

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
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for:
	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here. ▶ ☒ D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____ E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>TEAMSTERS LOCAL NO. 469 ANNUITY FUND</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>05/01/1989</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES OF TEAMSTERS LOCAL NO. 469 ANNUITY FUND TRUST</u> <u>3400 ROUTE 35, SUITE 8</u> <u>HAZLET, NJ 07730-1247</u>
2b	Employer Identification Number (EIN) <u>22-2980666</u>
2c	Plan Sponsor's telephone number <u>732-264-9000</u>
2d	Business code (see instructions) <u>484110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2022	MICHAEL BRODERICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	488
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)	271
a(2) Total number of active participants at the end of the plan year	6a(2)	264
b Retired or separated participants receiving benefits.....	6b	237
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	501
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e	6f	501
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	501
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	35

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

2E

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan TEAMSTERS LOCAL NO. 469 ANNUITY FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS LOCAL NO. 469 ANNUITY FUND TRUST	D Employer Identification Number (EIN) 22-2980666

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.
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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	001357	0	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. Specify nature of costs ▶	6d	
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 (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below) ▶ 7c(1) 7c(2) 7c(3) 7c(4) 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 (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below) ▶	7e(1) 7e(2) 7e(3) 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. Specify nature of costs.	10b	

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

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

A Name of plan TEAMSTERS LOCAL NO. 469 ANNUITY FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS LOCAL NO. 469 ANNUITY FUND TRUST	D Employer Identification Number (EIN) 22-2980666

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

☒ Yes ☐ No
- b

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

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRUDENTIAL INSURANCE CO.	
22-1211670	

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CORBIN CAPITAL PARTNERS, LP	
30-0299433	

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

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

CHARTWELL INVESTMENT PARTNERS

36-4776242

(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	75212	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARDMAN JOHNSTON GLOBAL ADVISORS

13-3257590

(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	35081	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZENITH AMERICAN SOLUTIONS

52-1590516

(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?
	NONE	34872	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)

AMERICAN REALTY ADVISORS

33-0123114

(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	27304	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INNOVATIVE SOFTWARE SOLUTIONS, INC.

23-2180279

(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	12849	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MSPC

22-2951202

(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	ACCT FOR LOCAL 469	12006	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)

INVESTMENT PERFORMANCE SERVICES LLC

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	10625	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUSANIN WIDMAN & BRENNAN, PC

23-2265950

(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	7823	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>TEAMSTERS LOCAL NO. 469 ANNUITY FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF TEAMSTERS LOCAL NO. 469 ANNUITY FUND TRUST</u>	D Employer Identification Number (EIN) <u>22-2980666</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>QMA S&P 500 INDEX</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO.</u>		
c EIN-PN <u>22-1211670-011</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO STABLE VALUE FUND A</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>52-2250941-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARDMAN JOHNSTON INTL EQUITY GROUP</u>		
b Name of sponsor of entity listed in (a): <u>HARDMAN JOHNSTON GLOBAL ADVISORS</u>		
c EIN-PN <u>26-6493485-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3884762</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>TEAMSTERS LOCAL NO. 469 ANNUITY FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF TEAMSTERS LOCAL NO. 469 ANNUITY FUND TRUST</u>	D Employer Identification Number (EIN) <u>22-2980666</u>	

Part I	Asset and Liability Statement
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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	992154	824506
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	266688	306866
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	115054	2206669
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	297027	2203918
(2) U.S. Government securities	1c(2)	0	2020129
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	8599303	16735615
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	2690207	4554101
(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)	9300876	0
(10) Value of interest in pooled separate accounts	1c(10)	7042840	0
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	3845038	3884762
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	8763671
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	6177799	3127616

		(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	12325 5421
f	Total assets (add all amounts in lines 1a through 1e)	1f	39339311 44633274
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	21182 70140
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	36633 24369
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	57815 94509
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	39281496 44538765

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	3400739
	(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)	3400739
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	476526
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	108965
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	585491
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6791079
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	6837659
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-46580
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	2074113
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	2074113

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		42702
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		403598
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		74805
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6534868
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1002952	
(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)		1002952
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)	22358	
(2) Contract administrator fees.....	2i(2)	34872	
(3) Investment advisory and management fees.....	2i(3)	149883	
(4) Other.....	2i(4)	67534	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		274647
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1277599
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		5257269
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MSPC CERTIFIED PUBLIC ACCOUNTANTS

(2) EIN: 22-2951202

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

A Name of plan TEAMSTERS LOCAL NO. 469 ANNUITY FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS LOCAL NO. 469 ANNUITY FUND TRUST	D Employer Identification Number (EIN) 22-2980666

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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 _____

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Teamsters Local No. 469 Annuity Fund
Hazlet, New Jersey

Opinion

We have audited the financial statements of Teamsters Local No. 469 Annuity Fund, 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 Teamsters Local No. 469 Annuity Fund 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 Teamsters Local No. 469 Annuity Fund 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 Teamsters Local No. 469 Annuity Fund'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 Teamsters Local No. 469 Annuity Fund'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 Teamsters Local No. 469 Annuity Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not required parts of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of 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 schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule 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.

A handwritten signature in black ink, appearing to read "MSPC", with a stylized, cursive-like font.

