Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987

1b Three-digit plan number (PN) ▶ 009

1c Effective date of plan 01/01/1987

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)
CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES

P.O. BOX 15223
READING, PA 19612-5223

2b Employer Identification Number (EIN) 23-6262789

2c Plan Sponsor's telephone number 610-320-5500

2d Business code (see instructions) 484120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2022	WILLIAM M. SHAPPELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	9665
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)**	3631
a(2) Total number of active participants at the end of the plan year	**6a(2)**	3634
b Retired or separated participants receiving benefits	**6b**	857
c Other retired or separated participants entitled to future benefits	**6c**	4588
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	9079
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	291
f Total. Add lines **6d** and **6e**	**6f**	9370
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	9370
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**	10

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2C

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 2 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES

D Employer Identification Number (EIN)
23-6262789

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	610892		01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES

D Employer Identification Number (EIN)
23-6262789

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
22-1211670	68241	030203		01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES

D Employer Identification Number (EIN)
23-6262789

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

WALTER SCOTT & PARTNERS LTD

98-0465834

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

NORTHERN TRUST CORPORATION

36-2723087

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

CORBIN CAPITAL PARTNERS, L.P.

30-0299433

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

GOLDENTREE ASSET MANAGEMENT

13-4118850

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

SIGULAR GUFF ADVISERS, LLC

13-3855629

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

SEI TRUST COMPANY

06-1271230

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

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

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

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

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

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

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

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

WASHINGTON CAPITAL MANAGEMENT, INC.

91-1042342

(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 51	NONE	484806	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LOOMIS SAYLES & COMPANY

04-3200030

(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 51	NONE	425495	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGALL BRYANT & HAMILL

41-1788385

(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?
51	NONE	421101	Yes [ ] No [X]	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)

WESTFIELD CAPITAL MGMT CO LP

80-0175963

(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?
51 68 71	NONE	286128	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

GREAT LAKES ADVISORS, LLC

80-0292839

(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 51	NONE	228625	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BNY MELLON INVST MGT CAYMAN LTD

P.O. BOX 309 UGLAND HOUSE
GEORGE TOWN KY

(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 51	NONE	199356	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

WALTER SCOTT & PARTNERS LTD

76-6192146

(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 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	195369	Yes [ ] No [X]

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

INVESTMENT PERFORMANCE SERVICES

58-2432390

(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 51	NONE	165000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

36-1561860

(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 72 51	NONE	155314	Yes [X] No [ ]	Yes [X] No [ ]	3688	Yes [ ] No [X]

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)

SIERRA INVESTMENT PARTNERS, INC.

68-0370668

(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 51	NONE	137358	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WINTRUST BANK, NA

36-3873352

(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?
15 50	NONE	135415	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAUSEWAY CAPITAL MANAGEMENT

95-4861680

(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 51 68	NONE	127490	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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)

CBIZ RPS

31-1582098

(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?
17 50	NONE	126525	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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 51 15	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	116073	Yes [ ] No [X]

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

PRUDENTIAL INSURANCE COMPANY

22-1211670

(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 51 52	NONE	102512	Yes [X] No [ ]	Yes [X] No [ ]	0	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)

WILLIG, WILLIAMS & DAVIDSON

23-2416488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	91705	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MICHELLE L. HOUCK

23-6262789

(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 50	EMPLOYEE	77090	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOSEPH J. SAMOLEWICZ

23-6262789

(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 50	EMPLOYEE	74313	Yes [ ] No [X]	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)

JUDITH A. GUIDARA

23-6262789

(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 50	EMPLOYEE	68106	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIAM BLAIR INVESTMENT MANAGEMENT

47-2614791

(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 51 68	NONE	65654	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

WEIDENHAMMER SYSTEMS CORP

23-2054990

(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?
49 50	NONE	65223	Yes [ ] No [X]	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)

MARTIN L. CULLEN

23-6262789

(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 50	EMPLOYEE	64155	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NOVAK FRANCELLA LLC

61-1436956

(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 50	NONE	64121	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ASHLEY BORTZ

23-6262789

(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 50	EMPLOYEE	61722	Yes [ ] No [X]	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)

TORTOISE CAPITAL ADVISORS LLC

22-3875939

(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 51	NONE	60949	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN LEWIS & BOCKIUS LLP

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	55593	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JAMES STRICKER

23-6262789

(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 50	EMPLOYEE	53563	Yes [ ] No [X]	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)

RUSTY KEMP

23-6262789

(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 50	EMPLOYEE	42960	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT GENSLINGER

23-6262789

(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 50	EMPLOYEE	39192	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LORI KEMMERER

23-6262789

(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 50	EMPLOYEE	36342	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)

PETER SHIFFER

23-6262789

(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 50	EMPLOYEE	34629	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TANYA KUTZLER

23-6262789

(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 50	EMPLOYEE	29916	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LISA M. CYLCEWSKI

23-6262789

(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 50	EMPLOYEE	27103	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)

DAMIEN WILD

23-6262789

(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 50	EMPLOYEE	26680	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LV PRINT CENTER

1701 UNION BLVD, STE 114
ALLENTOWN, PA 18109

(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?
36 50	NONE	22415	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FABRICANT & FABRICANT INC

13-1942233

(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?
22 53	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	18420	Yes [ ] No [X]

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)

ESSEX TECHNOLOGY GROUP INC

22-3679815

(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?
15 50	NONE	18409	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STEVENS & LEE PC

23-1886296

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	17358	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO BANK

94-1347393

(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?
49 50	NONE	6170	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE STANDARD GROUP

433 PEARL STREET
READING, PA 19603-1059

(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?
36 50	NONE	5667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
WALTER SCOTT & PARTNERS LTD	28 52	195369

(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.
BNY MELLON INVST MGT CAYMAN P.O. BOX 309 UGLAND HOUSE GEORGE TOWN KY	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY	28 51 15	116073

(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.
PRINCIPAL US PROPERTY SEP AC 42-0127290	INVESTMENT MANAGEMENT AND RECORDKEEPING FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	7012

(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.
MARKEL AMERICAN INS CO. 54-1398877	COMMISSIONS

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
FABRICANT & FABRICANT INC	22 53	54

(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.
FIDELITY & DEPOSIT CO 13-3046577	COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	224

(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.
SENECA INS. CO. 13-2941133	COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	100

(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.
AMERICAN CASUALTY CO. 38-2788825	COMMISSIONS

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
FABRICANT & FABRICANT INC	22 53	145
(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.	
FEDERAL INSURANCE CO. 13-1963496	COMMISSIONS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	100
(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.	
CONTINENTAL CASUALTY 36-2114545	COMMISSIONS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	1572
(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.	
ACE AMERICAN INS. CO. 95-2371728	COMMISSIONS	

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
FABRICANT & FABRICANT INC	22 53	4207

(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.
HUDSON INS. CO. 13-5150451	COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NORTHERN TRUST COMPANY	19 72	3688

(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.
BNY MELLON INVST MGT CAYMAN	P.O. BOX 309 UGLAND HOUSE GEORGE TOWN KY	CUSTODY FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	2945

(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.
RLI INS., CO 37-0915434	COMMISSIONS

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
FABRICANT & FABRICANT INC	22 53	2061
(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.	
FAIR AMERICAN INS. CO.	COMMISSIONS	

(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

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987

B Three-digit plan number (PN) ▶ 009

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES

D Employer Identification Number (EIN)
23-6262789

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: NCS GROUP TRUST INTERNATIONAL FUND

b Name of sponsor of entity listed in (a): BNY MELLON INVESTMENT MANAGEMENT CAYMAN LTD

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)
76-6192146-001	E	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL U.S. PROPERTY SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-027	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA II

b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE COMPANY

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)
22-1211670-039	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR INVESTMENT COLLECTIVE

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

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)
27-6331814-009	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE AGGREGATE BOND INDEX

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

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)
45-6138589-088	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: ASHMORE EMERGING MARKETS TOTAL RETU

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

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)
82-6843446-021	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 1000 INDEX FU

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

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)
45-6138589-095	C	128922670

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE GOVERNMENT SHORT TERM			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.			
c EIN-PN 45-6138589-068	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	23676150
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF EMERGING MARKETS RESEARCH			
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY NA			
c EIN-PN 04-6913417-192	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 1000 GROWTH I			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.			
c EIN-PN 45-6138589-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: CAUSEWAY COLLECTIVE INVESTMENT TRUS			
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY			
c EIN-PN 83-2723947-128	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	42832503
a Name of MTIA, CCT, PSA, or 103-12 IE: SIERRA FRANKLIN EAFE PLUS EQUITY TR			
b Name of sponsor of entity listed in (a): FIDUCIARY TRUST INTERNATIONAL OF THE SOUTH			
c EIN-PN 90-6149946-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	41438463
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES HIGH YIELD CONSERVATI			
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC			
c EIN-PN 84-6391546-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	146697475
a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON CAPITAL JOINT MASTER TRU			
b Name of sponsor of entity listed in (a): WASHINGTON CAPITAL MANAGEMENT, INC.			
c EIN-PN 91-1163419-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	56125325
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDENTREE MULTI-SECTOR FUND OFFSHO			
b Name of sponsor of entity listed in (a): GOLDENTREE ASSET MANAGEMENT			
c EIN-PN 98-1018819-002	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	100381242
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
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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES

D Employer Identification Number (EIN)
23-6262789

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	1316950	1033124
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	675524	820659
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2820061	2703660
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2882823	542509
(2) U.S. Government securities	1c(2)	41206093	43194940
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	16097488	10365022
(B) All other	1c(3)(B)	93641122	53758680
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	6106406	
(B) Common	1c(4)(B)	161077001	241867773
(5) Partnership/joint venture interests	1c(5)	14694684	246107244
(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)	494352104	383567261
(10) Value of interest in pooled separate accounts	1c(10)	139557544	
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	120036378	156506567
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	46944366	8680537

