAMSTERS UNION LOCAL 293 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS UNION LOCAL 293 PENSION PLAN	D Employer Identification Number (EIN) 51-0151830	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

INDEPENDENT FIDUCIARY

13-4946705

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28		39849	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11		38829	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOSTON TRUST

04-2273811

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28		35792	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KEY CORPORATION

34-1784820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19		29936	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CIUNI & PANICHI

34-1322309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10		29388	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELIZABETH PETERKOSKI

34-6581762

(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	29046	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 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>TEAMSTERS UNION LOCAL 293 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 UNION LOCAL 293 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>51-0151830</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY

c EIN-PN <u>27-3350609-010</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>34117043</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: EARNEST PARTNERS INTERNATIONAL FUND

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN <u>26-4101643-002</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>5755373</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIME PROPERTY FUND

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

c EIN-PN <u>13-5570651-000</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>6232289</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):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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
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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 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>TEAMSTERS UNION LOCAL 293 PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF TEAMSTERS UNION LOCAL 293 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>51-0151830</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	3047639829031496
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	2394062900996
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	50646244882232
(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)	4191909146104705
(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)	1738414918116930
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15)	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	97238324 99036359
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	26771 22320
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	26771 22320
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	97211553 99014039

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	4339
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	1401022
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	1405361
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	73862
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	804495
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	878357
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	10595266
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	10780360
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-185094
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	487648
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	487648

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		5735609
(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)		670022
c Other income	2c		274262
d Total income. Add all income amounts in column (b) and enter total.....	2d		9266165

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6514528	
(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)		6514528
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)	69873	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	105577	
(4) Other.....	2i(4)	773701	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		949151
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7463679

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1802486
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year <u>0</u> .			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>4318491</u> .			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 51-0151830		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **THIS PART IS NOT APPLICABLE-DISREGARD ALL INFORMATION BELOW**

b EIN **01-0000000** **c** Dollar amount contributed by employer **0**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2020**

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

1462

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

14b

1283

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

14c

1307

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

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

15a

98.15

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

15b

96.37

- 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: 50.5 % Investment-Grade Debt: 15.7 % High-Yield Debt: _____ % Real Estate: _____ % Other: 33.8 %

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Independent Auditor's Report

Board of Trustees
Teamsters Union Local 293 Pension Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Teamsters Union Local 293 Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits in liquidation as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits in liquidation 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 accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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

Board of Trustees
Teamsters Union Local 293 Pension Plan

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of December 31, 2020 and changes therein for the year then ended, and its financial status as of December 31, 2019 and the changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year), as of December 31, 2020 and of Schedule H, Line 4j – Schedule of Reportable Transactions, for the year ended December 31, 2020 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 our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Cinni & Sanicki, Inc.

Cleveland, Ohio
July 28, 2021

Teamsters Union Local 293 Pension Plan

Statements of Net Assets Available for Benefits in Liquidation

December 31, 2020 and 2019

	<u>Assets</u>	
	2020	2019
Investments, at fair value:		
Money market fund	\$ 269,947	\$ 1,797,457
Common collective trusts	39,872,416	34,483,762
Equity securities	4,882,232	5,064,624
Real estate investment trust	6,232,289	7,435,329
Registered investment companies	18,116,930	17,384,149
Total investments, at fair value	<u>69,373,814</u>	<u>66,165,321</u>
Employer withdrawal liability receivable	29,026,847	30,471,749
Property and equipment:		
Office furniture and equipment	188,353	188,353
Leasehold improvements	<u>184,861</u>	<u>184,861</u>
	373,214	373,214
Less: accumulated depreciation	<u>(373,214)</u>	<u>(373,214)</u>
Property and equipment, net	-	-
Deposits	4,649	4,649
Cash	<u>631,049</u>	<u>596,605</u>
Total assets	<u>99,036,359</u>	<u>97,238,324</u>
 <u>Liabilities</u>		
Accounts payable	<u>22,320</u>	<u>26,771</u>
Total liabilities	<u>22,320</u>	<u>26,771</u>
Net assets available for benefits in liquidation	\$ <u><u>99,014,039</u></u>	\$ <u><u>97,211,553</u></u>