MSPC
Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
October 6, 2022

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2021

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) <u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	(c) <u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral,</u> <u>Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
Money Market Funds:				
	* First Am Govt Ob Fd Cl Z		\$ 416,056	\$ 416,056
	* First Am Govt Ob Fd Cl Z		<u>1,787,862</u>	<u>1,787,862</u>
	Total Money Market Funds		<u>2,203,918</u>	<u>2,203,918</u>
Mutual Funds:				
	Northern Trust Collective S&P Index Fund		<u>7,300,000</u>	<u>8,763,671</u>
Corporate Bonds:				
	Adt Corp	315,000 4.13% 06/15/23	331,704	327,175
	Alcoa Inc	135,000 5.13% 10/01/24	145,210	145,463
	Amc Networks Inc	88,000 5.00% 04/01/24	90,692	88,660
	AmeriGas Finance	325,000 5.63% 05/20/24	353,659	351,380
	Anheuser Busch Inbev	135,000 3.50% 06/01/30	148,081	147,967
	Anthem Inc	120,000 3.65% 12/01/27	131,202	131,647
	Apple Inc	70,000 3.20% 05/13/25	74,439	74,482
	Ares Capital	125,000 3.25% 07/15/25	129,049	129,098
	Ares Capital	85,000 3.88% 01/15/26	89,504	89,581
	Arizona Pub	85,000 2.20% 12/15/31	83,374	82,488
	Ball Corp	115,000 4.00% 11/15/23	122,912	120,031
	Ball Corp	205,000 5.25% 07/01/25	228,640	226,013
	Bank of America Mt	75,000 0.89% 02/05/26	75,962	76,092
	Bank of Nova Scotia	35,000 3.40% 02/11/24	36,766	36,722
	Berkshire Hathaway	15,000 3.13% 03/15/26	16,004	16,018
	Bk Of America Mtn	155,000 0.98% 09/25/25	153,110	153,118
	Boeing Co	35,000 1.43% 02/04/24	34,964	34,946
	Chevron Corp	90,000 2.35% 12/05/22	91,346	91,139
	Choice Hotels	95,000 3.70% 12/01/29	101,601	100,954
	Citigroup Inc	130,000 3.35% 04/24/25	136,066	135,740
	Comcast Corp	145,000 4.15% 10/15/28	164,809	164,608
	Comcast Corp	100,000 4.25% 10/15/30	115,725	115,407
	Crown Amer Cap Corp	327,000 4.75% 02/01/26	337,309	335,175
	CVS Health	110,000 3.25% 08/15/29	117,459	117,282
	Dcp Midstream	55,000 3.88% 03/15/23	56,287	56,346
	Dcp Midstream	200,000 5.38% 07/15/25	221,250	218,500
	Delta Air Lines Inc	195,000 3.63% 03/15/22	185,100	195,002
	Disney Walt Co Sr	70,000 3.80% 03/22/30	78,836	78,518
	Eqt Midstream	135,000 4.75% 07/15/23	138,449	140,401
	Fmc Corp	5,000 3.45% 10/01/29	5,377	5,324
	Ford Motor Cred	105,000 4.38% 08/06/23	108,321	109,244
	Ford Motor Credit Co	225,000 4.06% 11/01/24	234,124	236,738
	Freeport McMoran Inc	320,000 3.88% 03/15/23	313,178	330,839
	General Motors Finl	45,000 5.65% 01/17/29	53,546	53,364
	General Motors Finl	100,000 1.70% 08/18/23	101,009	100,951
	Glp Capital LP Fin	220,000 5.25% 06/01/25	239,602	240,955
	Goldman Sachs Group	155,000 3.69% 06/05/28	167,607	166,910
	Goldman Sachs Group	185,000 0.67% 03/08/24	184,382	184,164

See Independent Auditors' Report.

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2021

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) <u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	(c) <u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral,</u> <u>Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current</u> <u>Value</u>
	Hca Inc	55,000 5.38% 02/01/25	61,369	60,445
	Hca Inc	265,000 5.88% 05/01/23	284,330	280,569
	Healthpeak	85,000 2.88% 01/15/31	88,564	88,393
	Hillenbrand Inc	305,000 4.50% 09/15/26	342,690	340,075
	Hilton Worldwide Fin	320,000 4.88% 04/01/27	331,866	329,600
	Howmet Aerospace Inc	185,000 6.88% 05/01/25	212,929	212,696
	Icahn Enterprises	335,000 4.75% 09/15/24	351,506	347,563
	Intel Corp Sr Gbl	75,000 3.90% 03/25/30	85,381	85,191
	Istar Inc	260,000 4.75% 10/01/24	263,484	269,750
	JPMorgan Chase Co	35,000 1.35% 10/24/23	35,312	35,210
	JPMorgan Chase Co	65,000 3.56% 04/23/24	67,397	67,170
	JPMorgan Chase Co	95,000 4.45% 12/05/29	107,962	107,815
	JPMorgan Chase Co	165,000 3.21% 04/01/23	166,314	165,983
	Kinder Morgan Ener	35,000 4.25% 09/01/24	37,307	37,305
	Lennar Corp	140,000 4.75% 11/15/22	147,400	143,150
	Level 3 Financing	235,000 5.38% 05/01/25	241,582	240,116
	Life Storage L P	80,000 2.20% 10/15/30	78,853	78,574
	Lincoln National	90,000 3.40% 01/15/31	97,115	96,585
	Mercer Intl Inc	320,000 5.50% 01/15/26	329,459	324,000
	Merrill Lynch Co	85,000 0.88% 09/15/26	84,709	84,637
	MGM Growth Mgm	320,000 5.63% 05/01/24	347,809	341,990
	Microsoft Corp	45,000 2.40% 08/08/26	46,912	47,092
	Morgan Stanley	160,000 0.73% 04/05/24	159,638	159,504
	Morgan Stanley Fxd	105,000 2.19% 04/28/26	107,099	107,060
	Navient Corp Mtn	320,000 5.50% 01/25/23	336,094	333,280
	Nvidia Corporation	265,000 0.31% 06/15/23	263,705	263,060
	Oklahoma Gas Elec Co	35,000 0.53% 05/26/23	34,831	34,769
	Owl Rock Capital	75,000 3.40% 07/15/26	76,212	76,205
	Penske Automotive	330,000 3.50% 09/01/25	338,632	337,425
	Polyone Corp	260,000 5.25% 03/15/23	269,668	272,350
	Precision Castparts	45,000 3.25% 06/15/25	47,849	47,705
	Quebecor Media Inc	260,000 5.75% 01/15/23	281,406	270,400
	Qvc Inc	320,000 4.85% 04/01/24	334,314	341,645
	Rockwell Automation	95,000 3.50% 03/01/29	104,983	104,130
	Royal Bk Of Mtn	235,000 0.50% 10/26/23	233,765	233,585
	S L M A M T N	100,000 3.13% 11/02/26	98,875	99,000
	Safehold Oper L P	110,000 2.80% 06/15/31	109,326	108,526
	Safehold Oper L P	90,000 2.85% 01/15/32	88,379	88,233
	Sba Communications	325,000 3.88% 02/15/27	337,619	334,750
	Schwab Charles	105,000 0.75% 03/18/24	104,285	104,531
	Seagate Hdd Cayman	260,000 4.75% 06/01/23	277,430	271,757
	Seagate Hdd Cayman	60,000 4.88% 03/01/24	65,082	63,624
	Simon Property Group	35,000 3.50% 09/01/25	37,417	37,300
	Simon Property LP	150,000 2.45% 09/13/29	152,272	151,022
	Slm Corp Sr Gbl Nt	235,000 4.20% 10/29/25	248,144	245,575
	Springleaf Finance	130,000 5.63% 03/15/23	133,794	135,793
	Springleaf Finance	190,000 6.13% 03/15/24	199,592	201,444
	Sprint Corp	190,000 7.13% 06/15/24	219,337	213,305
	Stanley Black Decker	75,000 3.40% 03/01/26	79,993	79,961

See Independent Auditors' Report.