			(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	262893	310818
f	Total assets (add all amounts in lines 1a through 1e)	1f	1141671437	1149458794
	Liabilities			
g	Benefit claims payable	1g	14604776	17538289
h	Operating payables	1h	774570	846089
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	3604674	674022
k	Total liabilities (add all amounts in lines 1g through1j)	1k	18984020	19058400
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1122687417	1130400394

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)	8882851	
	(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)		8882851
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3322	
	(B) U.S. Government securities	2b(1)(B)	1114792	
	(C) Corporate debt instruments	2b(1)(C)	3628321	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	1533223	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6279658
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	20378	
	(B) Common stock	2b(2)(B)	3169371	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3189749
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	687052190	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	668058086	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		18994104
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	36030864	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		36030864

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		89553876
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		2635374
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		6922089
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		245866
d Total income. Add all **income** amounts in column (b) and enter total	2d		172734431
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	149353361	
(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)		149353361
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)	466454	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	2694788	
(4) Other	2i(4)	1283385	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4444627
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		153797988
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		18936443
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		11223466

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) [X] 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)** [X] 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: NOVAK FRANCELLA, LLC **(2)** EIN: 61-1436956

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	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.)	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?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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		246107244
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.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
CNTRL PA TMSTERS DEFINED BENEFIT PLAN	23-6262789	001

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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES

D Employer Identification Number (EIN)
23-6262789

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): 23-6262789

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** | 693

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**	8882851
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	8882851
	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**	0

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**

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

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): _____

---

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**	
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**	
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**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987

FINANCIAL STATEMENTS

DECEMBER 31, 2021

CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2021 AND 2020

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Novak Francella LLC | CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Central Pennsylvania Teamsters
Retirement Income Plan 1987

Opinion

We have audited the financial statements of the Central Pennsylvania Teamsters Retirement Income Plan 1987 (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Central Pennsylvania Teamsters Retirement Income Plan 1987 and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Central Pennsylvania Teamsters Retirement Income Plan 1987's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Central Pennsylvania Teamsters Retirement Income Plan 1987's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Central Pennsylvania Teamsters Retirement Income Plan 1987's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Administrative Expenses, Schedule of Assets Held at End of Year, and Schedule of Reportable Transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 GAAS.

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

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Novak Francella LLC

Bala Cynwyd, Pennsylvania
September 21, 2022

Central Pennsylvania Teamsters Retirement Income Plan 1987

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	2021	2020
Assets		
Investments - at fair value		
Common stock	$ 225,701,223	$ 42,620,439
Master limited partnerships	-	14,694,684
Preferred stock	-	6,106,406
Foreign stock	16,166,550	118,456,562
Common collective trust - STIF	23,676,150	19,544,465
United States Government and Government Agency obligations	43,194,940	41,206,093
Corporate obligations	48,027,561	88,692,840
Preferred corporate obligations	10,365,022	16,097,488
Mortgage - backed securities	-	4,948,282
Municipal obligations	8,680,537	3,685,560
Limited partnership	41,084,922	25,000,000
Limited partnership - real estate	183,600,569	-
Limited partnership - private equity	21,421,753	-
Foreign obligations	4,655,707	18,258,806
Common collective trust - international equity	42,832,503	131,751,045
Common collective trust - fixed income	-	22,298,613
Common collective trust - equity	317,058,608	320,757,981
103-12 investment entities	156,506,567	120,036,378
Pooled separate accounts - real estate	-	139,557,544
Non-government backed CMOs	59,439	-
Asset-backed securities	1,015,973	-
Short - term cash equivalents	542,509	2,882,823
Total investments	1,144,590,533	1,136,596,009
Receivables		
Accrued interest and dividends	1,761,157	2,801,425
Contributions	820,659	675,524
Due from related parties	-	115
Due from broker for sales of securities	101,029	-
Other	343,832	-
Total receivables	3,026,677	3,477,064

See accompanying notes to financial statements.

	2021	2020
PROPERTY AND EQUIPMENT		
Office equipment	$ 621,046	$ 533,707
Furniture and fixtures	191,801	190,938
Leasehold improvements	562,206	556,028
	1,375,053	1,280,673
Less: accumulated depreciation and amortization	(1,064,235)	(1,017,780)
Net property and equipment	310,818	262,893
OTHER ASSETS		
Prepaid benefits	327,453	307,419
Prepaid expenses	170,189	18,521
Total other assets	497,642	325,940
CASH	1,033,124	1,009,531
Total assets	1,149,458,794	1,141,671,437
LIABILITIES AND NET ASSETS		
LIABILITIES		
Due to related parties	301,502	-
Accrued administrative expenses	846,089	774,570
Due to broker for purchases of securities	-	149,945
Trustee to Trustee transfer to Defined Benefit Plan	372,520	3,454,729
Total liabilities	1,520,111	4,379,244
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,147,938,683	$ 1,137,292,193

See accompanying notes to financial statements.

Central Pennsylvania Teamsters Retirement Income Plan 1987

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2021 and 2020

	2021	2020
Additions		
Investment income		
Net appreciation in fair value of investments	$ 153,447,620	$ 87,569,677
Foreign tax refund	-	221,500
Interest and dividends	10,158,094	15,287,087
Consent income	-	33,530
	163,605,714	103,111,794
Less investment expenses	(2,695,303)	(2,892,860)
Investment income - net	160,910,411	100,218,934
Employer contributions	8,882,851	6,694,024
Other income	245,866	-
Total additions	170,039,128	106,912,958
Deductions		
Benefits paid directly to participants and beneficiaries	146,419,848	93,033,126
Trustee to Trustee transfer to Defined Benefit Plan	11,223,466	9,108,865
Administrative expenses	1,749,324	1,885,238
Total deductions	159,392,638	104,027,229
Net increase	10,646,490	2,885,729
Net assets available for benefits		
Beginning of year	1,137,292,193	1,134,406,464
End of year	$ 1,147,938,683	$ 1,137,292,193

See accompanying notes to financial statements.

CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements are prepared using the accrual basis of accounting.

Investments and Income Recognition - Investments in common and preferred stock, United States Government and Government Agency obligations, municipal obligations, the Common collective trust - STIF, preferred corporate obligations, corporate obligations, asset-backed securities, non-government back CMO's and master limited partnerships are carried at fair value as provided by the custodian, which generally represents quoted market value as of the last business day of the year. The foreign obligations, foreign stock, and mortgage - backed securities are carried at estimated fair value as provided by the custodian. The common collective trust - international equity, common collective trust - fixed income and common collective trusts - equity are valued at their market value on the last business day of the year, as established by the trusts. The pooled separate accounts - real estate are reported at estimated fair value as reported by the insurance companies. The limited partnership is carried at estimated fair value as reported by the General Partner, and generally represents the basis for IRS purposes as reported on Schedule K-1. The limited partnership - real estate and limited partnership - private equity are carried at estimated fair value as provided by the Partnership. The 103-12 investment entities are carried at estimated fair value as provided by the sponsors of the investments. The short-term cash equivalent is carried at cost, which approximates fair value.

Purchases and sales are recorded on a trade-date basis. Interest and dividend income are recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Property and Equipment - Property and equipment are recorded at cost. Major additions are capitalized while replacements, maintenance and repairs, which do not improve or extend the useful lives of the respective assets are expensed currently. Depreciation and amortization are computed using the straight-line method over the estimated useful lives of the related assets. Depreciation and amortization expense was $46,340 for the year ended December 31, 2021 and $30,086 for 2020.

Estimates - The presentation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Payment of Benefits - Benefit payments to participants are recorded when paid.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Cash Concentration - The Plan places its cash with a financial institution deemed to be credit worthy. Cash balances may at times exceed the FDIC insured deposit limit of $250,000 in a single bank.

Funding Policy and Revenue Recognition - The Plan is funded by contributions from participating employers under the terms of the Collective Bargaining agreements (CBA). Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. It is the policy of the Trustees to pursue monies due.

NOTE 2. DESCRIPTION OF THE PLAN

General

The Central Pennsylvania Teamsters (CPT) Retirement Income Plan 1987 is a multiemployer defined contribution pension plan. The Plan covers all eligible employees of participating employers who were covered by collective bargaining agreements as well as certain other non-collectively bargained participants, usually local union employees, Plan employees and employees of related plans, for whom contributions were payable to the Plan. The Plan had ceased accepting employer contributions for hours of service after December 31, 2002, but began to accept contributions from certain employers again in 2020. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Plan Administration

The Administration of the Plan is the responsibility of a Board of Trustees comprised of Union Trustees and Employer Trustees. The Union Trustees and Employer Trustees have equal voting rights. The investments of the Plan are managed by investment managers and maintained by a separate custodian. The Trustees have engaged the services of an independent investment consultant to make recommendations with respect to the investment of the Plan's assets, and to assist them with monitoring the performance of the Plan's investment managers.

Defined Contribution Plan

For contributions received after December 31, 2016, benefits under the Plan are one hundred percent vested after three years of vesting service (previously five years). In addition, all participants are one hundred percent vested in their accounts upon attainment of normal retirement age and are one hundred percent vested in their rollover accounts at all times.

Qualifying participants are eligible for Plan benefits upon retirement, death, or disability, in the form of an annuity, a lump-sum payment or a combination of each.

Participant Accounts

Contributions are credited when received to participant accounts that were established for each participant.

On a monthly basis, each participant account is allocated a share of the investment income and the Plan's expenses.