The accompanying notes are an integral part of these financial statements

Teamsters Union Local 293 Pension Plan

Statements of Changes in Net Assets Available for Benefits in Liquidation

For the years ended December 31, 2020 and 2019

	2020	2019
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 6,705,955	\$ 10,681,117
Interest and dividend income	1,159,060	1,044,461
	<u>7,865,015</u>	<u>11,725,578</u>
Less: investment expenses	(105,577)	(113,201)
Net investment income	<u>7,759,438</u>	<u>11,612,377</u>
Interest on employer withdrawal liability	1,401,022	1,460,812
Other	128	-
Total additions	<u>9,160,588</u>	<u>13,073,189</u>
Deductions:		
Pension benefits paid to participants	6,514,528	6,423,580
Administrative expenses	212,715	198,041
Withdrawal liability settlement	630,859	-
Total deductions	<u>7,358,102</u>	<u>6,621,621</u>
Net increase	1,802,486	6,451,568
Net assets available for benefits in liquidation:		
Beginning of year	<u>97,211,553</u>	<u>90,759,985</u>
End of year	\$ <u><u>99,014,039</u></u>	\$ <u><u>97,211,553</u></u>

The accompanying notes are an integral part of these financial statements

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

Note 1: Description of Plan

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

General

The Plan is a multiemployer collectively bargained defined benefit pension plan covering individuals represented by Teamsters Local Union No. 293 (the “Local”). In addition, the Plan covers administrative personnel employed by the Local. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is administered by a Board of Trustees. The Plan’s Board of Trustees has overall responsibility for the operation and administration of the Plan. The Plan’s Board of Trustees determines the appropriateness of the Plan’s investment offerings and monitors investment performance. Effective December 31, 2009, the Plan’s Board of Trustees declared a mass withdrawal under the provisions set forth in ERISA and terminated the Plan.

Funding Policy

The Plan was funded by employer contributions pursuant to collective bargaining agreements and a participation agreement. The contributions were designed to fund the Plan’s current service costs on a current basis and to fund the past service liabilities arising from qualifying service. Due to the mass withdrawal, employers ceased contributions to the Plan and a withdrawal liability was assessed. The Plan’s funding is achieved through investment earnings and payments of principal and interest made by employers subject to the withdrawal liability.

Pension Benefits

Participants are eligible to receive normal retirement benefits at the age of 65 and after five years of vesting service. The retirement benefit is reduced proportionately if a participant has less than 30 years of credited service at retirement.

Participants are eligible to receive an early retirement benefit at age 50 but must have 10 years of vesting service. This benefit is reduced by an actuarial equivalence, but is not reduced for participants at age 62 and after five years of vesting service.

Death Benefits

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

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Basis of Presentation

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its investment adviser and custodian. See Note 5 for discussion of fair value measurements.

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

Employer Withdrawal Liability Receivable

The Plan's actuary has calculated a net withdrawal liability for each employer. The estimated net withdrawal liability owed to the Plan was \$29,026,847 and \$30,471,749 at December 31, 2020 and 2019, respectively. This amount is received from employers in monthly or quarterly installment payments. During the years ended December 31, 2020 and 2019, \$630,859 and \$-0- of the outstanding withdrawal liability receivable was written off as being uncollectible, respectively.

Property and Equipment

Purchased property and equipment are stated at cost. Depreciation is computed using the straight-line method over the estimated useful lives ranging from 5 to 10 years.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

Note 2: Summary of Significant Accounting Policies (continued)

Cash

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

Plan management has evaluated subsequent events for the Plan through July 28, 2021, the date the financial statements were available to be issued.

Note 3: Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. The accumulated plan benefits for active participants are based on their accrued credited service as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to participant service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

Note 3: Actuarial Present Value of Accumulated Plan Benefits (continued)

The following reflects the actuarial present value of accumulated plan benefits as of December 31, 2019:

Actuarial present value of accumulated plan benefits:	
Pensioners and beneficiaries	\$ 85,145,907
Vested participants and eligible spouses	38,251,129
Expense loading	<u>916,881</u>
Total actuarial present value of accumulated plan benefits	\$ <u>124,313,917</u>

The following reflects the changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2019:

Actuarial present value of accumulated plan benefits, at beginning of year	\$ 120,865,578
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions to those prescribed by the Pension Benefit Guaranty Corporation (PBGC)	9,871,919
Benefits paid	<u>(6,423,580)</u>
Actuarial present value of accumulated plan benefits, at end of year	\$ <u>124,313,917</u>

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2020. Had the valuation been performed as of December 31, 2019 there would be no material difference.