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2021

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Starwood Property	225,000 4.75% 03/15/25	238,312	234,000
	Sunoco LP	310,000 6.00% 04/15/27	325,500	323,299
	Suntrust Bank	60,000 2.80% 05/17/22	60,493	60,438
	Svb Financial Group	75,000 3.13% 06/05/30	78,081	78,712
	T Mobile USA Inc	200,000 4.00% 04/15/22	201,900	201,152
	Targa Recources LP	25,000 5.88% 04/15/26	26,050	26,087
	Thermo Fisher	95,000 1.22% 10/18/24	94,726	94,895
	Truist Bank Mtn	95,000 2.25% 03/11/30	95,010	94,752
	Under Armour Inc	335,000 3.25% 06/15/26	348,955	345,536
	Verizon	95,000 2.55% 03/21/31	95,824	95,846
	Virginia Elec Power	40,000 3.45% 02/15/24	41,791	41,681
	Virginia Elec Power	65,000 3.50% 03/15/27	70,313	70,022
	Walt Disney Company	80,000 3.38% 11/15/26	86,283	86,058
	Wells Fargo	100,000 1.65% 06/02/24	101,066	100,846
	Western Digital Corp	280,000 4.75% 02/15/26	306,230	306,163
	Western L P	320,000 3.10% 02/01/25	320,911	334,406
	Wyndham Worldwide	230,000 3.90% 03/01/23	237,262	233,319
	Wyndham Worldwide	90,000 6.35% 10/01/25	98,978	100,113
	Total Corporate Bonds		<u>16,774,331</u>	<u>16,735,615</u>
	U.S. Government Securities:			
	FHLB Deb	15,000 1.50% 11/23/26	15,000	14,978
	FHLB Deb	25,000 1.25% 12/20/24	25,000	25,015
	U S Treasury	240,000 1.13% 02/15/31	232,685	232,922
	U S Treasury	90,000 1.13% 08/31/28	88,446	88,257
	U S Treasury	280,000 0.38% 09/15/24	276,156	276,041
	U S Treasury	450,000 2.00% 02/15/23	459,009	457,772
	U S Treasury	455,000 1.63% 09/30/26	462,974	462,730
	U S Treasury	440,000 2.63% 03/31/25	463,553	462,414
	Total U.S. Government Securities		<u>2,022,823</u>	<u>2,020,129</u>
	103-12 Investment Entity:			
	Hardman Johnston International	86,267	<u>2,385,636</u>	<u>3,884,762</u>
	Real Estate Funds:			
	Boyd Watterson GSA Fund, LP	1,782	1,617,890	2,186,429
	Boyd Watterson State Government Fund, LP		<u>941,187</u>	<u>941,187</u>
	Total Real Estate Funds		<u>2,559,077</u>	<u>3,127,616</u>
	Partnership/Joint Venture Interest:			
	Corbin ERISA Opportunity Fund		<u>2,250,000</u>	<u>4,554,101</u>
	Totals		<u>\$ 35,495,785</u>	<u>\$ 41,289,812</u>

* Represents a party-in-interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.

See Independent Auditors' Report.

TEAMSTERS LOCAL NO. 469
ANNUITY FUND

FINANCIAL STATEMENTS

FOR THE YEARS ENDED
DECEMBER 31, 2021 AND 2020

MSPC
Certified Public
Accountants and Advisors, P.C.



An independent firm associated with
Moore Global Network Limited

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

Index to Financial Statements

	<u>Pages</u>
Independent Auditors' Report	1-3
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020	4
Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2021 and 2020	5
Notes to Financial Statements	6-14
Supplementary Information:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	16-18

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Teamsters Local No. 469 Annuity Fund
Hazlet, New Jersey

Opinion

We have audited the financial statements of Teamsters Local No. 469 Annuity Fund, 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 Teamsters Local No. 469 Annuity Fund 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 Teamsters Local No. 469 Annuity Fund 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 Teamsters Local No. 469 Annuity Fund'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.

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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 Teamsters Local No. 469 Annuity Fund'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 Teamsters Local No. 469 Annuity Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not required parts of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of 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 schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule 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.

A handwritten signature in black ink, appearing to read "MSPC", with a stylized, cursive-like font.

MSPC
Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
October 6, 2022

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND

Statements of Net Assets Available for Benefits

	<u>December 31,</u>	
	<u>2 0 2 1</u>	<u>2 0 2 0</u>
Assets:		
Investments at Fair Value:		
Money Market Funds	\$ 2,203,918	\$ 297,027
Mutual Funds	8,763,671	--
Corporate Bonds	16,735,615	8,599,303
U.S. Government Securities	2,020,129	--
Common Collective Trusts	--	9,300,876
Pooled Separate Account	--	7,042,840
103-12 Investment Entity	3,884,762	3,845,038
Real Estate Funds	3,127,616	6,177,799
Partnership/Joint Venture Interests	<u>4,554,101</u>	<u>2,690,207</u>
Total Investments at Fair Value	<u>41,289,812</u>	<u>37,953,090</u>
Receivables:		
Due from Broker for Securities Sold	1,975,000	--
Employers' Contributions	306,866	266,688
Accrued Interest and Dividends	173,414	115,054
Due from Local 469 Welfare Fund	40,206	--
Due from Local 469 Pension Fund	<u>18,049</u>	<u>--</u>
Total Receivables	<u>2,513,535</u>	<u>381,742</u>
Property and Equipment:		
Office Furniture and Equipment	23,168	28,585
Less: Accumulated Depreciation	<u>17,747</u>	<u>16,260</u>
Total Property and Equipment - Net	<u>5,421</u>	<u>12,325</u>
Cash	<u>824,506</u>	<u>992,154</u>
Total Assets	<u>44,633,274</u>	<u>39,339,311</u>
Liabilities:		
Accounts Payable and Accrued Expenses	70,140	21,182
Payroll Taxes Withheld	24,369	--
Due to Welfare Fund	--	29,249
Due to Pension Fund	<u>--</u>	<u>7,384</u>
Total Liabilities	<u>94,509</u>	<u>57,815</u>
Net Assets Available for Benefits	<u>\$ 44,538,765</u>	<u>\$ 39,281,496</u>