NOTE 2. DESCRIPTION OF THE PLAN (continued)

Forfeitures

Any nonvested participant will forfeit the balance in the account after five consecutive one-year breaks in service. Forfeitures are used first to pay administrative expenses of the Plan. To the extent any forfeitures remain, they are allocated among participant accounts pro rata. There were no forfeitures during 2021 or 2020.

Participants should refer to the Summary Plan Description for more complete information.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter dated March 17, 2016 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the tax determination letter. The Plan's Trustees and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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 U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

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:

Basis of Fair Value Measurement:

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.

	Fair Value Measurements at December 31, 2021			
	Total	Level 1	Level 2	Level 3
Common stock	$ 225,701,223	$ 225,701,223	$ -	$ -
Foreign stock	16,166,550	16,166,550	-	-
United States Government and Government Agency obligations	43,194,940	23,729,331	19,465,609	-
Corporate obligations	48,027,561	-	48,027,561	-
Preferred corporate obligations	10,365,022	-	10,365,022	-
Foreign obligations	4,655,707	-	4,655,707	-
Municipal obligations	8,680,537	-	8,680,537	-
Non-government backed CMO's	59,439	-	59,439	-
Asset-backed securities	1,015,973	-	1,015,973	-
Short-term cash equivalents	542,509	542,509	-	-
Common collective trust - STIF	23,676,150	23,676,150	-	-
Total assets in the fair value hierarchy	382,085,611	$ 289,815,763	$ 92,269,848	$ -
Investments measured at NAV*	762,504,922			
Total investments	$ 1,144,590,533			

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at December 31, 2020			
	Total	Level 1	Level 2	Level 3
Common stock	$ 42,620,439	$ 42,620,439	$ -	$ -
Master limited partnerships	14,694,684	14,694,684	-	-
Preferred stock - fixed income	6,106,406	6,106,406	-	-
Foreign stock - international value	118,456,562	118,456,562	-	-
Common collective trust - STIF	19,544,465	19,544,465	-	-
United States Government and Government Agency obligations	41,206,093	26,070,507	15,135,586	-
Corporate obligations	88,692,840	-	88,692,840	-
Preferred corporate obligations	16,097,488	-	16,097,488	-
Mortgage-backed securities	4,948,282	-	4,948,282	-
Municipal obligations	3,685,560	-	3,685,560	-
Foreign obligations	18,258,806	-	18,258,806	-
Short-term cash equivalents	2,882,823	2,882,823	-	-
Total assets in the fair value hierarchy	377,194,448	$ 230,375,886	$ 146,818,562	$ -
Investments measured at NAV*	759,401,561			
Total investments	$ 1,136,596,009			

In accordance with ASC 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended December 31, 2021 and 2020 there were no transfers in or out of levels 1, 2, or 3.

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

The unfunded commitments, redemption information, and redemption notice period are as follows at December 31, 2021:

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited partnerships - real estate:				
Boyd Watterson GSA Fund LP	$ 105,762,620	$ -	Quarterly	60 days
Boyd Watterson State Government Fund LP	21,300,459	-	Quarterly	60 days
U.S. Real Estate Investment Fund	51,549,012	1,750,000	Quarterly	90 days
WA CAP SP Infrastructure Fund IV Feeder LLC	4,988,478	20,218,352	(Y)	(Y)
Common collective trust - international equity:				
CF Causeway International Value Equity	42,832,503	-	Daily	^
Common collective trusts - equity:				
CF Loomis Sayles High Yield Conservative Trust	146,697,475		Daily	3 days
CF Sierra Franklin EAFE Plus Equity Trust	41,438,463	-	Daily	3 days
Northern Trust Collective Russell 1000 Growth Index Fund Non-Lending	128,922,670	-	Daily	&
Limited partnership - private equity:				
Hamilton Lane Secondary Feeder Fund V - A LP	21,421,753	16,481,949	(X)	(X)
Limited partnership:				
Corbin ERISA Opportunity Fund	41,084,922	-	Quarterly	65 days
103-12 investment entities:				
CF Goldentree Multi-Sector Fund Offshore ERISA LTD	100,381,242	-	Quarterly	90 days
CF WA CAP JMT Real Estate Equity Fund	56,125,325	-	(Y)	(Y)
Total	$ 762,504,922	$ 38,450,301		

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

The unfunded commitments, redemption information, and redemption notice period are as follows at December 31, 2020:

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust - international equity:				
William Blair Emerging Markets Leaders Collective Investment Fund	$ 44,130,112	$ -	Daily	@
WTC (Wellington) CIF II Emerging Market Research Equity	39,180,476	-	Daily	5 business days
Ashmore Emerging Markets Total Return Collective Fund	48,440,457	-	Daily	5 business days
Common collective trust - fixed income:				
Northern Trust Collective Aggregate Bond Index Fund - Non-Lending	22,298,613	-	Daily	&
Common collective trust - equity				
Northern Trust Collective Russell 1000 Index Fund Non-Lending	320,757,981	-	Daily	&
103-12 investment entity:				
NCS Group Trust - International Fund	120,036,378	-	Bi-monthly	5 business days
Limited partnership:				
Corbin ERISA Opportunity Fund	25,000,000	-	Quarterly	65 days
Pooled separate accounts - real estate:				
Principal U.S. Property Separate Account	73,778,569	-	*	*
PRISA II	65,778,975	-	Quarterly#	3 Months #
Total	$ 759,401,561	$ -		

@ - Ten day notification is required for partial withdrawals and a sixty day notification is required for a full redemption.

& - Requests for withdrawals must be received by 9:30 a.m. Central time on the valuation date to be effective.

* - Principal Life has the ability to apply a contractual limitation, which delays the payment of withdrawal requests (a "Withdrawal Limitation"). If the Withdrawal Limitation were applied, withdrawal requests included within the Withdrawal Limitation would be paid on a pro rata basis as cash becomes available for distribution, as determined by Principal Life.

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

- PREI may, in its discretion, waive the three month notice requirement if circumstances warrant. If there is insufficient "available cash" to pay all eligible requests in full on a given valuation date, then "available cash" will be prorated among all those investors who are eligible for payment.

^ - If redemption is greater than 20% of the plan's balance, 5 business days is required. Otherwise, trades can be accepted daily.

(X) - The Fund is a closed-end fund and redemptions are not permitted.

(Y) - The Fund acknowledges and understands that they shall not be entitled to make any withdrawals from the Fund. Investment Manager shall distribute cash received from the Underlying Fund less any amounts used by the Fund for payment of fees and expenses.

The objective of the Northern Trust Collective Aggregate Bond Index Fund - Non-Lending is to provide investment results that approximate the overall performance of the Barclay's U.S. Aggregate Bond Index (the index) by investing in securities that comprise the index.

The objective of the Northern Trust Collective Russell 1000 Index Fund Non-Lending is to provide investment results that approximate the overall performance of the common stocks included in the Russell 1000 Index.

The objective of the Northern Trust Collective Russell 1000 Growth Index Fund Non-Lending is to approximate the risk and return characteristics of the Russell 1000 Growth Index. The Index is commonly used to represent the large cap segment of the U.S. equity market with a focus on the growth style of investing.

The objective of Corbin ERISA Opportunity Fund, LP is to achieve a substantial return on capital through opportunistic investments primarily in a broad range of public and private credit instruments, with an expected emphasis on corporate credit securities, asset-backed securities, mortgage-backed securities, commercial real estate, structured credit and collateralized loan obligations, though at times, the Fund may have exposure to other assets, instruments and markets.

The objective of the WTC-CIF (Wellington) II Emerging Markets Research Equity Fund is to achieve long term total returns by principally investing either directly or indirectly, in equity and equity related securities issued by companies located in developing countries.

The objective of the William Blair Emerging Markets Leaders Collective Investment Fund is to seek long-term capital appreciation above the MSCI Emerging Markets IMI (net) Index by investing at least 80% of its net assets in emerging markets' securities.

The investment objective of the Ashmore Emerging Markets CIT Total Return Fund is to maximize total return by investing principally in debt instruments of Emerging Market sovereign, quasi-sovereign and corporate issuers, which may be denominated in any currency, including the Local Currency of the issuer.

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

The objective of the NCS Group Trust - International Fund (formerly Walter Scott & Partners Limited Group Trust - International Fund) is to achieve long-term capital appreciation through investments held in equity securities subject to geographic and other restrictions. Not more than 5% of the Trust's assets shall be invested in stocks domiciled or listed on exchanges in countries not included in the MSCI World Index other than Canada, the Republic of South Africa, and Chinese stocks listed on the Hong Kong exchange.

The investment in the pooled separate accounts - real estate consists of Principal U.S. Property Separate Account and PRISA II. The objectives of these two separate accounts is to invest in real estate such as office buildings, industrial buildings, shopping centers, retail stores and similar property and to invest in mortgages and other loans on income producing real estate.

The Intercontinental U.S. Real Estate Investment Fund is a limited liability company. The Fund's investment objectives are to invest in a pool of real estate assets that are diversified by geography and property type, with a focus on yield-driven investment and, to a lesser extent, on value-added investments. The Fund is an open-end, commingled real estate investment fund and is intended to have an indefinite term. The real estate investments of the Fund are stated at estimated fair value and are reviewed and adjusted quarterly. At least annually, an independent appraisal of the underlying real estate is performed and includes a complete property and market inspection. All appraisal reports are completed in accordance with currently published Uniform Standards of Professional Appraisal Practice, as promulgated by the Appraisal Foundation. In the quarters in which an investment is not independently appraised, the fair value is updated as appropriate by management for changes in prior cash flow estimates and market assumptions.

The objective of the Boyd Watterson GSA LP and the Boyd Watterson State Government Fund, LP is to acquire, develop, own, and operate a diversified portfolio of real estate investments in commercial property. The Boyd Watterson GSA LP and the Boyd Watterson State Government Fund, LP were formed to operate as perpetual life, open-end, commingled collective investment funds and intend to invest in real estate primarily leased to government agencies.