The significant actuarial assumptions used in the valuation as of December 31, 2019 were as follows:

- Interest rate: 2.53%
- Mortality rate: Rates published by the PBGC for December 31, 2019 under ERISA Section 4044 for healthy and disabled lives.
- Retirement age: Participants currently eligible to begin receiving benefits but not yet in pay status are assumed to retire on the valuation date. Other participants not yet in pay status are assumed to retire at the earliest date that a benefit could be elected (earliest age per ERISA Section 4281.12(b)).
- Benefit election: All participants are assumed to elect the life annuity.
- Administrative expense: \$10,000 plus \$200 per vested participant, plus a percentage (defined by statute) of the excess of the value of benefits over \$200,000.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

Note 4: Plan Termination

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

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

Additional provisions of the amendment were as follows:

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

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

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

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

Note 5: Fair Value Measurements

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Money market fund: Valued at cost plus accrued interest, which approximates fair value.

Common collective trusts and real estate investment trust: Valued at the net asset value (NAV) of units of the trust. The NAV, as provided by the investment's manager, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. If the Plan initiates a full redemption, the issuer reserves the right to temporarily delay withdrawal in order to ensure that securities liquidations will be carried out in an orderly manner.

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

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

Note 5: Fair Value Measurements (continued)

Registered investment companies: Valued at the daily closing price as reported by the fund. The mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>2020</u>
Money market fund	\$ 269,947	\$ -	\$ -	\$ 269,947
Equity securities	4,882,232	-	-	4,882,232
Registered investment companies	<u>18,116,930</u>	<u>-</u>	<u>-</u>	<u>18,116,930</u>
	\$ <u>23,269,109</u>	\$ <u>-</u>	\$ <u>-</u>	23,269,109
Investments valued at NAV*				<u>46,104,705</u>
				<u>\$ 69,373,814</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>2019</u>
Money market fund	\$ 1,797,457	\$ -	\$ -	\$ 1,797,457
Equity securities	5,064,624	-	-	5,064,624
Registered investment companies	<u>17,384,149</u>	<u>-</u>	<u>-</u>	<u>17,384,149</u>
	\$ <u>24,246,230</u>	\$ <u>-</u>	\$ <u>-</u>	24,246,230
Investments valued at NAV*				<u>41,919,091</u>
				<u>\$ 66,165,321</u>

*In accordance with the "Fair Value Measurement" topic of the FASB ASC, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits in liquidation.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

Note 5: Fair Value Measurements (continued)

The following table summarizes investments measured at fair value based on NAV per share as a practical expedient as of December 31, 2020 and 2019, respectively.

Investment	Fair Value		Redemption Frequency (if currently eligible)	Redemption Notice Period
	2020	2019		
AFL-CIO Equity Index Fund	\$ 34,117,043	\$ 29,384,100	Daily	N/A
Earnest Partners International Fund	5,755,373	5,099,662	Daily	N/A
Prime Property Fund, LLC (a)	<u>6,232,289</u>	<u>7,435,329</u>	Daily	N/A
	<u>\$ 46,104,705</u>	<u>\$ 41,919,091</u>		

(a)The purpose of the fund is to acquire, own, hold for investment and ultimately dispose of investments in real estate and real estate related assets with the intention of achieving current income, capital appreciation or both. The fund has elected to be treated as a real estate investment trust.

Note 6: Risks and Uncertainties

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

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

In early calendar 2020, the Local began dealing with the effects of the Coronavirus pandemic (COVID-19). Disruptions to business operations, including government mandated actions and employee, supplier and customer related challenges have impacted many businesses. The financial markets have experienced high volatility. The Local's membership base has experienced layoffs and reductions in working hours during the year ended December 31, 2020. These conditions have resulted in the Plan experiencing decreases in net appreciation in fair value of investments. The effects of COVID-19 has continued subsequent to year-end and management is unable to determine the impact it will have on the Plan.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

Note 7: Tax Status

The Plan obtained its latest determination letter on August 9, 2011, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

Note 8: Related-Party and Party-in-Interest Transactions

The Local is subject to a withdrawal liability owed to the Plan. The total withdrawal liability receivable totaled \$469,362 and \$489,953 for the years ended December 31, 2020 and 2019, respectively. Interest on employer withdrawal liability earned from the Local was \$23,634 and \$24,612 for the years ended December 31, 2020 and 2019, respectively.

The Plan pays contributions to Teamsters Union Local 293 Welfare Fund (the "Welfare Fund") in order to obtain benefit coverage for its employee. Total contributions made to the Welfare Fund during the years ended December 31, 2020 and 2019 was \$12,367 and \$11,778, respectively.

The Plan received reimbursements from the Local and the Welfare Fund for postage. Reimbursements received during the years ended December 31, 2020 and 2019 from these entities was \$7,692 and \$4,468, respectively.