See Accompanying Notes to Financial Statements.

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND

Statements of Changes of Net Assets Available for Benefits

	<u>Years ended</u> <u>December 31,</u>	
	<u>2 0 2 1</u>	<u>2 0 2 0</u>
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 2,480,710	\$ 2,351,030
Interest and Dividends	<u>653,419</u>	<u>931,172</u>
Totals	3,134,129	3,282,202
Less: Investment Expenses	<u>149,883</u>	<u>142,403</u>
Net Investment Income	2,984,246	3,139,799
Employers' Contributions	3,400,739	3,302,535
Other Income	<u>--</u>	<u>825</u>
Total Additions	<u>6,384,985</u>	<u>6,443,159</u>
Deductions from Net Assets Attributed to:		
Benefits Paid Directly to Participants	<u>1,002,952</u>	<u>2,186,658</u>
Administrative Expenses:		
Administrator's Fee	34,872	13,748
Insurance Expense	15,004	14,161
Employees' Benefits Expense	13,130	26,599
Computer Expenses	12,849	16,117
Accounting Fees	12,006	9,641
Payroll	11,893	37,757
Legal Fees	9,202	17,553
Office Supplies and Expenses	8,888	7,859
Rent	3,248	3,248
Depreciation Expense	1,487	758
Actuarial Fees	1,150	2,095
Payroll Tax Expense	952	972
Conferences and Meetings	<u>83</u>	<u>57</u>
Total Administrative Expenses	<u>124,764</u>	<u>150,565</u>
Total Deductions	<u>1,127,716</u>	<u>2,337,223</u>
Net Increase in Net Assets Available for Benefits	5,257,269	4,105,936
Net Assets Available for Benefits - Beginning of Years	<u>39,281,496</u>	<u>35,175,560</u>
Net Assets Available for Benefits - End of Years	<u>\$ 44,538,765</u>	<u>\$ 39,281,496</u>

See Accompanying Notes to Financial Statements.

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

Notes to Financial Statements

(1) Description of Plan

The following brief description of the Teamsters Local No. 469 (the "Union") Annuity Fund (the "Plan") provides only general information. Participants should refer to the Plan document and Declaration of Trust and the Rules and Regulations for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer collectively bargained defined contribution plan covering Teamsters Local No. 469 members employed by contributing employers. The administration of the Plan is the responsibility of the Trustees, comprised of union and employer trustees. The Plan is maintained pursuant to a number of different collective bargaining agreements and/or participation agreements between the Union and various employers. The administration of the plan is the responsibility of a Board of Trustees, comprised of union and employer trustees. The investments of the Plan are managed by investment advisors. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Participant Accounts - The Plan provides for the creation of an individual account, on behalf of each participant, to which all employers' contributions are credited. As soon as practicable, after December 31st of each year, plan earnings and administrative expenses are allocated to each account as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested balance.

Vesting - A participant becomes fully vested with respect to his account when the value of the account equals or exceeds \$500; or when he becomes eligible to receive a pension from the Teamsters Local No. 469 Pension Plan; or when he completes five years of service.

A participant who is not vested forfeits the amount credited to his annuity account upon completion of five consecutive one year breaks in service.

Payment of Benefits - Benefits are generally payable upon retirement, death, disability or termination. Election may be made by participants to receive either a lump sum payment, a partial lump sum payment, monthly installment payments for a period not to exceed 10 years, or a lifetime annuity. Partial lump sum payments are limited to two payments per calendar year.

Funding Policy - Contributing employers are required to make contributions to the Plan on behalf of each participant in accordance with the various collective bargaining agreements in effect. Participants are not required to contribute to the Plan.

(2) Summary of Significant Accounting Policies

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

Use of Estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

Notes to Financial Statements

(2) Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information principally provided by the Plan's custodians.

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

Employers' Contributions and Related Receivables - Contributions receivable are reported at their outstanding balances net of an estimated reserve for doubtful accounts and are primarily composed of balances due from employers. The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers for covered employees are payable to the plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. The Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. As of December 31, 2021 and 2020, the Plan did not record any allowance for employers' contributions receivable.

The Board of Trustees has established a program to review participating employer records in order to determine compliance with contribution provisions of the collective bargaining agreement. As a result of this program, previously unreported contributions are identified related to current and prior fiscal years. However, due to the collection efforts required by the Plan, including litigation, the ultimate realization of any additional contribution receivable cannot be reasonably estimated until the collection process is completed. Accordingly, the Plan primarily recognizes these previously unreported contributions in the fiscal year in which the settlement proceeds are received.

Property and Equipment - Property and equipment is recorded at cost. Depreciation is provided using the straight-line method over the estimated useful lives of the assets as follows.

Useful Lives in Years

Office Furniture and Equipment

5

Repairs and maintenance are expensed as incurred. Expenditures that increase the value or productive capacity of assets are capitalized. When other assets are retired, sold, or otherwise disposed of, the asset's carrying amount and related accumulated depreciation are removed from the accounts and any gain or loss is included in changes in net assets available for benefits.

Payment of Benefits - Benefits payments to participants are recorded upon distribution.

Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with related ERISA plans. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plan. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

Notes to Financial Statements

(2) Summary of Significant Accounting Policies (Continued)

Subsequent Events - The Plan has evaluated subsequent events through October 6, 2022, the date the financial statements were available to be issued.