The objective of the Real Estate Equity Fund (the Fund) of the Washington Capital Joint Master Trust (the Trust) is to earn investment income and/or to realize real estate price appreciation through investments in a diversified portfolio of real estate. The Fund invests primarily in income-producing commercial real estate, either through direct ownership, partnership interests, or corporate shares or memberships with developers and/or other investors, or through participating equity oriented debt. The strategy of the Fund includes a focus in development opportunities.

The objective of the Causeway International Value Equity CIT is to seek long-term growth of capital income. The Fund seeks to achieve its investment objective by investing primarily in stocks of companies in developed countries located outside the U.S. There is no guarantee that the Fund will meet this investment objective. The primary performance benchmark for the Fund is the MSCI EAFE Index.

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

The Loomis Sayles High Yield Conservative Trust investment objective is total return and to outperform the Bloomberg Barclays Capital U.S. Corporate High Yield Index.

The investment objective of the Hamilton Lane Secondary Feeder Fund V-A LP, primarily through its interest in the Main Fund, is to acquire and hold a diversified portfolio of private equity investment funds, which may include venture capital, buyout, mezzanine, industry-focused and other private equity investment funds, acquired through secondary market transactions. The Fund, either directly or indirectly through its investment in the Main Fund, may make investments in newly formed private equity funds if deemed appropriate or necessary in connection with the Fund's secondary investment activities and may also acquire secondary direct investments.

The Sierra Franklin EAFE Plus Equity Trust seeks to achieve long-term capital appreciation through investment in equity securities of companies located outside of the U.S. Under normal market conditions, the Fund will invest predominantly in equity securities of mid- and large-capitalization companies located outside of the U.S., including developing and emerging market countries.

The Goldentree Multi-Sector Fund Offshore ERISA LTD principal investment objective is to achieve attractive risk adjusted returns by investing across a broad universe of credit-related investments, including, but not limited to, bank debt, high yield bonds and structured products.

The Principal U.S. Property Separate Account, PRISA II, Northern Trust Collective Aggregate Bond Index Fund - Non-Lending, Northern Trust Collective Russell 1000 Index Fund - Non-Lending, Northern Trust Collective Russell 1000 Growth Index Fund Non-Lending, William Blair Emerging Markets Leaders Collective Investment Fund, WTC-CIF (Wellington) II Emerging Markets Research Equity Fund, the Ashmore Emerging Markets Total Return Collective Fund, NCS Group Trust - International Fund, Boyd Watterson GSA Fund LP, Boyd Watterson State Government Fund LP, U.S. Real Estate Investment Fund, Washington Capital SP Infrastructure Fund IV Feeder LLC, CF Causeway International Value Equity, CF Loomis Sayles High Yield Conservative Trust, CF Sierra Franklin EAFE Plus Equity Trust, CD WA Cap JMT Real Estate Equity Fund, Hamilton Lane Secondary Feeder Fund V - A LP, Corbin ERISA Opportunity Fund, and the Goldentree Multi-Sector Fund Offshore ERISA LTD are measured at fair value without adjustment by the Plan, based on the net asset value (NAV) or NAV equivalent as of December 31, 2021 and 2020, respectively.

NOTE 6. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS

The Plan has three related parties which include the Central Pennsylvania Teamsters Defined Benefit Plan (Defined Benefit Plan), Central Pennsylvania Teamsters Health and Welfare Fund (the Health and Welfare Fund) and Teamsters Local Union No. 429 (the Union). The Plan has common Trustees and staff with these related entities. The Chairman of the Plan is also the President of the Union.

NOTE 6. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS (continued)

This Plan is the common paymaster of payroll related expenses and benefits for the Defined Benefit Plan and the Health and Welfare Fund. The Plan also shares the services of certain employees as well as certain equipment with the Defined Benefit Plan and the Health and Welfare Fund. Total reimbursements to the Plan were $4,001,516 and $4,418,914, for the years ended December 31, 2021 and 2020, respectively.

As of December 31, 2021 and 2020, the Health and Welfare Fund owed the Plan $82 for common expenses paid by the Plan. As of December 31, 2021 and 2020, the Defined Benefit Plan owed the Plan $33 for common expenses paid by the Plan.

As of December 31, 2021, the Plan owed the Health and Welfare Fund $240,513 for the amount allocated to the Health and Welfare Fund for the employee retention credit received.

As of December 31, 2021, the Plan owed the Defined Benefit Plan $61,104 for the amount allocated to the Defined Benefit Plan for the employee retention credit received.

The Plan leases office space from the Union. The original lease agreement expired in July 2006. In accordance with the lease agreement, the term of the lease was extended for an additional five years through July 2011. In July 2012, the lease was extended for an additional five years with an option to extend for an additional five years. In July 2017, the lease was extended for an additional five years. The lease calls for annual increases equal to the percentage increase of the Consumer Price Index issued by the Bureau of Labor Statistics. The monthly rental payment was $4,526 from January 1, 2021 through June 30, 2021. The monthly rental payment was $4,740 from July 1, 2021 through December 31, 2021. The annual rent paid by the Plan was $55,597 and $59,764 for the years ended December 31, 2021 and 2020, respectively. The Plan also reimburses the Union for maintenance expenses and a portion of the real estate taxes.

Certain plan investments are shares of short-term investments managed by Northern Trust. Northern Trust is a Trustee, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental schedules of assets held at end of year and reportable transactions. The above transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 7. CREDITING POLICY

The Plan allocated and credited the amount of unpaid employer contributions to employees of defaulting employers.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS

Employees of the Central Pennsylvania Teamsters Health and Welfare Fund (the Health Fund), the Central Pennsylvania Teamsters Defined Benefit Plan (the Defined Benefit Plan), and the Central Pennsylvania Teamsters Retirement Income Plan 1987 (RIP 1987), together referred to as (the Benefit Funds), participate in two multiemployer defined benefit pension plans under the terms of participation agreements that cover its union-represented and non-collectively bargained employees. RIP 1987 remits the contributions to these multiemployer defined benefit pension plans for the shared employees on behalf of the Benefit Funds. The Health Fund and the Defined Benefit Plan reimburse RIP 1987 for their share of the contributions based on a cost allocation study. The Health Fund also remits contributions to these multiemployer defined benefit pension plans for the Benefit Fund employees who work entirely for the Health Fund. The risks of participating in these multiemployer defined benefit pension plans are different from single-employer plans in the following aspects:

a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.

b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.

c. If the Benefit Funds choose to stop participating in any of its multiemployer defined benefit pension plans, the Benefit Funds may be required to pay those multiemployer defined benefit pension plans an amount based on the underfunded status of the multiemployer defined benefit pension plans, referred to as a withdrawal liability.

The Benefits Funds' participation in these multiemployer defined benefit pension plans for the annual periods ended December 31, 2021 and 2020 is outlined in the table below. The zone status is based on information that the Benefit Funds received from each multiemployer defined benefit pension plan and is certified by each multiemployer defined benefit pension plan's actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow zone are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

Legal Name of Pension Plans	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
Central Pennsylvania Teamsters Defined Benefit Plan	23-6262789	001	Green as of 01/01/21	No	Green as of 01/01/20	No	*
Teamsters Pension Trust Fund of Philadelphia and Vicinity	23-1511735	001	Yellow as of 01/01/21	No	Yellow as of 01/01/20	No	**

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

* The employees of the Benefit Funds participate in the Central Pennsylvania Teamsters Defined Benefit Plan through a participation agreement between the Benefit Funds and the Central Pennsylvania Teamsters Defined Benefit Plan. The participation agreement does not have an expiration date.

** The employees of the Benefit Funds participate in the Teamsters Pension Trust Fund of Philadelphia and Vicinity through a participation agreement between the Benefit Funds and the Teamsters Pension Trust Fund of Philadelphia and Vicinity. The participation agreement does not have an expiration date.

Legal Name of Pension Plans	Contributions paid by RIP 1987 directly to the Pension Plans		Contributions to the Pension Plans greater than 5% of total Pension Plan contributions (Plan year ending)		Employer Contribution Rates of the Pension Plans		Number of Employees Covered by the Pension Plans for which RIP 1987 contributes directly to the Pension Plans	
	12/31/2021	12/31/2020			12/31/2021	12/31/2020	12/31/2021	12/31/2020
Central Pennsylvania Teamsters Defined Benefit Plan	$ 683,983	$ 662,002	No, Plan year ending 12/31/21.	No, Plan year ending 12/31/20.	$2,538 per month	$2,417 per month	28 shared employees	24 shared employees
Teamsters Pension Trust Fund of Philadelphia and Vicinity	384,632	371,079	No, Plan year ending 12/31/21.	No, Plan year ending 12/31/20.	15% of gross wages	15% of gross wages	20 Health Fund employees and 28 shared employees	17 Health Fund employees and 24 shared employees
Total contributions to Pension Plans	$ 1,068,615	$ 1,033,081						

The Health Fund reimbursed RIP 1987 $331,506 and $290,234 during the years ended December 31, 2021 and 2020, respectively, for the Health Fund's allocated share of the pension contributions for shared employees participating in the Central Pennsylvania Teamsters Defined Benefit Plan.

The Defined Benefit Plan reimbursed RIP 1987 $219,231 and $194,552 during the years ended December 31, 2021 and 2020, respectively, for the Defined Benefit Plan's allocated share of the pension contributions for shared employees participating in the Central Pennsylvania Teamsters Defined Benefit Plan.