The Plan received reimbursements from the Welfare Fund, Dairy Union Employees Benefit Fund, and Dairy Union Employees' Welfare Fund for expenses incurred by the Plan's employee in administering them. These expenses are based upon time spent by the Plan's employee. For the years ended December 31, 2020 and 2019, the Plan received reimbursements of \$35,097 and \$34,858, respectively.

The Plan subleases space from and pays rent and common area expenses to the Local. Total rent and common area expenses paid to the Local for the years ended December 31, 2020 and 2019 was \$8,265 and \$7,976, respectively.

Teamsters Union Local 293 Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

Note 8: Related-Party and Party-in-Interest Transactions (continued)

Future minimum rental commitments to the Plan's sublease with the Local are as follows for the years ending December 31:

2021	\$	4,677
2022		1,169

Certain Plan investments are managed by custodians of the Plan. Therefore, these investments and transactions in these investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA. In addition, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

Note 9: Administrative Expenses

Administrative expenses incurred by the Plan consisted of the following for the years ended December 31:

	<u>2020</u>	<u>2019</u>
Accounting and auditing	\$ 29,388	\$ 32,473
Actuarial and consulting	38,829	24,370
Depreciation expense	-	253
Employee benefits	12,698	11,964
Fiduciary insurance	31,171	29,445
Insurance	740	740
Legal	1,656	665
Office	15,276	18,373
Payroll taxes	1,787	2,053
PBGC premium	43,860	43,181
Real estate tax	430	430
Rent	4,246	4,185
Salaries	29,046	26,611
Utilities	<u>3,588</u>	<u>3,298</u>
	\$ <u><u>212,715</u></u>	\$ <u><u>198,041</u></u>

Teamsters Union Local 293 Pension Plan

Supplemental Schedule I Schedule H, Line 4i – Schedule of Assets (Held at End of Year) FEIN: 51-0151830, Plan No. 001

December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Money market fund:	Units		
	FEDERATED GOVERNMENT OBLIGATIONS IS	269,947	\$ 269,947	\$ 269,947
			269,947	269,947
	Common collective trusts:	Units		
*	AFL-CIO EQUITY INDEX FUND	992,037	15,909,747	34,117,043
*	EARNST PARTNERS INTERNATIONAL FUND	275,509	3,291,625	5,755,373
			19,201,372	39,872,416
	Equity securities:	Shares		
	1ST SOURCE CORP	650	26,972	26,195
	ANIKA THERAPEUTICS INC	875	34,534	39,603
	APPLIED INDL TECHNOLOGIES INC	1,000	50,523	77,990
	ATRION CORP	75	39,632	48,168
	BADGER METER INC	700	38,974	65,842
	BANK OF HAWAII CORP	375	17,427	28,733
	BANK OF MARIN BANCORP	300	12,786	10,302
	BRUKER CORP	1,850	51,528	100,141
	CACTUS INC	1,025	20,986	26,722
	CAMDEN NATL CORP	475	20,397	16,996
	CANTEL MEDICAL CORP	1,600	97,322	126,176
	CARTERS INC	825	70,227	77,608
	CATHAY GENERAL BANCORP	1,250	45,969	40,238
	CDK GLOBAL INC	700	35,617	36,281
	CHESAPEAKE UTILITIES CORP	575	50,135	62,221
	CHOICE HOTELS INTL INC	400	20,723	42,692
	COHEN & STEERS INC	1,000	42,229	74,300
	COHERENT INC	250	28,000	37,505
	COLUMBIA SPORTSWEAR CO	850	70,541	74,273
	CORCEPT THERAPEUTICS INC	1,000	24,639	26,160
	CORESITE REALTY CORP	600	25,009	75,168
	CORVEL CORP	825	56,551	87,450
	CSG SYS INTL INC	1,675	71,541	75,492
	CUBESMART	1,350	34,997	45,374
	DONALDSON INC	1,450	54,814	81,026
	DORMAN PRODUCTS INC	625	24,611	54,263
	DOUGLAS DYNAMICS INC	800	26,260	34,216
	EAST WEST BANCORP INC	825	28,841	41,836
	ENSIGN GROUP INC	475	12,235	34,637
	EXLSERVICE HOLDINGS INC	700	30,100	59,591
	FIRST HAWAIIAN INC	1,500	40,787	35,370
	FLOWERS FOODS INC	2,975	58,160	67,324
	FORWARD AIR CORP	900	50,880	69,156
	FRANKLIN ELEC INC	800	25,819	55,368
	GERMAN AMERICAN BANCORP INC	475	17,260	15,718
	GLOBUS MEDICAL INC	1,175	35,185	76,634
	GREEN DOT CORP	750	36,315	41,850
	HAEMONETICS CORP	625	41,511	74,219
	HELMERICH & PAYNE INC	1,850	58,497	42,846
	HILL-ROM HOLDINGS INC	875	72,667	85,724
	HMS HOLDINGS CORP	2,625	74,010	96,469
	ICU MED INC	325	62,089	69,709
	IDACORP INCE	350	32,721	33,611
	INDEPENDENT BK CORP	600	26,468	43,824
	INSPIRITY INC	300	26,973	24,426
	INTERDIGITAL INC	975	55,899	59,163

Teamsters Union Local 293 Pension Plan

Supplemental Schedule I Schedule H, Line 4i – Schedule of Assets (Held at End of Year) FEIN: 51-0151830, Plan No. 001

December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	JONES LANG LASALLE INC	400	45,908	59,348
	LAKELAND FINL CORP	875	31,657	46,883
	LANCASTER COLONY CORP	350	44,994	64,306
	LANDSTAR SYS INC	550	41,029	74,063
	LINCOLN ELECTRIC HOLDINGS INC	725	53,650	84,281
	MANHATTAN ASSOCIATES INC	925	41,546	97,292
	MEDPACE HOLDINGS INC	750	66,184	104,400
	MIDDLEBY CORP	500	25,787	64,460
	MINERALS TECHNOLOGIES INC	875	41,314	54,355
	MONRO INC	675	34,650	35,978
	MORNINGSTAR INC	300	21,885	69,471
	NETGEAR INC	1,625	48,171	66,024
	NEW JERSEY RES	1,025	34,907	36,439
	NIC INC	3,850	70,527	99,446
	NORDSTORM INC	1,525	49,877	47,595
	ONE GAS INC	900	40,744	69,093
	PHYSICIANS REALITY TRUST	2,275	41,250	40,495
	POWER INTEGRATIONS INC	950	18,586	77,767
	PREMIER INC	2,125	75,594	74,588
	PROGRESS SOFTWARE CORP	1,600	60,155	72,304
	SELECTIVE INS GROUP INC	550	34,380	36,839
	SENSIENT TECHNOLOGIES CORP	950	64,491	70,082
	SIGNATURE BANK	450	39,090	60,881
	SILGAN HOLDINGS INC	1,850	51,192	68,598
	STAG INDUSTRIAL INC	925	27,900	28,971
	TENNANT CO	40	23,156	28,068
	TERADATA CORP	1,750	53,967	39,323
	TEXAS ROADHOUSE INC	925	33,830	72,298
	TOMPKINS FINANCIAL CORP	450	29,602	31,770
	TOPBUILD CORP	500	84,626	92,040
	U S PHYSICAL THERAPY INC	900	64,105	108,225
	UMB FINANCIAL CORP	675	34,442	46,568
	UNIFIRST CORP MASS	375	42,947	79,384
	UNTIL CORP	825	39,516	36,523
	VALMONT INDS INC	350	45,806	61,226
	WASHINGTON TRUST BANCORP INC	775	38,617	34,720
	WATTS WATER TECHNOLOGIES INC	625	50,284	76,063
	WILLIAMS SONOMA INC	525	29,087	53,455
			3,554,814	4,882,232
	Real estate investment trust:	Units		
*	PRIME PROPERTY FUND, LLC	333	5,124,614	6,232,289
			5,124,614	6,232,289
	Registered investment companies:	Shares		
	BLACKROCK STRATEGIC INCOME OPPTYS PTF	579,846	5,852,520	6,018,799
	PIMCO TOTAL RETURN FUND	915,286	9,466,590	9,702,031
	VANGUARD TOTAL INTL STK INDEX FUND	73,917	1,805,908	2,396,100
			17,125,018	18,116,930
			\$ 45,275,765	\$ 69,373,814

* Indicates a party-in interest to the Plan

Teamsters Union Local 293 Pension Plan

Supplemental Schedule II Schedule H, Line 4j – Schedule of Reportable Transactions FEIN: 51-0151830, Plan No. 001

For the year ended December 31, 2020

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Series transactions:								
KeyBank	Federated Government Obligations IS							
	173 Purchases	\$ 7,104,011	\$ -	\$ -	\$ -	\$ 7,104,011	\$ 7,104,011	\$ -
	105 Sales	-	8,622,404	-	-	8,622,404	8,622,404	-