(3) 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 under ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- 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.

Money Market Funds: Valued at amortized cost which approximates fair value.

Corporate Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Common Collective Trusts: Valued at the net asset value (NAV) of units of a collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Pooled Separate Accounts: Valued at the NAV of units of a pooled separate account. The NAV, as provided by the custodians, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily.

Real Estate Funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end. The NAV, as provided by the general partners, is used as a practical expedient to estimate fair value. The NAV is based on the value of all assets of the real estate funds, less its liabilities.

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

Notes to Financial Statements

(3) Fair Value Measurements (Continued)

Partnership/Joint Venture Interests: Valued at the net asset value ("NAV") of shares held by the Plan at year end. The NAV, as provided by the general partners, is used as a practical expedient to estimate fair value. The NAV is based on the value of all assets of the Partnerships, less its liabilities.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets fair value as of December 31, 2021 and 2020:

	<u>Assets at Fair Value as of December 31, 2021</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Money Market Funds	\$ 2,203,918	\$ --	\$ --	\$ 2,203,918
Mutual Funds	8,763,671	--	--	8,763,671
Corporate Bonds	--	16,735,615	--	16,735,615
U.S. Government Securities	--	2,020,129	--	2,020,129
Total Assets in the Fair Value Hierarchy	<u>\$ 10,967,589</u>	<u>\$ 18,755,744</u>	<u>\$ --</u>	29,723,333
Investments Measured at Net Asset Value*				<u>11,566,479</u>
<u>Total Assets at Fair Value</u>				<u>\$ 41,289,812</u>
	<u>Assets at Fair Value as of December 31, 2020</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Funds	\$ 297,027	\$ --	\$ --	\$ 297,027
Corporate Bonds	--	8,599,303	--	8,599,303
Total Assets in the Fair Value Hierarchy	<u>\$ 297,027</u>	<u>\$ 8,599,303</u>	<u>\$ --</u>	8,896,330
Investments Measured at Net Asset Value*				<u>29,056,760</u>
<u>Total Assets at Fair Value</u>				<u>\$ 37,953,090</u>

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

Changes in Fair Value Levels - 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.

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

Notes to Financial Statements

(3) Fair Value Measurements (Continued)

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2021 and 2020, there were no significant transfers in or out of levels 1, 2, or 3.

The following table sets forth additional disclosures of Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2021 and 2020:

	December 31, 2021			
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
103-12 Investment Entity:				
Hardman Johnston International Equity Group Trust (e)	\$ 3,884,762	None	Monthly	10 days
Real Estate Funds:				
Boyd Watterson GSA Fund LP (c)	2,186,429	None	Quarterly	60 days
Boyd Watterson State Government Fund LP (g)	941,187	None	Quarterly	60 days
Partnership/Joint Venture Interests				
Corbin ERISA Opportunity Fund, L.P. (f)	4,554,101	None	Quarterly	65 days
<u>Total</u>	<u>\$ 11,566,479</u>			
	December 31, 2020			
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common Collective Trust:				
Wells Fargo Stable Value Fund A (a)	\$ 9,300,876	None	Daily	Same-day
Pooled Separate Account:				
PRIDEX 500 (b)	7,042,840	None	Daily	Same-day
103-12 Investment Entity:				
Hardman Johnston International Equity Group Trust (e)	3,845,038	None	Monthly	10 days
Real Estate Funds:				
Boyd Watterson GSA Fund LP (c)	1,390,822	None	Quarterly	60 days
American Core Realty Fund, LLC (d)	4,786,977	None	Quarterly	See (d)
Partnership/Joint Venture Interests				
Corbin ERISA Opportunity Fund, L.P. (f)	2,690,207	None	Quarterly	65 days
<u>Total</u>	<u>\$ 29,056,760</u>			

(a) The Wells Fargo Stable Value Fund A is established, operated, and maintained for the collective investment and reinvestment of monies contributed thereto by Wells Fargo Bank, N.A. (the Trustee and Manager) as advised by Galliard Capital Management, Inc. for retirement plans qualified under Section 401(a) and tax-exempt under Section 501(a) of the Internal Revenue Code (IRC) of 1986, as amended. The Fund seeks to provide investors with a moderate level of stable income without principal volatility. The Fund has invested all of its assets in Wells Fargo Stable Return Fund G, a collective trust fund sponsored by Wells Fargo Bank, N.A. The Wells Fargo Stable Return Fund G invests in investment contracts and security-backed contracts.

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

Notes to Financial Statements

(3) Fair Value Measurements (Continued)

(b) PRIDEX 500 is a separate account established and made available as an investment option under the Variable Income Annuity, a group variable annuity insurance contract issued by the Prudential Insurance Company of America. The Fund's investment objective seeks to provide investment results that approximate the performance of U.S. equity markets, as represented by the Standard & Poor's 500 (S&P 500) Composite Index. The Fund invests substantially all of its assets in the stocks that make up the S&P 500 Index, holding each stock in approximately the same proportion as its weighting in the Index.

(c) Boyd Watterson GSA Fund, L.P. and Subsidiary (the "Fund"), a Delaware limited partnership, was formed on August 16, 2013 to acquire, develop, own, and operate a diversified portfolio of real estate investments in commercial property. The Fund was formed to operate as a perpetual life, open-end, commingled collective investment fund and intends to invest primarily in real estate primarily leased to the U.S. federal government either through the General Services Administration ("GSA") or other federal government agencies.

(d) The American Core Realty Fund, LP ("Fund") was formed as a limited liability company and was converted to a limited partnership organized in the State of Delaware effective as of January 1, 2015. American Realty Advisors ("ARA") serves as the Fund's Manager. The Fund's investment strategy is to invest in primarily core stable institutional quality office, retail, industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence.

Requests for redemptions of units in the Fund may be made at any time and are effective at the end of the calendar quarter in which the request is received by ARA. The units that are subject to a redemption notice may be redeemed in installments as funds become available for such purpose and the redemption price will be the value per unit determined based on ARA's estimate of fair value of the Fund's net assets as computed under generally accepted accounting principles at such time that each payment is made. Although ARA is required to use reasonable efforts to cause the Fund to pay the redemption price as soon as practicable after the effective date of the request, redemptions are subject to the availability of cash flow arising from investment transactions, sales and other Fund operations occurring in the normal course of business. ARA is not required to liquidate or encumber assets or defer investments in order to make redemptions.