The Health Fund reimbursed RIP 1987 $254,871 and $240,546 during the years ended December 31, 2021 and 2020, respectively, for the Health Fund's allocated share of the pension contributions for shared employees participating in the Teamsters Pension Trust Fund of Philadelphia and Vicinity.

The Defined Benefit Plan reimbursed RIP 1987 $74,472 and $75,125 during the years ended December 31, 2021 and 2020, respectively, for the Defined Benefit Plan's allocated share of the pension contributions for shared employees participating in the Teamsters Pension Trust Fund of Philadelphia and Vicinity.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

Legal Name of Pension Plans	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plan by the Benefit Funds?	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
Central Pennsylvania Teamsters Defined Benefit Plan	N/A, Green status as of 01/01/21	No	No	N/A
Teamsters Pension Trust Fund of Philadelphia and Vicinity	Funding Improvement Plan Implemented	No	No	N/A

NOTE 9. MULTIEMPLOYER PLANS THAT PROVIDE POSTRETIREMENT BENEFITS OTHER THAN PENSIONS

The Benefit Funds contributed to two multiemployer defined benefit health and welfare plans that provided postretirement benefits for its union represented and non-collectively bargained employees during the years ended December 31, 2021 and 2020. Information about these health and welfare plans is below:

Legal Name of Plans providing postretirement benefits other than pension	Contributions paid by RIP 1987 directly to the Plans		Employer contribution rates of the Plans		Number of employees covered by Plans for which RIP 1987 contributes directly to the Plans	
	12/31/2021	12/31/2020	12/31/2021	12/31/2020	12/31/2021	12/31/2020
Central Pennsylvania Teamsters Health and Welfare Fund*	$ 1,089,653	$ 993,782	$967 to $2,729 per month	$950 to $2,628 per month	20 Health Fund employees and 28 shared employees	17 Health Fund employees and 24 shared employees
Teamsters Joint Council No. 53 Retiree Health and Welfare Fund**	230,779	222,647	9% of gross wages	9% of gross wages	20 Health Fund employees and 28 shared employees	17 Health Fund employees and 24 shared employees
Total contributions to Welfare Plans that provide post-retirement benefits	$ 1,320,432	$ 1,216,429				

The Health Fund reimbursed RIP 1987 $762,173 and $679,115 during the years ended December 31, 2021 and 2020, respectively, for the Health Fund's allocated share of the welfare contributions for shared employees participating in the Central Pennsylvania Teamsters Health and Welfare Fund.

NOTE 9. MULTIEMPLOYER PLANS THAT PROVIDE POSTRETIREMENT BENEFITS OTHER THAN PENSIONS (continued)

The Defined Benefit Plan reimbursed RIP 1987 $192,039 and $190,021 during the years ended December 31, 2021 and 2020, respectively, for the Defined Benefit Plan's allocated share of the welfare contributions for shared employees participating in the Central Pennsylvania Teamsters Health and Welfare Fund.

The Health Fund reimbursed RIP 1987 $152,923 and $144,381 and during the years ended December 31, 2021 and 2020, respectively, for the Health Fund's allocated share of the welfare contributions for shared employees participating in the Teamsters Joint Council No. 53 Retiree Health and Welfare Fund.

The Defined Benefit Plan reimbursed RIP 1987 $44,683 and $45,075 during the years ended December 31, 2021 and 2020, respectively, for the Defined Benefit Plan's allocated share of the welfare contributions for shared employees participating in the Teamsters Joint Council No. 53 Retiree Health and Welfare Fund.

*The Plan provides both active and post-retirement health benefits (medical, hospital, surgical, major medical, organ transplant, vision, and prescription drug), disability, death benefits, and accidental death and dismemberment benefits for eligible participants and their spouses, beneficiaries, and covered dependents.

** The Plan provides post-retirement medical, hospital, surgical, prescription, dental, and vision benefits for eligible participants and their spouses. Eligible participants must be receiving a pension and have reached age 55 with 10 years of service.

NOTE 10. DUE TO/FROM BROKER FOR THE PURCHASE/SALE OF SECURITIES

This represents the amounts due to or from the custodial bank for the purchase or sale of securities with trade dates prior to year end and settlement dates after year end.

NOTE 11. TRUSTEE TO TRUSTEE TRANSFER TO DEFINED BENEFIT PLAN

Participants in the Plan and the Defined Benefit Plan, who are eligible for the Combined Minimum Monthly Benefit, can elect to transfer their account balance from the Plan into the Defined Benefit Plan in order to obtain a higher monthly benefit from the Defined Benefit Plan. During the years ended December 31, 2021 and 2020, the Plan transferred $11,223,466 and $9,108,865, respectively, into the Defined Benefit Plan.

As of December 31, 2021, and 2020, the Plan owed the Defined Benefit Plan $372,520 and $3,454,729, respectively, for the account balances that were not transferred at year end.

NOTE 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as reported on the financial statements as of December 31, 2021 and 2020 to the balances as reported on Form 5500:

	2021	2020
Net assets available for benefits per the financial statements	$1,147,938,683	$1,137,292,193
Less: amounts allocated to withdrawing participants	(17,538,289)	(14,604,776)
Net assets available for benefits per Form 5500	$1,130,400,394	$1,122,687,417

The following is a reconciliation of benefits paid to participants per the 2021 financial statements to Form 5500:

	Year Ended December 31, 2021
Benefits paid per the financial statements	$ 146,419,848
Less: amounts allocated to withdrawing participants at December 31, 2020	(14,604,776)
Add: amounts allocated to withdrawing participants at December 31, 2021	17,538,289
Benefits paid to participants per Form 5500	$ 149,353,361

Amounts allocated to withdrawing participants are recorded on Form 5500 for benefits claims that have been processed and approved for payment prior to December 31 but not yet paid as of that date.

NOTE 13. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments 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.

NOTE 14. AMENDMENTS

In September 2020, the Plan was amended. Effective January 1, 2020, for any Employer that on or after that date contributes at a rate of more than $11.545 per hour, or at a rate of more than $2,001.13 per month, the bargaining parties may allocate contributions in excess of those amounts between this Plan and the Defined Benefit Plan.

In September 2020, the Plan was amended. Upon ratification of a Collective Bargaining Agreement between Dairy Farmers of America and Teamsters Local Union No. 429, and the designation of said bargaining unit employees for participation in this Plan, effective on or after April 1, 2020, the Collective Bargaining Agreement may allocate contributions to this Plan.

In September 2021, the Plan was amended to reflect the required beginning date for participants who have not reached age 70 1/2 as of January 1, 2020, to April 1 of the calendar year following the calendar year in which the participant reaches age 72.

NOTE 15. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 21, 2022, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

Central Pennsylvania Teamsters Retirement Income Plan 1987

Schedules of Administrative Expenses

Years Ended December 31, 2021 and 2020

	2021	2020
Professional fees	$ 466,454	$ 636,070
Payroll wages	391,495	366,331
Trustee, fiduciary bond and insurance expense	176,035	164,911
CPT Pension benefits	133,878	177,848
CPT Health and Welfare benefits	135,442	124,645
Data processing expenses	69,432	65,064
Other pension and Health and Welfare benefits	88,462	88,653
Office expenses	75,955	71,219
Rent	57,954	61,903
Postage	26,810	24,759
Payroll taxes	31,146	26,312
Meetings, conferences and seminars	15,702	10,789
Repairs and maintenance	14,993	17,758
Telephone	16,545	16,792
Depreciation and amortization expense	46,340	30,086
Utilities	2,681	2,098
Total	$ 1,749,324	$ 1,885,238

CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2021

Form 5500 Schedule H, Item 4i

EIN: 23-6262789
Plan No. 009

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
	Issuer, Borrower	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
			Common stock:				
	AbbVie Inc		26,062			$ 3,012,218	$ 3,528,794
	Advance Auto Part Inc		3,226			654,123	773,852
	Advanced Drain Sys Inc		9,780			655,630	1,331,351
	Allegiant Travel Co		3,263			713,064	610,311
	Alphabet Inc		437			1,071,669	1,264,498
	Alteryx Inc		8,109			591,295	490,594
	Amedisys Inc		3,931			944,457	636,350
	Amer Finl Group Inc		10,260			1,123,789	1,408,903
	Ameren Corp		14,981			1,291,598	1,333,458
	American Express		18,421			2,928,116	3,013,675
	Ameriprise Finl Inc		4,353			1,151,819	1,313,125
	Ameris Bancorp		14,230			750,410	706,946
	Anaplan Inc		9,307			557,753	426,725
	Ares Management LP		10,520			730,969	854,960
	Atkore Inc		14,370			1,065,872	1,597,800
	Avalara Inc		6,660			825,029	859,872
	Avantor Inc		46,121			1,773,643	1,943,538
	Avery Dennison Corp		6,203			1,366,101	1,343,383
	Axalta Coating Systems LTD		18,130			551,114	600,465
	Bank of America Corp		86,932			3,621,788	3,867,604
	Berkshire Hathaway Inc		15,180			4,390,488	4,538,820
	Berry Global Group Inc		11,967			762,569	882,925
	Bill Com Hldgs Inc		1,780			421,530	443,487
	Bio Rad Laboratories Inc		2,275			1,146,361	1,718,921
	Biogen Inc		7,808			2,272,451	1,873,295
	Bio-Techne Corp		1,819			809,416	941,041
	Blackline Inc		3,942			451,121	408,154
	Blueprint Medicines		10,710			953,564	1,147,148
	Booking Holdings Inc		917			2,036,357	2,200,093
	Booz Allen Hamilton Hldg Corp		9,850			875,662	835,181
	Borg Water Inc		112,251			5,548,302	5,059,152
	Boston Scientific Corp		60,672			2,634,840	2,577,346
	BRP Inc		10,700			694,789	938,497
	BWX Technologies		9,244			583,682	442,602
	Capri Holdings LTD		16,644			909,984	1,080,362
	Carlisle Companies Inc		4,014			816,598	995,953
	Caseys Gen Stores		1,869			375,312	368,847
	Catalent Inc		10,910			1,064,822	1,396,807
	Celanese Group		4,140			645,343	695,768
	Chevron Corp		16,433			1,719,451	1,928,412
	Chubb LTD		20,414			3,631,411	3,946,230
	Churchill Downs Inc		2,529			482,966	609,236
	Ciena Corp		10,191			544,543	784,401
	Cisco Systems Inc		44,979			2,437,342	2,850,319
	Citigroup Inc		58,487			4,294,979	3,532,029
	CMC Matls Inc		4,016			660,151	769,827
	Cogent Communications Hldgs		10,610			712,932	776,439
	Comcast		108,115			6,206,725	5,441,427
	Compass Minerals Intl Inc		5,780			392,226	295,242
	Cousin Pptys Inc		18,163			681,503	731,605