(e) Hardman Johnston International Equity Group Trust (the "Fund") is the initial investment fund of a tax exempt group trust organized in 2008. The Fund was established to permit qualified retirement plans and certain governmental plans to commingle their assets for investment purposes. The Fund seeks long-term capital appreciation by investing primarily in equity securities of issuers located outside the United States and primarily in mid to large capitalization companies.

(f) Corbin ERISA Opportunity Fund, L.P. (the "Fund") is a Delaware limited partnership formed in August 2015 that operates as a private investment fund. The Fund's investment objective 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 will have exposure to other assets, instruments, and markets.

(g) Boyd Watterson State Government Fund, L.P. and Subsidiary (the "Fund"), a Delaware limited partnership, was formed on August 8, 2017 to acquire, develop, own, and operate a diversified portfolio of real estate investments in commercial property. The Fund was formed to operate as a perpetual life, open-end, commingled collective investment fund and intends to invest primarily in real estate primarily leased to state governments.

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

Notes to Financial Statements

(4) Related Party and Party-In-Interest Transactions

The Plan leases office space on an annual basis from Teamsters Local No. 469 Pension Fund together with Teamsters Local No. 469 Welfare Fund. The current lease expired on December 31, 2019 and was immediately renewed for a three year period starting on January 1, 2020 maintaining an annual rental charge of \$3,248. The rent expense incurred by the Plan amounted to \$3,248 and \$3,248 for the years ended December 31, 2021 and 2020, respectively.

Certain administrative expenses incurred by Teamsters Local No. 469 Welfare Fund are allocated throughout the year to the other affiliated funds of Teamsters Local Union No. 469. The Plan's share amounted to \$86,497 and \$101,249 for the years ended December 31, 2021 and 2020, respectively.

Certain building related expenses incurred by Teamsters Local No. 469 Pension Fund are allocated to the other affiliated funds of Teamsters Local Union No. 469. The Plan's share amounted to \$503 and \$14,536 for the years ended December 31, 2021 and 2020, respectively.

The net amounts due to affiliated funds of the Plan at December 31, 2021 and 2020 were \$0 and \$36,633, respectively, and the amounts due from affiliated funds of the Plan at December 31, 2021 and 2020 were \$58,255 and \$0 respectively, resulting from the previously described transactions. These amounts are unsecured and are typically repaid in the following fiscal year.

During the years ended December 31, 2021 and 2020, the Plan received \$66,970 and \$74,269, respectively, in employer contributions from the Teamsters Local Union No. 469, and \$10,098 and \$18,446, respectively, from Teamsters Local 469 Welfare Fund.

The Plan's investments in money market funds are managed by an affiliate of US Bank, the Plan's custodian. As such, transactions in the money market funds qualify as exempt party-in-interest transactions.

(5) Tax Status

The Plan obtained its latest determination letter on November 20, 2015, in which the IRS states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service.

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

Notes to Financial Statements

(6) Multiemployer Pension Plan

The Plan contributes to a multiemployer defined benefit pension plan, Teamsters Local 469 Pension Fund. The following table outlines the Plan's participation in this plan for the years ended December 31, 2021 and 2020 and sets forth calendar year contributions into the plan. The "EIN/Pension Plan Number" column provides the Employer Identification Number ("EIN") and the three-digit plan number. The most recent Pension Protection Act zone status available in 2021 and 2020 relates to the plan's two most recent fiscal year-ends. The zone status is based on information received from the plan's administrator and is certified by the plan's actuary. Among other factors, plans certified in the red zone are generally less than 65% funded, plans certified in the orange zone are both less than 80% funded and have an accumulated funding deficiency or are expected to have a deficiency in any of the next six plan years, plans certified in the yellow zone are less than 80% funded, and plans certified in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates whether a financial improvement plan ("FIP") for yellow/orange zone plans, or a rehabilitation plan ("RP") for red zone plans, is either pending or has been implemented. As of December 31, 2021, the fund had implemented a FIP. The Plan did not provide more than 5% of the contributions by all contributing employers to this fund. There is no collective bargaining agreement associated with the Plan's participation in this fund.

<u>Pension Fund</u>	<u>EIN/Pension Plan Number</u>	<u>Pension Protection Act Zone Status</u>		<u>FIP/RP Status Pending/ Implemented</u>	<u>Contributions</u>		<u>Surcharge Imposed</u>
		<u>2021</u>	<u>2020</u>		<u>2021</u>	<u>2020</u>	
Teamsters Local 469 Pension Fund (1)	22-6172237/001	Deep Red	Deep Red	Implemented	\$ 3,371	\$ 7,354	No

(1) The contributions represent the Plan's allocated share of the total contributions made on behalf of its employees.

(7) Other Multiemployer Benefit Plans

The Plan also contributes to Teamsters Local 469 Welfare Fund, a multiemployer plan that provides health and welfare benefits to active participants, and to the Teamsters Local 469 Annuity Fund, a defined contribution multiemployer plan that provides retirement benefits to participants. Contributions to these other multiemployer plans for the years ended December 31, 2021 and 2020 amounted to \$9,759 and \$19,245, respectively.

(8) Plan Termination

If the Plan is terminated, or is partially terminated, the rights of all affected participants to their Annuity Accounts as of the date of such termination, to the extent funded as of such date, are non-forfeitable. If this Plan is terminated for any reason, the assets then remaining in the Plan, after necessary administrative expenses have been provided for will be set aside by the Trustees for the purpose of paying benefits in the following order:

- A. Benefits will be paid to Participants who have already commenced to receive benefits to the extent that the annuity account credit balances to which they are entitled have not previously been provided; and,
- B. The credit balance in each participant's annuity account will be paid to him as soon as practicable; and,
- C. Any balance thereafter remaining will be distributed among the Participants in proportion to the credit balances in each participant's annuity account at the date of termination.

No part of the Plan will revert to any Employer or to the Union.

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

Notes to Financial Statements

(9) Risks and Uncertainties

Investment Risk - The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Economic Risk - The operations of the Plan could be materially adversely affected due to the ongoing coronavirus (COVID-19) pandemic which has resulted in significant economic uncertainty and volatility in financial markets. The extent to which the coronavirus may impact the activity of the Plan will depend on future developments, which are uncertain and cannot be predicted, including new information which may emerge concerning the severity of the coronavirus and the actions required to contain the coronavirus or treat its impact, among others.

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SUPPLEMENTARY INFORMATION

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2021

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
Money Market Funds:				
	* First Am Govt Ob Fd Cl Z		\$ 416,056	\$ 416,056
	* First Am Govt Ob Fd Cl Z		<u>1,787,862</u>	<u>1,787,862</u>
	Total Money Market Funds		<u>2,203,918</u>	<u>2,203,918</u>
Mutual Funds:				
	Northern Trust Collective S&P Index Fund		<u>7,300,000</u>	<u>8,763,671</u>
Corporate Bonds:				
	Adt Corp	315,000 4.13% 06/15/23	331,704	327,175
	Alcoa Inc	135,000 5.13% 10/01/24	145,210	145,463
	Amc Networks Inc	88,000 5.00% 04/01/24	90,692	88,660
	AmeriGas Finance	325,000 5.63% 05/20/24	353,659	351,380
	Anheuser Busch Inbev	135,000 3.50% 06/01/30	148,081	147,967
	Anthem Inc	120,000 3.65% 12/01/27	131,202	131,647
	Apple Inc	70,000 3.20% 05/13/25	74,439	74,482
	Ares Capital	125,000 3.25% 07/15/25	129,049	129,098
	Ares Capital	85,000 3.88% 01/15/26	89,504	89,581
	Arizona Pub	85,000 2.20% 12/15/31	83,374	82,488
	Ball Corp	115,000 4.00% 11/15/23	122,912	120,031
	Ball Corp	205,000 5.25% 07/01/25	228,640	226,013
	Bank of America Mt	75,000 0.89% 02/05/26	75,962	76,092
	Bank of Nova Scotia	35,000 3.40% 02/11/24	36,766	36,722
	Berkshire Hathaway	15,000 3.13% 03/15/26	16,004	16,018
	Bk Of America Mtn	155,000 0.98% 09/25/25	153,110	153,118
	Boeing Co	35,000 1.43% 02/04/24	34,964	34,946
	Chevron Corp	90,000 2.35% 12/05/22	91,346	91,139
	Choice Hotels	95,000 3.70% 12/01/29	101,601	100,954
	Citigroup Inc	130,000 3.35% 04/24/25	136,066	135,740
	Comcast Corp	145,000 4.15% 10/15/28	164,809	164,608
	Comcast Corp	100,000 4.25% 10/15/30	115,725	115,407
	Crown Amer Cap Corp	327,000 4.75% 02/01/26	337,309	335,175
	CVS Health	110,000 3.25% 08/15/29	117,459	117,282
	Dcp Midstream	55,000 3.88% 03/15/23	56,287	56,346
	Dcp Midstream	200,000 5.38% 07/15/25	221,250	218,500
	Delta Air Lines Inc	195,000 3.63% 03/15/22	185,100	195,002
	Disney Walt Co Sr	70,000 3.80% 03/22/30	78,836	78,518
	Eqt Midstream	135,000 4.75% 07/15/23	138,449	140,401
	Fmc Corp	5,000 3.45% 10/01/29	5,377	5,324
	Ford Motor Cred	105,000 4.38% 08/06/23	108,321	109,244
	Ford Motor Credit Co	225,000 4.06% 11/01/24	234,124	236,738
	Freeport McMoran Inc	320,000 3.88% 03/15/23	313,178	330,839
	General Motors Finl	45,000 5.65% 01/17/29	53,546	53,364
	General Motors Finl	100,000 1.70% 08/18/23	101,009	100,951
	Glp Capital LP Fin	220,000 5.25% 06/01/25	239,602	240,955
	Goldman Sachs Group	155,000 3.69% 06/05/28	167,607	166,910
	Goldman Sachs Group	185,000 0.67% 03/08/24	184,382	184,164

See Independent Auditors' Report.

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2021

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) <u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	(c) <u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral,</u> <u>Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current</u> <u>Value</u>
	Hca Inc	55,000 5.38% 02/01/25	61,369	60,445
	Hca Inc	265,000 5.88% 05/01/23	284,330	280,569
	Healthpeak	85,000 2.88% 01/15/31	88,564	88,393
	Hillenbrand Inc	305,000 4.50% 09/15/26	342,690	340,075
	Hilton Worldwide Fin	320,000 4.88% 04/01/27	331,866	329,600
	Howmet Aerospace Inc	185,000 6.88% 05/01/25	212,929	212,696
	Icahn Enterprises	335,000 4.75% 09/15/24	351,506	347,563
	Intel Corp Sr Gbl	75,000 3.90% 03/25/30	85,381	85,191
	Istar Inc	260,000 4.75% 10/01/24	263,484	269,750
	JPMorgan Chase Co	35,000 1.35% 10/24/23	35,312	35,210
	JPMorgan Chase Co	65,000 3.56% 04/23/24	67,397	67,170
	JPMorgan Chase Co	95,000 4.45% 12/05/29	107,962	107,815
	JPMorgan Chase Co	165,000 3.21% 04/01/23	166,314	165,983
	Kinder Morgan Ener	35,000 4.25% 09/01/24	37,307	37,305
	Lennar Corp	140,000 4.75% 11/15/22	147,400	143,150
	Level 3 Financing	235,000 5.38% 05/01/25	241,582	240,116
	Life Storage L P	80,000 2.20% 10/15/30	78,853	78,574
	Lincoln National	90,000 3.40% 01/15/31	97,115	96,585
	Mercer Intl Inc	320,000 5.50% 01/15/26	329,459	324,000
	Merrill Lynch Co	85,000 0.88% 09/15/26	84,709	84,637
	MGM Growth Mgm	320,000 5.63% 05/01/24	347,809	341,990
	Microsoft Corp	45,000 2.40% 08/08/26	46,912	47,092
	Morgan Stanley	160,000 0.73% 04/05/24	159,638	159,504
	Morgan Stanley Fxd	105,000 2.19% 04/28/26	107,099	107,060
	Navient Corp Mtn	320,000 5.50% 01/25/23	336,094	333,280
	Nvidia Corporation	265,000 0.31% 06/15/23	263,705	263,060
	Oklahoma Gas Elec Co	35,000 0.53% 05/26/23	34,831	34,769
	Owl Rock Capital	75,000 3.40% 07/15/26	76,212	76,205
	Penske Automotive	330,000 3.50% 09/01/25	338,632	337,425
	Polyone Corp	260,000 5.25% 03/15/23	269,668	272,350
	Precision Castparts	45,000 3.25% 06/15/25	47,849	47,705
	Quebecor Media Inc	260,000 5.75% 01/15/23	281,406	270,400
	Qvc Inc	320,000 4.85% 04/01/24	334,314	341,645
	Rockwell Automation	95,000 3.50% 03/01/29	104,983	104,130
	Royal Bk Of Mtn	235,000 0.50% 10/26/23	233,765	233,585
	S L M A M T N	100,000 3.13% 11/02/26	98,875	99,000
	Safehold Oper L P	110,000 2.80% 06/15/31	109,326	108,526
	Safehold Oper L P	90,000 2.85% 01/15/32	88,379	88,233
	Sba Communications	325,000 3.88% 02/15/27	337,619	334,750
	Schwab Charles	105,000 0.75% 03/18/24	104,285	104,531
	Seagate Hdd Cayman	260,000 4.75% 06/01/23	277,430	271,757
	Seagate Hdd Cayman	60,000 4.88% 03/01/24	65,082	63,624
	Simon Property Group	35,000 3.50% 09/01/25	37,417	37,300
	Simon Property LP	150,000 2.45% 09/13/29	152,272	151,022
	Slm Corp Sr Gbl Nt	235,000 4.20% 10/29/25	248,144	245,575
	Springleaf Finance	130,000 5.63% 03/15/23	133,794	135,793
	Springleaf Finance	190,000 6.13% 03/15/24	199,592	201,444
	Sprint Corp	190,000 7.13% 06/15/24	219,337	213,305
	Stanley Black Decker	75,000 3.40% 03/01/26	79,993	79,961

See Independent Auditors' Report.

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2021

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Starwood Property	225,000 4.75% 03/15/25	238,312	234,000
	Sunoco LP	310,000 6.00% 04/15/27	325,500	323,299
	Suntrust Bank	60,000 2.80% 05/17/22	60,493	60,438
	Svb Financial Group	75,000 3.13% 06/05/30	78,081	78,712
	T Mobile USA Inc	200,000 4.00% 04/15/22	201,900	201,152
	Targa Recources LP	25,000 5.88% 04/15/26	26,050	26,087
	Thermo Fisher	95,000 1.22% 10/18/24	94,726	94,895
	Truist Bank Mtn	95,000 2.25% 03/11/30	95,010	94,752
	Under Armour Inc	335,000 3.25% 06/15/26	348,955	345,536
	Verizon	95,000 2.55% 03/21/31	95,824	95,846
	Virginia Elec Power	40,000 3.45% 02/15/24	41,791	41,681
	Virginia Elec Power	65,000 3.50% 03/15/27	70,313	70,022
	Walt Disney Company	80,000 3.38% 11/15/26	86,283	86,058
	Wells Fargo	100,000 1.65% 06/02/24	101,066	100,846
	Western Digital Corp	280,000 4.75% 02/15/26	306,230	306,163
	Western L P	320,000 3.10% 02/01/25	320,911	334,406
	Wyndham Worldwide	230,000 3.90% 03/01/23	237,262	233,319
	Wyndham Worldwide	90,000 6.35% 10/01/25	98,978	100,113
	Total Corporate Bonds		<u>16,774,331</u>	<u>16,735,615</u>
	U.S. Government Securities:			
	FHLB Deb	15,000 1.50% 11/23/26	15,000	14,978
	FHLB Deb	25,000 1.25% 12/20/24	25,000	25,015
	U S Treasury	240,000 1.13% 02/15/31	232,685	232,922
	U S Treasury	90,000 1.13% 08/31/28	88,446	88,257
	U S Treasury	280,000 0.38% 09/15/24	276,156	276,041
	U S Treasury	450,000 2.00% 02/15/23	459,009	457,772
	U S Treasury	455,000 1.63% 09/30/26	462,974	462,730
	U S Treasury	440,000 2.63% 03/31/25	463,553	462,414
	Total U.S. Government Securities		<u>2,022,823</u>	<u>2,020,129</u>
	103-12 Investment Entity:			
	Hardman Johnston International	86,267	<u>2,385,636</u>	<u>3,884,762</u>
	Real Estate Funds:			
	Boyd Watterson GSA Fund, LP	1,782	1,617,890	2,186,429
	Boyd Watterson State Government Fund, LP		<u>941,187</u>	<u>941,187</u>
	Total Real Estate Funds		<u>2,559,077</u>	<u>3,127,616</u>
	Partnership/Joint Venture Interest:			
	Corbin ERISA Opportunity Fund		<u>2,250,000</u>	<u>4,554,101</u>
	Totals		<u>\$ 35,495,785</u>	<u>\$ 41,289,812</u>

* Represents a party-in-interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.

See Independent Auditors' Report.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II Basic Plan Information - enter all requested information

1a Name of plan TEAMSTERS LOCAL NO. 469 ANNUITY FUND	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 05/01/1989
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF TEAMSTERS LOCAL NO. 469 ANNUITY FUND TR 3400 ROUTE 35, SUITE 8 HAZLET NJ 07730-1247	2b Employer Identification Number (EIN) 22-2980666 2c Plan Sponsor's telephone number (732) 264-9000 2d Business code (see instructions) 484110

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

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

SIGN HERE 	10/6/22	MICHAEL BRODERICK
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		
Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 488
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) 271
a (2) Total number of active participants at the end of the plan year	6a(2) 264
b Retired or separated participants receiving benefits	6b 237
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2), 6b, and 6c	6d 501
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f 501
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 501
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 35
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E	

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules	b General Schedules
(1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)