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
	Issuer, Borrower	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
			Common stock (continued):				
	Crane Co		9,615			$ 909,650	$ 978,133
	Cummins Inc		14,315			3,641,618	3,122,674
	CVS Health Corp		33,251			2,823,152	3,430,173
	Devon Energy Corp		22,540			561,032	992,887
	Diamondback Energy Inc		13,359			1,111,075	1,440,767
	Donaldson Inc		13,606			869,350	806,291
	Douglas Emmett Inc		42,670			1,432,122	1,429,445
	Dupont De Nemours Inc		24,687			1,966,052	1,994,215
	DXC Technology Co		63,027			2,326,935	2,028,839
	Eagle Matls Inc		3,653			494,349	608,078
	Elanco Animal Health Inc		26,970			888,182	765,408
	Element Solution Inc		53,225			1,170,000	1,292,303
	EMCOR Group Inc		5,391			649,125	686,759
	Emerson Electric Co		13,161			1,265,935	1,223,578
	Encompass Health Corp		6,083			388,167	396,976
	Encore Wire Corp		4,370			619,936	625,347
	Enersys		6,522			593,703	515,629
	Enphase Energy Inc		1,420			278,340	259,774
	Enpro Inds Inc		9,990			861,697	1,099,599
	Entegris Inc		3,760			427,716	521,060
	Equity Commonwealth		15,599			438,489	404,014
	Everbridge Inc		3,807			409,954	256,325
	Expedia Group Inc		11,437			1,777,584	2,066,894
	F5 Inc		4,710			856,161	1,152,584
	Five Below Inc		8,572			1,453,160	1,773,460
	Five9 Inc		5,355			862,477	735,348
	FMC Corp		6,960			720,930	764,834
	Fox Factory Hldg Corp		4,340			659,675	738,234
	Galcier Bancorp Inc		14,627			710,876	829,350
	Gartner Inc		2,890			543,041	966,184
	General Electric Co		32,973			3,446,899	3,114,959
	Globus Med Inc		8,979			667,245	648,283
	Haemonetics Corp Mass		8,130			552,976	431,215
	Hain Celestial Corp		31,978			1,290,001	1,362,582
	Harley Davidson		13,925			631,339	524,833
	Hasbro Inc		13,940			1,369,058	1,418,813
	Heska Corp		3,213			640,104	586,340
	Horizon Therapeutics		6,649			645,620	716,496
	HubSpot Inc		1,990			567,079	1,311,708
	Huntsman Corp		27,569			774,848	961,606
	IAA SpinCo Inc		13,250			778,926	670,715
	Idex Corp		6,487			1,317,111	1,533,007
	Independence Rlty Tr Inc		24,790			569,143	640,325
	Insulet Corp		5,068			1,372,978	1,348,442
	Intel Corp		51,278			2,827,051	2,640,817
	Intl Flavors & Fragrances		13,242			1,949,500	1,994,907
	Ironwood Pharmaceuticals		67,000			778,437	781,220
	ITT Inc		8,130			786,105	830,804
	J & J Snack Food Corp		5,047			742,731	797,224
	Jack Henry & Assoc		4,224			706,967	705,365
	KBR Inc		20,080			800,876	956,209
	Lakeland Finl Corp		6,202			407,823	497,028
	Lamb Weston Hldgs		7,446			559,354	471,927
	Lear Corp		2,086			374,497	381,633
	Lincoln Elec Hldgs		4,610			485,857	642,956
	LKQ Corp		14,150			686,564	849,424
	Lockheed Martin Corp		7,534			2,830,915	2,677,658
	LPL Financial Hldgs		7,670			766,393	1,227,890
	Lumentum Hldgs Inc		11,690			1,030,471	1,236,451
	Lyft Inc		16,090			867,659	687,525
	Materion Corp		5,031			372,230	462,550
	Maxlinear Inc		7,990			551,152	602,366

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
	Issuer, Borrower	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
			Common stock (continued):				
	McKesson Corp		11,218			$ 2,219,805	$ 2,788,458
	Merck & Co. Inc		51,582			3,906,690	3,953,244
	Mirati Therapeutics Inc		5,310			864,073	778,923
	MKS Instrs Inc		7,443			1,150,365	1,296,347
	Morningstar Inc		3,931			1,043,947	1,344,362
	National Vision Hldgs		22,780			1,028,825	1,093,212
	NCR Corp		13,018			571,050	523,323
	Neurocrine Biosciences		12,720			1,325,234	1,083,362
	Nordson Corp		2,600			568,350	663,702
	Oracle Corp		18,846			1,558,544	1,643,559
	Orthofix Med Inc		12,263			531,646	381,256
	Paya Hldgs Inc		81,310			818,249	515,505
	Paylocity Hldg Corp		3,950			765,498	932,832
	Pegasystems Inc		12,989			1,708,325	1,452,429
	Philip Morris Intl		42,685			4,194,906	4,055,075
	Phreesia Inc		9,824			578,104	409,267
	PNC Financial Services Group		12,759			2,481,944	2,558,434
	Prudential Finl Inc		25,462			2,680,367	2,756,006
	Pub Service Enterprise Group		62,696			3,985,217	4,183,704
	Pure Storage Inc		35,242			717,494	1,147,127
	Regal Rexnord Corp		10,561			1,426,024	1,797,270
	Renaissance Hldgs LTD		25,168			4,099,873	4,261,697
	Revolve Group Inc		8,070			306,838	452,242
	Rocket Pharmaceuticals		13,350			510,537	291,430
	Rogers Corp		3,347			648,097	913,731
	Saia Inc		3,260			677,849	1,098,717
	Schlumberger LTD		49,888			1,487,557	1,494,145
	Seacost Banking Corp		25,621			795,236	906,727
	Sensata Technologies BV Holding		16,570			888,155	1,022,203
	Signature BK NY NY		3,290			634,826	1,064,216
	Silicon Laboratories		6,280			919,078	1,296,317
	Skechers USA Inc		8,547			419,831	370,939
	Smucker J M Co		14,869			1,997,444	2,019,507
	SS&C Technologies		49,875			3,695,036	4,088,752
	Stoneridge Inc		10,405			328,702	205,394
	Syneos Health Inc		9,000			769,269	924,120
	Tapestry Inc		25,780			1,220,221	1,046,668
	Teledyne Technologies Inc		1,695			509,686	740,528
	Tenable HDLGS		11,471			596,896	631,707
	Timken Co		8,815			730,001	610,791
	Topbuild Corp		3,750			602,560	1,034,662
	Transunion		12,235			1,027,614	1,450,825
	Trex Co Inc		9,580			732,479	1,293,587
	Ulta Beauty Inc		1,161			391,446	478,726
	Under Amour Inc		26,719			591,144	566,175
	United Health Group		6,410			2,686,377	3,218,717
	United Therapeutics Corp Del		2,674			528,290	577,797
	Universal Electrs Inc		6,144			319,731	250,368
	Vail Resorts Inc		2,950			943,703	967,305
	Veracyte Inc		10,196			446,385	420,075
	Vulcan Materials Co		5,540			980,559	1,149,993
	Wabtec Corp		21,199			1,752,769	1,952,639
	Walt Disney Co		25,388			4,334,777	3,932,347
	Waste Connections Inc		3,272			394,838	445,875
	Western Alliance Bancorporation		10,730			801,337	1,155,084
	Willscott Mobile Mini HLDGS Corp		17,870			707,883	729,886
	Zendesk Inc		1,178			167,012	122,861
	Zurn Wtr Solutions		17,029			396,205	619,855
	Zynga Inc		125,470			1,095,740	803,008
			Total common stock			212,656,907	225,701,223

(a) Issuer, Borrower	(b) Type	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value: Shares/ Principal	Interest Rate	Maturity Date	(d) Cost	(e) Current Value
Foreign stock:						
#Reorg/Shell PLC Name and Cusip Change Shell PLC		86,356			$ 3,463,281	$ 3,747,850
ADR Anheuser Busch		43,997			3,041,776	2,664,018
ADR Ascendis Pharma A/S Sponsored		8,900			1,270,908	1,197,317
ADR Endava Plc Ads		5,585			587,390	937,833
ADR Nice LTD		3,590			878,180	1,089,924
ADR Silicon Motion Technology Corp		10,170			605,309	966,455
ADR WNS Hldgs LTD		10,659			803,316	940,336
Canadian Natl Ry Co		15,256			1,682,923	1,874,352
Gildan Activewear Inc		23,705			846,628	1,004,854
Icon Plc		5,630			1,064,653	1,743,611
		Total foreign stock			14,244,364	16,166,550
United States Government and Government Agency obligations:						
Federal Home Ln Mtg Corp Multiclass		822,500	3.430 %	01/25/27	870,918	895,962
Federal Home Ln Mtg Corp Pool		169,177	3.000	10/01/29	175,615	177,593
Federal Home Ln Mtg Corp Pool		1,117,656	2.500	09/01/31	1,168,998	1,161,638
Federal Home Ln Mtg Corp Pool		5,719	6.000	01/01/38	6,055	6,562
Federal Home Ln Mtg Corp Pool		3,029	6.000	03/01/38	3,134	3,490
Federal Home LN Mtg Corp SER		321,639	3.064	08/25/24	345,112	335,533
Federal Home Ln Mtg Corp SER		1,465,000	3.062	12/25/24	1,592,876	1,538,589
Federal Home Ln Mtg Corp SER		2,100,000	3.750	08/25/25	2,321,977	2,263,333
Federal Natl Mtg Assn Gtd Mtg Pool		73,181	3.500	08/01/31	76,806	78,039
Federal Natl Mtg Assn Gtd Mtg Pool		77,849	4.500	09/01/41	83,699	86,103
FHLMC Multiclass SR		48,665	3.000	10/15/39	50,277	49,371
FHLMC Multiclass Tranche		331,000	3.413	12/25/26	373,396	360,474
FHLMC Multiclass 3768		14,122	4.000	12/15/39	13,473	14,334
FHLMC Multiclass FHR		138,229	4.500	08/15/40	149,115	152,476
FHLMC Multiclass SER		3,305	4.000	09/15/38	3,164	3,308
FHLMC Multiclass SER		25,293	4.000	11/15/40	23,844	25,682
FHLMC Multiclass SER		59,591	1.500	06/15/41	57,591	60,038
FHLMC Multiclass SR		23,240	4.000	11/15/39	22,059	23,963
FHLMC Multiclass Tranche		770,000	3.136	10/25/24	812,173	805,825
FHLMC Pool		2,373,504	2.000	10/01/36	2,460,841	2,433,197
FNMA		1,315,000	0.875	08/05/30	1,256,328	1,241,002
FNMA Pool		6,874	5.500	02/01/24	6,928	7,552
FNMA Pool		17,785	4.500	05/01/25	18,736	18,530
FNMA Pool		3,533	6.000	02/01/26	3,637	3,883
FNMA Pool		7,088	5.000	06/01/28	6,960	7,720
FNMA Pool		9,051	4.000	03/01/29	9,092	9,623
FNMA Pool		760,338	2.500	10/01/31	795,979	790,002
FNMA Pool		325,896	3.000	08/01/32	337,659	342,818
FNMA Pool		98,029	5.500	01/01/35	105,864	111,338
FNMA Pool		1,023,637	2.500	06/01/36	1,074,619	1,062,564
FNMA Pool		1,409,653	2.500	07/01/36	1,481,678	1,465,413
FNMA Pool		2,384,048	2.000	10/01/36	2,471,774	2,444,040
FNMA Pool		8,567	6.000	12/01/36	9,374	9,921
FNMA Pool		411	6.000	02/01/37	426	452
FNMA Pool		10,117	6.000	05/01/37	10,958	11,678
FNMA Pool		6,430	6.000	07/01/37	6,638	7,452
FNMA Pool		17,342	6.000	08/01/37	18,800	20,064
FNMA Pool		4,094	6.000	11/01/37	4,473	4,744
FNMA Pool		4,452	6.000	11/01/37	4,717	5,123
FNMA Pool		7,877	6.000	04/01/38	8,293	9,137
FNMA Pool		19,450	6.000	10/01/38	21,186	22,561
FNMA Pool		5,279	6.000	02/01/39	5,764	6,124
FNMA Pool		3,523	6.000	04/01/39	3,680	4,086
FNMA Pool		86,612	4.000	12/01/40	86,338	95,124
FNMA Pool		155,118	4.000	10/01/42	162,298	170,323
FNMA Tranch		1,150,000	0.375	08/25/25	1,142,827	1,118,825
United States of Amer Treas Notes DTD		2,715,000	0.625	08/15/30	2,542,032	2,534,707
United States Treas		2,435,000	2.750	02/15/28	2,697,522	2,633,794

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
	Issuer, Borrower	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
			United States Government and Government Agency obligations (continued):				
	United States Treas BDS		2,675,000	1.500 %	08/15/26	$ 2,757,409	$ 2,706,870
	United States Treas DTD		1,195,000	2.000	02/15/25	1,268,532	1,231,223
	United States Treas NTS DTD		1,450,000	2.375	08/15/24	1,551,334	1,505,904
	United States Treas NTS DTD		1,415,000	2.250	11/15/25	1,519,868	1,474,418
	United States Treas NTS DTD		1,690,000	2.000	11/15/26	1,799,952	1,749,282
	United States Treasury		2,610,000	2.250	11/15/27	2,801,139	2,742,335
	United Sts Treas NTS		1,835,000	1.125	02/15/31	1,786,750	1,782,888
	US Treasury N/B		2,300,000	2.375	05/15/29	2,493,245	2,453,542
	US Treasury N/B		1,175,000	1.500	02/15/30	1,201,477	1,182,206
	US Treasury N/B		600,000	1.250	08/15/31	582,166	587,343
	UTD States Treas		1,125,000	1.625	09/30/26	1,164,532	1,144,819
			Total United States Government and Government Agency obligations			43,832,107	43,194,940
			Municipal obligations:				
	California St		315,000	2.5	10/01/22	325,155	319,779
	Columbia S C Wtrwrks & SWR SYS Rev		105,000	2.318	02/01/27	105,000	109,139
	Great Lakes Wtr Auth Mich Sew Disp Sys Rev		220,000	3.613	07/01/24	220,000	233,143
	Honolulu Hawaii City & Cnty Wastewtr Sys Rev		325,000	2.495	07/01/27	325,000	340,008
	Marin Calif Cmnty College Dist		285,000	3.89	08/01/33	285,039	320,426
	Massachusetts St Wtr Res Auth		510,000	2.163	08/01/26	510,000	524,937
	Metro Wastewtr Reclamation Dist Colo Swrrev		235,000	2.713	04/01/31	235,000	247,282
	Municipal Elec Auth Ga		900,000	1.581	01/01/26	900,000	891,405
	New Jersey Economic Dev Auth Wtr Facs		115,000	0.85	12/01/25	115,000	114,969
	New York St Urban Dev Corp Rev		220,000	3.27	03/15/28	215,234	236,941
	Oklahoma St Univ Agricultural Mechanical Rev		665,000	0	09/01/23	665,000	661,046
	Oregon Ed Dists Full Faith & CR Pension Obligs		750,000	0	06/30/24	750,000	742,989
	Pima Cnty Ariz Pledged Rev Obligs		590,000	0	05/01/24	590,000	582,674
	Prince Georges Cnty MD		70,000	1.186	09/15/26	70,000	69,246
	Sioux Falls S D Sch Dist		400,000	0	08/01/24	400,000	395,448
	Spokane Wash Pub Facs Dist Sales & Lodging		1,000,000	0	12/01/24	1,000,000	986,624
	Texas St		165,000	2.704	04/01/31	165,000	176,057
	Texas St Univ Sys Fing Rev		745,000	2.351	03/15/26	788,485	773,507
	University Mich Univ Revs		85,000	1.372	04/01/27	85,000	84,394
	University Tex Univ Revs		435,000	3.675	08/15/22	425,308	443,950
	Virginia St Res Auth Infrastructure Rev		410,000	2.53	11/01/28	410,000	426,573
			Total municipal obligations			8,584,221	8,680,537
			Corporate obligations:				
	Adobe Inc		675,000	2.150	02/01/27	707,307	694,764
	Air Prods and Chems		790,000	1.850	05/15/27	815,333	801,793
	Allstate Corp		800,000	0.750	12/15/25	795,330	779,941
	Amazon Com Inc		930,000	2.800	08/22/24	989,271	973,632
	Ameren Corp		85,000	1.950	03/15/27	84,983	85,296
	American Tower Corp		245,000	2.700	04/15/31	246,435	246,021
	Amern Wtr Cap Corp		710,000	3.400	03/01/25	777,371	750,568
	Analog Devices Inc		940,000	2.950	04/01/25	1,010,511	987,498
	Apple Inc		915,000	2.050	09/11/26	947,375	940,476
	Arizona Pub Svc Co		1,075,000	3.350	06/15/24	1,154,957	1,119,226
	AT&T Broadband		625,000	9.455	11/15/22	719,242	673,243
	AT&T Inc		485,000	2.300	06/01/27	502,785	493,736
	Automatic Data Processing Inc		850,000	1.700	05/15/28	854,955	847,659
	Avery Dennison		835,000	4.875	12/06/28	989,877	974,426
	Bank Amer Corp		850,000	3.824	01/20/28	949,790	921,003
	Baxter Intl		405,000	2.400	08/15/22	391,631	409,069
	CBOE Global Mkts		715,000	1.625	12/15/30	675,612	679,912
	Cin Gas & Elec Co		765,000	6.900	06/01/25	935,881	894,537
	Cintas Corp		1,020,000	3.700	04/01/27	1,151,950	1,116,548
	CMS Energy Corp		825,000	3.875	03/01/24	879,611	864,131
	Contl Airls Inc		280,757	4.000	04/29/26	297,459	291,037
	Cummins Inc		630,000	0.750	09/01/25	625,193	617,982

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
	Issuer, Borrower	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
			Corporate obligations (continued):				
	Delmarva Pwr & Lt		815,000	3.500 %	11/15/23	$ 871,525	$ 847,991
	Delta Air Lines		675,000	3.204	10/25/25	702,003	697,926
	Discovery		585,000	3.800	03/13/24	632,036	613,706
	Disney Walt Co		670,000	3.000	02/13/26	726,205	709,092
	Dominion Energy		540,000	2.250	08/15/31	541,916	527,994
	Dr Pepper Snapple		855,000	3.400	11/15/25	940,493	905,962
	Eaton Corp Ohio		600,000	2.750	11/02/22	623,199	611,197
	Emerson Elec Co Fixed		920,000	1.800	10/15/27	930,703	924,536
	Evergy Inc		1,060,000	2.450	09/15/24	1,113,889	1,087,476
	General Mtrs Finl Co Inc		1,010,000	1.250	01/08/26	999,092	988,684
	Georgia Pac Corp		535,000	7.375	12/01/25	660,243	648,994
	Grainger WW Inc		1,115,000	1.850	02/15/25	1,146,301	1,136,241
	Idex Corp		405,000	2.625	06/15/31	404,497	408,964
	In Mich Pwr Co		415,000	3.850	05/15/28	470,669	456,275
	John Deere Capital Corp		765,000	2.050	01/09/25	798,592	786,334
	JPMorgan Chas & Co		930,000	0.697	03/16/24	932,430	927,796
	Lowes Cos Inc		1,095,000	3.125	09/15/24	1,175,895	1,149,605
	Martin Marietta		440,000	4.250	07/02/24	478,324	468,686
	McDonalds Corp		1,015,000	3.350	04/01/23	1,068,853	1,044,945
	Moodys Corp		1,025,000	4.875	02/15/24	1,139,445	1,095,265
	National Rural Utils Coop Fin Corp		685,000	2.400	03/15/30	693,813	691,403
	Oncor Elec		638,000	7.000	09/01/22	719,512	664,410
	Oracle Corp		601,000	2.500	04/01/25	637,012	615,328
	Paccar Finl Corp		1,113,000	0.350	02/02/24	1,110,043	1,098,291
	PayPal Hldgs		580,000	1.350	06/01/23	590,977	584,759
	PepsiCo Inc		705,000	2.750	03/19/30	747,468	744,932
	Pfizer Inc		380,000	2.625	04/01/30	402,640	400,801
	PG&E Recovery FDG LLC		770,000	1.460	07/15/33	769,990	765,610
	Phillips 66		280,000	3.900	03/15/28	310,372	303,583
	Procter & Gamble		235,000	2.800	03/25/27	257,888	248,663
	Public Service Colorado		285,000	2.900	05/15/25	302,459	297,039
	Republic Svcs Inc		1,031,000	4.750	05/15/23	1,115,540	1,074,813
	Roper Technologies		1,080,000	3.650	09/15/23	1,159,633	1,124,520
	S&P Global Inc		1,010,000	4.000	06/15/25	1,134,111	1,093,147
	Target Corp		450,000	2.250	04/15/25	476,778	463,932
	T-Mobile USA		565,000	3.500	04/15/25	614,829	598,842
	Transcont Gas Pipe Line		435,000	4.000	03/15/28	493,228	475,639
	UN Pac RR Co		1,298,236	3.227	05/14/26	1,375,652	1,368,669
	UTD Parcel Svc		730,000	3.400	03/15/29	818,198	796,880
	Waste Management Inc Del		1,182,000	3.500	05/15/24	1,273,870	1,234,683
	WI Elec Pwr Co		815,000	3.100	06/01/25	879,246	855,350
	WI Energy Corp		250,000	5.773	04/01/33	305,381	326,100
			Total corporate obligations			49,047,809	48,027,561
			Preferred corporate obligations:				
	Abbott Labs		1,095,000	3.750	11/30/26	1,253,254	1,210,696
	Caterpillar Inc		865,000	3.400	05/15/24	936,922	908,029
	Connecticut Light & Power CO		605,000	0.750	12/01/25	603,278	588,288
	Connecticut LT & Pwr		395,000	2.500	01/15/23	404,914	400,539
	Exxon Mobil Corp		691,000	2.440	08/16/29	715,937	709,383
	Hershey Company		1,090,000	3.200	08/21/25	1,200,910	1,156,466
	Hormel Foods Corp		495,000	0.650	06/03/24	495,245	491,241
	IL Tools Wks Inc		1,105,000	2.650	11/15/26	1,198,422	1,159,431
	Kimberly Clark Corp		880,000	3.950	11/01/28	1,010,278	996,996
	Progressive Corp		360,000	4.000	03/01/29	410,896	406,814
	Pub Svc Elec Gas		1,115,000	3.050	11/15/24	1,197,711	1,164,193
	Visa Inc		1,100,000	3.150	12/14/25	1,211,612	1,172,946
			Total preferred corporate obligations			10,639,379	10,365,022

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
	Issuer, Borrower	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
			Foreign obligations:				
	Anheuser-Busch		725,000	4.750 %	01/23/29	$ 854,768	$ 844,540
	AstraZeneca Plc		350,000	0.300	05/26/23	349,695	348,468
	CDN Natl Ry Co		685,000	6.900	07/15/28	910,772	891,950
	CDN Pac Ry Co		1,005,000	4.450	03/15/23	1,070,700	1,038,417
	GlaxoSmithKline		880,000	3.375	05/15/23	929,011	911,348
	Nvent Finance		335,000	4.550	04/15/28	376,359	372,631
	Shell Intl Fin B		250,000	0.375	09/15/23	249,911	248,353
			Total foreign obligations			4,741,216	4,655,707
			Common collective trust fund - international equity:				
	CF Causeway International Value Equity		3,462,611			42,499,557	42,832,503
			Common collective trust funds - equity:				
	CF Loomis Sayles High Yield Conservative Trust		5,107,851			145,985,984	146,697,475
	CF Sierra Franklin EAFE Plus Equity Trust		1,298,604			42,500,000	41,438,463
*	MFB NT Collective Russell 1000 Growth Index Fund		78,947			107,244,537	128,922,670
			Total common collective trust funds - equity			295,730,521	317,058,608
			Asset backed securities:				
	BA CR Card TR		335,000	0.034	05/15/26	334,922	330,584
	PVTPL CWABS		28,489	0.000	08/22/39	28,489	28,489
	Verizon Master Tr		660,000	0.960	04/20/28	659,904	656,900
			Total asset backed securities			1,023,315	1,015,973
			Non-Government backed C.M.O's:				
			5,036	2.480	10/25/35	5,222	5,258
	CMO Citigroup Mtg Ln Tr		12,315	2.490	03/25/36	12,396	12,316
	CMO Citigroup Mtg Ln Tr		14,778	2.725	10/25/35	14,481	14,730
	CMO JPMorgan Mtg Tr		3,212	3.041	07/20/37	27,724	27,135
	CMO Sequoia Mtg Tr					-	-
			Total non-government backed C.M.O's			59,823	59,439
			Limited partnerships - real estate:				
	Boyd Watterson GSA Fund LP		100,189,171			100,189,171	105,762,620
	Boyd Watterson State Government Fund, LP		20,000,000			20,000,000	21,300,459
	U.S. Real Estate Investment Fund		45,158,871			45,158,871	51,549,012
	Wacap Sp Infrastructure Fund IV Feeder LLC		4,787,341			4,787,341	4,988,478
			Total limited partnerships - real estate			170,135,383	183,600,569
			Limited partnership - private equity:				
	Hamilton Lane Secondary Feeder Fund V-A LP		14,842,000			14,842,000	21,421,753
			Limited partnership:				
	Corbin ERISA Opportunity Fund LP		37,500,000			37,500,000	41,084,922
			Short term cash equivalents:				
	United States Dollar		542,509			542,509	542,509
			Common collective trust - STIF:				
	NT Collective Govt Short-Term Fund		23,676,150			23,676,150	23,676,150
			103-12 investment entities:				
	CF Goldentree Multi-Sector Fund Offshore ERISA LTD		50,900			99,579,527	100,381,242
	CF WA CAP JMT Real Estate Equity Fund		623,339			50,000,087	56,125,325
			Total 103-12 investment entities			149,579,614	156,506,567
			Total investments			$ 1,079,334,875	$ 1,144,590,533

CENTRAL PENNSYLVANIA TEAMSTERS
RETIREMENT INCOME PLAN 1987

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2021

Form 5500 Schedule H, Item 4j

EIN: 23-6262789
Plan No. 009

(a)	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset	(g) Net Gain (Loss) on Transaction
*	NT Collective Government Short Term Investment Fund	$1,356,146,348	N/A	N/A	$ 1,356,146,348	N/A
*	NT Collective Government Short Term Investment Fund	N/A	$1,352,014,663	$1,352,014,663	1,352,014,663	$ -
*	MFB Northern Trust Collective Russell 1000 Growth Index Fund	308,908,679	N/A	N/A	308,908,679	N/A
*	MFB Northern Trust Collective Russell 1000 Growth Index Fund	N/A	223,972,469	201,664,142	223,972,469	22,308,327
*	MFB Northern Trust Collective Russell 1000 Index Fund	N/A	358,942,935	246,714,215	358,942,935	112,228,720
	CF Loomis Sayles High Yield Conservative Trust	150,960,002	N/A	N/A	150,960,002	N/A
	CF Loomis Sayles High Yield Conservative Trust	N/A	5,000,000	4,974,018	5,000,000	25,982
	CF Goldentree Multi-Sector Fund Offshore ERISA LTD CL A Ser 1	60,000,000	N/A	N/A	60,000,000	N/A
	CF Goldentree Multi-Sector Fund Offshore ERISA LTD CL A Ser 1	N/A	61,579,527	60,000,000	61,579,527	1,579,527
	CF Goldentree Multi-Sector Fund Offshore ERISA LTD	99,579,527	N/A	N/A	99,579,527	N/A
	Boyd Waterson GSA Fund LP	100,189,171	N/A	N/A	100,189,171	N/A

* A party-in-interest as defined by ERISA.

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS