

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>TEAMSTER AFFILIATES PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1962</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>01/01/1962</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>01/01/1962</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>BOARD OF TRUSTEES TEAMSTER AFFILIATES PENSION PLAN</u> <u>25 LOUISIANA AVENUE, NW</u> <u>WASHINGTON, DC 20001-2130</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>52-6128127</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>202-624-6800</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>484200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>52-6128127</u>	2c Plan Sponsor's telephone number <u>202-624-6800</u>	2d Business code (see instructions) <u>484200</u>	
2b Employer Identification Number (EIN) <u>52-6128127</u>					
2c Plan Sponsor's telephone number <u>202-624-6800</u>					
2d Business code (see instructions) <u>484200</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.	10/14/2022	FRED ZUCKERMAN, TRUSTEE
	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	5072
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)	330
a(2) Total number of active participants at the end of the plan year		6a(2)	309
b Retired or separated participants receiving benefits.....		6b	3292
c Other retired or separated participants entitled to future benefits		6c	517
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	4118
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	746
f Total. Add lines 6d and 6e		6f	4864
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	1
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4L			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

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

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

A Name of plan TEAMSTER AFFILIATES PENSION PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES TEAMSTER AFFILIATES PENSION PLAN	D Employer Identification Number (EIN) 52-6128127

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

1a Enter the valuation date: Month 01 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	266580149
(2) Actuarial value of assets for funding standard account	1b(2)	241294501
c (1) Accrued liability for plan using immediate gain methods	1c(1)	255089323
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	255089323
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	357795902
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	32529853
(3) Expected plan disbursements for the plan year.....	1d(3)	33829853

Statement by Enrolled Actuary

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

SIGN HERE	10/13/2022
Signature of actuary	Date
A. DONALD MORGAN, FSA, MAAA, EA	20-05662
Type or print name of actuary	Most recent enrollment number
THE SEGAL COMPANY	617-424-7300
Firm name	Telephone number (including area code)
116 HUNTINGTON AVENUE, 8TH FLOOR, BOSTON, MA 02116-5712	
Address of the firm	

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

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

Schedule MB (Form 5500) 2021
v. 201209

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	266580149
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	4205	300187027
(2) For terminated vested participants	537	37035064
(3) For active participants:		
(a) Non-vested benefits.....		0
(b) Vested benefits.....		20573811
(c) Total active	330	20573811
(4) Total	5072	357795902
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/25/2021	1250000	0	06/24/2021	1250000	0
02/23/2021	1250000	0	07/26/2021	1250000	0
03/24/2021	1250000	0	08/24/2021	1250000	0
04/26/2021	1250000	0	09/21/2021	1250000	0
05/24/2021	1250000	0	10/25/2021	1250000	0
Totals ▶			3(b)	15000000	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	94.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

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

2 Operational information as of beginning of this plan year:

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

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/16/2021	1250000	0			
12/20/2021	1250000	0			
Totals ▶			3(b)		3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☐ Accrued benefit (unit credit)
d ☐ Aggregate
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h ☐ Shortfall
i ☐ Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.43 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	9P	9P	
(2) Females	6c(2)	9PF	9PF	
d Valuation liability interest rate	6d	6.50 %	6.50 %	
e Expense loading	6e	5.0 % ☐ N/A	%	☒ N/A
f Salary scale	6f	% ☐ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	11.2 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	14.4 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-13622974	-1360414
4	2477687	247426

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	1300000
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	175843825
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	2554596
e Total charges. Add lines 9a through 9d.....	9e	41856068

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	77315656
g Employer contributions. Total from column (b) of line 3.....	9g	15000000
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	84733347
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	6287057
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	98417159
(2) "RPA '94" override (90% current liability FFL)	9j(2)	78201656
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	110805535
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	68949467
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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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 TEAMSTER AFFILIATES PENSION PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TEAMSTER AFFILIATES PENSION PLAN	D Employer Identification Number (EIN) 52-6128127	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
J.P. MORGAN CHASE & CO INC,
13-2625764

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN FUNDS SERVICE COMPANY
P.O. BOX 6007 INDIANAPOLIS, IN 46206-6007

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PIMCO, LLC
33-0629048

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

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

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

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

INTERNATIONAL BROTHERHOOD OF TEAMST

53-0215427

(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 64	RELATED ORGANIZATION	806549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WASATCH GLOBAL INVESTORS

87-0319391

(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	183650	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WHITE OAK GLOBAL ADVISORS, LLC

26-0340395

(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	180177	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)

ALAN D. BILLER & ASSOCIATES, INC.

94-2854958

(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 50	NONE	174000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J.P. MORGAN CHASE BANK, NAT'L ASSOC

13-4994650

(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	127030	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SYSTEMATIC FINANCIAL MANAGEMENT

22-3367558

(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	125527	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

JOANNE AMES

52-6128127

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	IBT EMPLOYEE	0	Yes ☒ No ☐	Yes ☐ No ☒	125473	Yes ☐ No ☒

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

TRACEY SCOTT

52-6128127

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	IBT EMPLOYEE	0	Yes ☒ No ☐	Yes ☐ No ☒	121290	Yes ☐ No ☒

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

GEORGE ASHU

52-6128127

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	IBT EMPLOYEE	0	Yes ☒ No ☐	Yes ☐ No ☒	102284	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)

ULLICO INVESTMENT ADVISORS INC.

52-6435649

(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	91937	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PGIM REAL ESTATE

7 GIRALDA FARMS, 3RD FLR
MADISON, NJ 07940

(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	85521	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	76546	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)

LOUISA MARGARET SLAPPEY

52-6128127

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	IBT EMPLOYEE	0	Yes ☒ No ☐	Yes ☐ No ☒	71377	Yes ☐ No ☒

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

CARLA ROBLES

52-6128127

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	IBT EMPLOYEE	0	Yes ☒ No ☐	Yes ☐ No ☒	70729	Yes ☐ No ☒

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

PATRICIA COLE

52-6128127

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	IBT EMPLOYEE	0	Yes ☒ No ☐	Yes ☐ No ☒	62345	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)

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	56350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMALGAMATED BANK OF NEW YORK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	NONE	36555	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PANAGORA ASSET MANAGEMENT

04-3063840

(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	21037	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

JOHN D. WARD

2201 N ST., N.W. SUITE 117
WASHINGTON, DC 20037

(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	11223	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRACEY SCOTT	30 64	100693

(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.
INTERNATIONAL (IBT) 53-0215427	ALLOCATION OF PAYROLL

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JOANNE AMES	30 64	104876

(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.
INTERNATIONAL (IBT) 53-0215427	ALLOCATION OF PAYROLL

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GEORGE ASHU	30 64	81867

(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.
INTERNATIONAL (IBT) 53-0215427	ALLOCATION OF PAYROLL

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
PATRICIA COLE	30 64	54215
(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.	
INTERNATIONAL (IBT) 53-0215427	ALLOCATION OF PAYROLL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CARLA ROBLES	30 64	50132
(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.	
IBT (INTERNATIONAL) 53-0215427	ALLOCATION OF PAYROLL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LOUISA MARGARET SLAPPEY	30 64	50780
(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.	
IBT (INTERNATIONAL) 53-0215427	ALLOCATION OF PAYROLL	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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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>TEAMSTER AFFILIATES PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES TEAMSTER AFFILIATES PENSION PLAN</u>	D Employer Identification Number (EIN) <u>52-6128127</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: COMMINGLED PENSION TRUST (CORE BOND)

b Name of sponsor of entity listed in (a): JPMORGAN CHASE, N.A.

c EIN-PN <u>20-3847783-001</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>27058343</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: COMM PENN TRUST FUND (STRAT PROP)

b Name of sponsor of entity listed in (a): JPMORGAN CHASE, N.A.

c EIN-PN <u>13-6038770-001</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>15117100</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO BALANCED-RISK ALLOCATION TR

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

c EIN-PN <u>26-6399613-001</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>5454973</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PANAGORA RISK PARITY MULTI-ASSET FD

b Name of sponsor of entity listed in (a): PANAGORA ASSET MANAGEMENT

c EIN-PN <u>04-3183235-006</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>7819980</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM AFL-CIO LG CAP ST INDX FD

b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON

c EIN-PN <u>25-6078093-268</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>98489953</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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
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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 01/01/2021 and ending 12/31/2021		
A Name of plan TEAMSTER AFFILIATES PENSION PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TEAMSTER AFFILIATES PENSION PLAN	D Employer Identification Number (EIN) 52-6128127	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	3929169	4468470
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	127570	123283
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1600571	1669504
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	31471320	31397185
(5) Partnership/joint venture interests	1c(5)	19770755	36032956
(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)	124127092	146120369
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	7155366	7819980
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	78653236	59464088
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	266835079	287095835

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	220800	275756
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	34130	6333
k Total liabilities (add all amounts in lines 1g through 1j)	1k	254930	282089

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	266580149	286813746
---	-----------	-----------	-----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	15000000	
(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)		15000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)	1725678	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1725679
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	368185	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4484823	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4853008
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	138719049	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	132490131	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		6228918
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	927373	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		927373

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		26469707
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		664614
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-2887845
c Other income.....	2c		17933
d Total income. Add all income amounts in column (b) and enter total.....	2d		52999387
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	30470724	
(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)		30470724
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)	150684	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	1023902	
(4) Other.....	2i(4)	1120480	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2295066
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		32765790
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		20233597
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: NOVAK FRANCELLO, LLC

(2) EIN: 61-1436956

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

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

Part IV Compliance Questions

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

During the plan year:

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		36032956
4g	X		36032956
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ 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 443109.

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 TEAMSTER AFFILIATES PENSION PLAN	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TEAMSTER AFFILIATES PENSION PLAN	D Employer Identification Number (EIN) 52-6128127

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 52-6128127		
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	21

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
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, 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 INT'L BRTHD OF TEAMSTERS

b EIN 53-0215427

c Dollar amount contributed by employer 15000000

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 01 Day 01 Year 2022

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): SEE OTHER ATTACHMENTS (.P

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

0.96

b The corresponding number for the second preceding plan year

15b

0.96

- 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: 52.5 % Investment-Grade Debt: 39.9 % High-Yield Debt: 0.0 % Real Estate: 4.8 % Other: 2.8 %

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

THE TEAMSTER AFFILIATES PENSION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2021

THE TEAMSTER AFFILIATES PENSION PLAN

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2021 AND 2020

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
The Teamster Affiliates Pension Plan

Opinion

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

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Teamster Affiliates Pension Plan as of December 31, 2021, and changes therein for the year then ended, and its financial status as of December 31, 2020, and changes therein for the year 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 Teamster Affiliates Pension Plan 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 Teamster Affiliates Pension Plan'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 Affiliates Pension Plan'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 Teamster Affiliates Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

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

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

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

Norak Francella LLC

Bala Cynwyd, Pennsylvania
May 10, 2022

THE TEAMSTER AFFILIATES PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

ASSETS	2021	2020
INVESTMENTS - at fair value		
Collective trust funds	\$ 146,120,369	\$ 124,127,092
Mutual funds	59,464,088	78,653,236
Common stock	31,397,185	31,471,320
Limited partnerships	36,032,956	19,770,755
Hedge fund	7,819,980	7,155,366
Money market mutual fund	1,669,504	1,600,571
Total investments	<u>282,504,082</u>	<u>262,778,340</u>
RECEIVABLES		
Securities sold pending settlement	17,623	20,416
Interest and dividends	13,162	14,336
Due from related party	-	320
Total receivables	<u>30,785</u>	<u>35,072</u>
PREPAID EXPENSES	<u>92,498</u>	<u>92,498</u>
CASH	<u>4,468,470</u>	<u>3,929,169</u>
Total assets	<u>287,095,835</u>	<u>266,835,079</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Securities purchased pending settlement	6,060	34,130
Due to related party	273	-
Accounts payable and accrued expenses	<u>275,756</u>	<u>220,800</u>
Total liabilities	<u>282,089</u>	<u>254,930</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 286,813,746</u>	<u>\$ 266,580,149</u>

See accompanying notes to financial statements.

THE TEAMSTER AFFILIATES PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 30,962,048	\$ 31,457,259
Interest	1	4,955
Dividends	7,034,476	4,073,265
Gain on foreign currency translation	2,596	6,646
Commission recapture	266	381
	<u>37,999,387</u>	<u>35,542,506</u>
Less investment expenses	<u>(1,023,902)</u>	<u>(890,899)</u>
Investment income - net	<u>36,975,485</u>	<u>34,651,607</u>
Sponsor contribution	<u>15,000,000</u>	<u>15,000,000</u>
Total additions	<u>51,975,485</u>	<u>49,651,607</u>
DEDUCTIONS		
Benefits		
Retirement	25,903,080	26,547,211
Survivor	4,035,254	4,148,017
Termination	324,131	404,069
Disability	184,753	179,796
Death	23,506	59,058
Total benefits	<u>30,470,724</u>	<u>31,338,151</u>
Administrative expenses		
Reimbursed administrative expenses	806,549	704,271
Actuarial consulting fees and expenses	76,546	95,657
Bonding and insurance	273,896	290,868
Professional fees	74,138	74,700
Printing, postage and office expenses	40,035	37,893
Total administrative expenses	<u>1,271,164</u>	<u>1,203,389</u>
Total deductions	<u>31,741,888</u>	<u>32,541,540</u>
NET INCREASE	20,233,597	17,110,067
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>266,580,149</u>	<u>249,470,082</u>
End of year	<u>\$ 286,813,746</u>	<u>\$ 266,580,149</u>

See accompanying notes to financial statements.

THE TEAMSTER AFFILIATES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investments - Investments in common stock and mutual funds are carried at fair value based upon quoted market prices or net asset value of the fund as provided by the custodial bank. The collective trust funds, hedge fund and limited partnerships are carried at net asset value as reported by the investment manager, partnership or trust based on the current market values of the underlying assets of the fund. To maximize return on investments and to realize administrative cost savings, assets of the Teamster Affiliates Pension Plan are pooled with the assets of other entities.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

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

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

Canadian Currency - The Plan maintains a savings account in Canada as well as the United States. For financial statement purposes, all assets are expressed in U.S. dollar equivalents.

Canadian currencies included in the Statements of Net Assets Available for Benefits are translated to United States dollars at the exchange rates in effect on the last day of the year.

Unrealized increases and decreases due to fluctuations in exchange rates are included in the Statements of Changes in Net Assets Available for Benefits.

NOTE 2. DESCRIPTION OF THE PLAN

The Teamsters Affiliates Pension Plan (the Plan) is a defined benefit pension plan covering certain employees of affiliates of the International Brotherhood of Teamsters (the International). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. For most affiliates, the Plan was frozen as of December 31, 1994, as a result of a decision made by the Board of Trustees on October 31, 1994, and, as such, their employees had not accrued any additional benefits from January 1, 1995 through December 31, 2001, except to the extent required by law. Some affiliates had chosen to make contributions on behalf of their employees in order to allow them to accrue additional benefits through December 31, 2001. Employees earn one year of service for each year in which they are employed for 1,000 hours or more.

Effective as of January 1, 2002, no additional retirement or other benefits have been, or will be, accrued under this Plan by any participant of the Plan. Any participation agreement which may have been submitted by an affiliate to, and accepted by, the Trustees of this Plan at any time on or after January 1, 1995 was terminated effective as of January 1, 2002 and no contributions were accepted by the Trustees from an affiliate on behalf of a participant employed by that affiliate with respect to any period of time beginning on or after January 1, 2002. An individual who was initially employed by an affiliate on or after January 1, 2002 is eligible to become a participant in the Plan but is not entitled to accrue any benefit under the Plan. No compensation that is received by a participant of the Plan with respect to any period of time beginning on or after January 1, 2002 has been considered to be the earnings of that participant for purposes of the Plan. Any periods of credited service and/or vesting service earned by a participant on or after January 1, 2002 continue to be used to determine the eligibility of that participant to receive a retirement or other benefit under this Plan but have not been used to determine the amount of any retirement or other benefit which that participant was otherwise entitled to receive under this Plan.

Pension Benefits - Under current provisions of the Plan, a participant is eligible for a normal retirement benefit at age 65 or for an early unreduced retirement benefit after 30 years of service, at age 57 with 15 years of credited service, or at age 62 with 10 years of credited service. A participant is eligible for a reduced early retirement benefit at age 50 with 15 years of credited service. After completion of 3 years of vesting service, a participant will become 100% vested in his or her accrued benefit under the Plan. Vested participants with 3 or more years of service are entitled to annual pension benefits equal to the greater of (a) 2.60% of W-2 earnings up to \$40,000 plus 2.50% of earnings over \$40,000 and up to \$50,000 in each year of credited service up to 30 years or, (b) 1.95% of final average salary (average annual W-2 earnings in highest 60-consecutive-month period up to the salary limit imposed by law) times years of credited service up to ten.

Accumulated Plan benefits for active participants are based on Plan provisions in effect and the accumulated service as of the date on which the benefit information is presented (valuation date). Pension benefits are payable in the form of a joint and survivor annuity, or a single-life annuity with a 60-month guarantee. If participants terminate before rendering three years of service, they forfeit the right to receive their accumulated Plan benefits.

Under certain circumstances, participants may elect to receive a portion of the value of their accumulated Plan benefits as a lump-sum distribution upon retirement or termination.

NOTE 2. DESCRIPTION OF THE PLAN (continued)

Death and Disability Benefits - If an active participant dies, a death benefit equal to 7.50% of the participant's earnings for credited service after January 1, 1962 will be paid to the participant's beneficiary as a single lump sum. The benefit will never be below \$1,000. If at the time of death the active participant had already reached normal retirement age, a death benefit equal to the 60-month guaranteed annuity that the deceased participant would have received will be paid to the participant's beneficiary. Active participants who have earned at least nine years of credited service and who become totally disabled will receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled without actuarial reduction for early retirement.

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

NOTE 3. FUNDING POLICY

As discussed in Note 2, effective January 1, 2002, no additional contributions are accepted by the Trustees of the Plan for additional benefit accruals.

Contributions for benefit accruals between December 31, 1994 and December 31, 2001 were required to be made directly by participating affiliates. The contributions to the Plan for the pre-1995 accruals and for the required top-heavy minimum benefits were made by the International Union as agent for the affiliates, based on ERISA's minimum funding requirements.

On October 31, 1994, the Board of Trustees voted to freeze the Plan effective as of December 31, 1994, and to require direct contributions by affiliate employers as a condition for their employees to accrue future benefits. Affiliate employers who elected to participate in the Plan on behalf of their employees were required to sign participation agreements and to contribute 12% of compensation (up to \$50,000) to maintain the current level of benefits, or 6% of compensation (up to \$50,000) for employees to accrue benefits at one-half of the Plan's normal accrual rate. The participation agreements and contributions were effective as of January 1, 1995, and those employees' accruals were continued after that date. Employees of affiliated employers who did not elect to continue their participation continued to accrue service for eligibility and vesting purposes, as well as for accrual of minimum top-heavy benefits.

In August 2008, the Pension Benefit Guaranty Corporation (PBGC) granted the Plan multiemployer status under ERISA Section 3(37)(G)(i)(II). The PBGC's determination was, in part, based on the commitment made by the International Brotherhood of Teamsters (IBT) to maintain the Plan. The IBT has continued to make the minimum required contributions to the Plan each year as recommended by the Plan's actuary.

For the Plan year beginning January 1, 2013, the Plan was certified as endangered status under the Pension Protection Act of 2006. The Board of Trustees of the Plan adopted a funding improvement plan to increase the funding percentage of the Plan which meets all of the statutory and regulatory requirements for a funding improvement plan effective as of January 1, 2013. The funding improvement plan calls for the IBT to make annual contributions to the Plan beginning January 1, 2014 and ending December 31, 2023 in the amounts recommended by the actuary and approved by the IBT's General Executive Board. As of January 1, 2020, the Plan was certified neither endangered nor critical, it is no longer obligated to fulfill the funding improvement plan.

NOTE 3. FUNDING POLICY (continued)

At the recommendation of the Plan's actuary, the General Executive Board of the IBT and Trustees of the Plan approved to make additional contributions to better fund the Plan. The Plan received \$15,000,000 from the IBT for each of the years ended December 31, 2021 and 2020.

NOTE 4. PRIORITIES UPON TERMINATION

As discussed in Note 2, no additional benefits have been accrued since January 1, 2002. Even though no additional benefits have been, or will be, accrued, it is the intent of the Trustees to continue the Plan in full force and effect indefinitely. However, the Trustees have the right to terminate the Plan at any time. Upon termination, no part of the Plan assets will be used for, or diverted to purposes other than those which exclusively benefit pensioners, beneficiaries and participants.

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on December 2, 2015 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Trustees and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 6. ACTUARIAL INFORMATION

As required by the Pension Protection Act of 2006, the actuary completed the Plan's actuarial status certification under the Internal Revenue Code Section 432 as of January 1, 2021. These projections were prepared based on the Actuarial Valuation as of January 1, 2021 and asset information as of December 31, 2020, and in accordance with generally accepted actuarial principles and practices and a current understanding of the law. As of January 1, 2021, the Plan is certified neither endangered nor critical status (in the Green Zone) under the Pension Protection Act of 2006.

Actuarial valuation of the Plan was made by The Segal Company as of January 1, 2021. Information in the report included the following:

Actuarial present value of accumulated plan benefits:	
Vested benefits	
Participants and beneficiaries currently receiving benefits	\$ 217,330,668
Other participants	<u>37,758,655</u>
Total accumulated plan benefits	<u><u>\$ 255,089,323</u></u>

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended December 31, 2020 were as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2020	<u>\$ 270,135,777</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated, net experience gain or loss, change in data	(3,362,492)
Changes in actuarial assumptions	2,477,687
Interest	17,176,502
Benefits paid	<u>(31,338,151)</u>
Net decrease	<u>(15,046,454)</u>
Actuarial present value of accumulated plan benefits as of January 1, 2021	<u><u>\$ 255,089,323</u></u>

The actuarial valuation as of January 1, 2021 was made using the unit credit actuarial cost method. Some of the more significant actuarial assumptions used in the January 1, 2021 valuation were:

- a. Life expectancy of participants -
 Pri-2012 Blue Collar (amount weighted) Healthy Annuitant Mortality Table projected generationally with the MP-2020 projection scale.
- b. Retirement age assumptions - The Unreduced Retirement Age and retirement age assumption used are both 65.
- c. Investment rate of return - 6.50%.

NOTE 6. ACTUARIAL INFORMATION (continued)

- d. Administrative expense - \$1,300,000.

Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2021:

- Investment return assumption was decreased from 6.75% to 6.50%.
- Assumed incidence of turnover was doubled.
- The disability mortality assumption was updated.

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of January 1, 2021.

Since information on the accumulated plan benefits at December 31, 2021 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2021 and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2021. The complete financial status is presented as of December 31, 2020.

NOTE 7. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

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

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

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

NOTE 7. FAIR VALUE MEASUREMENTS (continued)

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

	Fair Value Measurements at December 31, 2021			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 59,464,088	\$ 59,464,088	\$ -	\$ -
Common stock	31,397,185	31,397,185	-	-
Money market mutual fund	1,669,504	1,669,504	-	-
Total assets in the fair value hierarchy	92,530,777	\$ 92,530,777	\$ -	\$ -
Investments measured at NAV	189,973,305			
Total investments	\$ 282,504,082			

	Fair Value Measurements at December 31, 2020			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 78,653,236	\$ 78,653,236	\$ -	\$ -
Common stock	31,471,320	31,471,320	-	-
Money market mutual fund	1,600,571	1,600,571	-	-
Total assets in the fair value hierarchy	111,725,127	\$ 111,725,127	\$ -	\$ -
Investments measured at NAV	151,053,213			
Total investments	\$ 262,778,340			

In accordance with ASU 2015-07 Fair Value Measurement (820), Disclosures for Investments in Certain Entities that calculate Net Asset Value per Share (or Its Equivalent), investments that are measured at fair value using the net asset value per share (or Its Equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

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

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

The unfunded commitments, redemption frequency information and redemption notice periods for the investments measured at fair value using the Net Asset Value per Share (or Its Equivalent) practical expedient are as follows:

NOTE 7. FAIR VALUE MEASUREMENTS (continued)

	2021 Fair Value	2020 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trust funds:					
BNYM Mellon AFL-CIO SL					
Large Cap Stock Index Fund **	\$ 98,489,953	\$ 106,572,226	\$ -	Daily	N/A
JP Morgan Core Bond Fund	27,058,343	-	-	Daily	N/A
Invesco Balanced Risk					
Allocation Trust	5,454,973	4,936,791	-	Daily	N/A
JP Morgan Strategic Property Fund	15,117,100	12,618,075	-	Quarterly	45 Days
Limited partnership:					
PGIM Real Estate Trust	14,022,445	-	-	Monthly	90 Days
ULLICO Infrastructure					
Tax-Exempt Fund, L.P.	10,507,321	5,689,567	1,500,000	*	*
White Oak Summit Fund, L.P.	11,503,190	14,081,188	255,472	*	*
Hedge fund:					
PanAgora Risk Party					
Multi-Asset Group Trust	7,819,980	7,155,366	-	Bi-monthly	3 days
	<u>\$ 189,973,305</u>	<u>\$ 151,053,213</u>	<u>\$ 1,755,472</u>		

** Represents more than 34% of net assets at December 31, 2021.

PGIM Real Estate U.S. Debt Fund, L.P. (the “Partnership”) is a Delaware limited partnership organized for the purpose of investing in real estate debt and debt-like investments. The Partnership is an open-end, commingled fund, in which PGIM, Inc. (“PGIM”), an indirectly owned subsidiary of Prudential Financial Inc., (“PFI”), participates as the sole member of PGIM Real Estate U.S. Debt Fund GP, LLC, the Partnership’s general partner (“General Partner”). The Partnership was formed on May 9, 2017 and commenced operations on July 18, 2017. The Partnership invests substantially all of its assets through its investments in PGIM Real Estate U.S. Debt Fund REIT, LLC (the “REIT”), a subsidiary owned by the Partnership and the preferred unit holders. The common interest of the REIT is wholly owned by the Partnership

The Plan is a limited partner in the ULLICO Infrastructure Tax-Exempt Fund, L.P., and has committed to contribute capital up to \$12,000,000 to the partnership. The General Partner gives notice to each Limited Partner each time a capital contribution is to be paid to the partnership. As of December 31, 2021 and 2020, the Plan has contributed \$10,500,000 and \$6,000,000 to the partnership.

The White Oak Summit Fund, L.P. (the Partnership), a Delaware investment limited partnership, commenced operations on December 1, 2014. The general partner of the Partnership is White Oak Partners 2, LLC, a Delaware limited liability company, and the Partnership is managed by White Oak Global Advisors, LLC, a Delaware limited liability company. The Partnership was organized for the primary purpose of trading and investing in senior secured debt of private and publicly held middle market businesses in the United States. The Partnership’s primary investment objective is to earn substantial current income by originating, extending, and/or investing in a diversified portfolio of corporate credit and senior secured asset-based loans and debt instruments issued by small to middle-market companies located primarily in the United States and Canada.

NOTE 7. FAIR VALUE MEASUREMENTS (continued)

The Plan is a limited partner in the White Oak Summit Fund, L.P., and has committed to contribute capital up to \$14,000,000 to the partnership. The General Partner gives notice to each Limited Partner each time a capital contribution is to be paid to the partnership. As of December 31, 2021 and 2020, the Plan has contributed \$14,000,000 to the partnership.

* - No Limited Partner may withdraw any amount from its capital account unless the General Partner determines that continued undiminished membership of the Limited Partner in the Partnership would cause such Limited Partner or any of its Affiliates to be in violation of ERISA, or applicable state law, rule, or regulation (any Limited Partner giving such a notice, an "Affected Partner"), or would cause the underlying assets of any Qualified Investment to be deemed to be "plan assets" of any Limited Partner under the Plan Asset Regulations.

The PanAgora Risk Parity Multi-Asset Fund's objective is to balance risk exposures in a given portfolio in an optimal fashion, so as to avoid risk concentration - be it across asset classes, or within asset class. The Fund's approach may be applied in a multi-asset class portfolio that has exposure to equities, bonds, commodities and other inflation-hedging instruments, as well as within certain stand-alone asset classes such as Diversified Risk Equity and Diversified Risk Commodities. The PanAgora Risk Parity Multi-Asset Fund is a hedge fund that may invest in derivatives.

NOTE 8. DERIVATIVES

The Plan is invested in derivative financial instruments through a collective hedge fund, as allowed under the Plan's investment policy. According to management, the use of derivative financial instruments is not believed to materially increase the market risk of the Plan's investments as the investment manager monitors and controls this risk by accounting for the portfolio duration impact of the derivative positions and adhering to the Plan's investment policy.

NOTE 9. RELATED PARTY TRANSACTIONS

The Trustees of the Plan also serve as officers of the International and as the Trustee and members of the Administrative Committee of the International Brotherhood of Teamsters Retirement and Family Protection Plan. The International performs certain administrative and accounting functions on behalf of the Plan. The Plan reimbursed the International \$60,000 per month from January 2020 through December 2021, based on a cost allocation study approved by the Trustees. The allocation study is updated on an annual basis. The difference between actual costs and the estimated payments are settled subsequent to year end. The Plan's share of allocated expenses for each of the years ended December 31, 2021 and 2020 has been estimated to be \$720,000, respectively. The International owed the Plan \$320 as of December 31, 2020 and the Plan owed the International \$273 as of December 31, 2021, respectively, for direct expenses paid on each other's behalf in the normal course of business.

The transactions identified above qualify as transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 10. SECURITIES SOLD/PURCHASED PENDING SETTLEMENT

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

NOTE 11. RISKS AND UNCERTAINTIES

The Plan holds diversified investments which are exposed to various risks such as economic, interest rate, market and sector. Such risks could cause material near term fluctuations in the market value of the investments as reported in these financial statements.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 12. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through May 10, 2022, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

THE TEAMSTER AFFILIATES PENSION PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2021

Form 5500 Schedule H, Item 4j

EIN: 52-6128127

Plan No. 333

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal	Maturity Rate		
				Date		
		Collective trust funds:				
	BNYM AFL-CIO Large Cap Stock Index Fund	5,922,427			\$ 71,722,411	\$ 98,489,953
	Invesco Balanced-Risk Allocation Trust	51,057			5,217,046	5,454,973
	JP Morgan Core Bond Fund	1,226,024			27,250,000	27,058,343
	JP Morgan Strategic Property Fund	1,204,482			12,036,078	15,117,100
	Total collective trust funds				116,225,535	146,120,369
		Common stock:				
	1-800-Flowers.com Inc-Cl A	1,496			43,045	34,962
	Abercrombie & Fitch Co-Cl A	4,200			102,249	146,286
	Academy Sports & Outdoors Inc	900			24,915	39,510
	Acuity Brands Inc	300			38,340	63,516
	Alleghany Corporation	185			108,920	123,504
	Allegiant Travel Co	1,014			138,965	189,659
	Altra Industrial Motion Corporation	10,150			317,443	523,436
	Amerco	180			56,789	130,721
	American Eagle Outfitters Inc	6,300			77,776	159,516
	American Public Education	4,150			116,493	92,338
	American Woodmark Corp	1,400			99,018	91,280
	Amn Healthcare Services Inc	1,000			27,423	122,330
	Angiodynamics Inc	45,000			70,798	124,110
	Apple Hospitality REIT Inc	8,200			122,818	132,430
	ASGN Incorporated	1,100			29,153	135,740
	Atlantic Union Bankshares Co	1,400			33,840	52,206
	Avalara Inc.	984			84,803	127,044
	Axt Inc	400			3,306	3,524
	Balchem Corp	2,673			287,803	450,668
	Bank OZK	10,353			283,422	481,725
	Barnes Group Inc	2,506			122,693	116,755
	Berkshire Hills Bancorp Inc	3,650			86,582	103,770
	Biodelivery Sciences Intl	21,800			111,451	67,580
	Brandywine Rlty Tr	8,300			103,906	111,386
	BRP Inc	50			3,814	4,386
	Callaway Golf Company	6,993			226,512	191,888
	Central Valley Community Bancorp	300			4,277	6,231
	Chase Corporation	800			77,256	79,648
	Churchill Downs Inc	400			8,176	96,360
	Clearwater Analytics Hldgs Inc	6,938			140,790	159,435
	Cohen & Steers Inc	3,457			197,369	319,807
	Coherent Inc	400			59,842	106,616
	Cohu Inc	4,750			77,116	180,928
	Columbus McKinnon Corp/Ny	2,800			75,851	129,528

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal Rate	Maturity Date		
		Common stock (continued):				
	Comfort Systems USA Inc	1,650			\$ 40,181	\$ 163,251
	Commercial Metals Co	3,600			67,838	130,644
	Community Healthcare Trust Inc	1,450			28,015	68,542
	Cross Country Healthcare Inc	9,450			92,144	262,332
	Curtiss Wright Corp	1,000			75,375	138,670
	Dana Incorporated	3,350			71,141	76,447
	Deckers Outdoor Corp	200			13,469	73,262
	Delek US Holdings Inc	3,000			88,422	44,970
	Dime Community Bancshares	3,600			82,768	126,576
	Douglas Dynamics Inc.	1,700			38,121	66,402
	Duckhorn Portfolio Inc	9,395			163,762	219,279
	Eagle Bancorp Inc	3,438			143,226	200,573
	Elbit Systems Ltd	400			47,442	69,652
	Emcor Group Inc	1,650			66,485	210,193
	Encompass Health Corp	1,900			90,195	123,994
	Ensign Group Inc	4,527			201,119	380,087
	Euronet Worldwide Inc	1,546			219,460	184,237
	Exelixis Inc	5,500			113,854	100,540
	Fabrinet	3,037			175,286	359,793
	First Citizens Bcsbs -Cl A	560			113,023	464,710
	First Community Bankshares Inc	2,850			50,959	95,247
	First Merchants Corp	3,200			87,590	134,048
	Five Below	1,719			216,736	355,644
	Five9 Inc	1,319			201,490	181,125
	Floor & Decor Holdings Inc -A	2,393			114,583	311,114
	Focus Financial Partners	5,364			287,439	320,338
	Foot Locker Inc	1,500			48,076	65,445
	Freshpet Inc	1,602			162,936	152,623
	FTI Consulting Inc	550			21,642	84,381
	Gencor Industries Inc	6,500			103,338	74,945
	Gentex Corporation	1,300			21,685	45,305
	Gibraltar Industries Inc	600			17,191	40,008
	Glatfelter	5,750			89,836	98,900
	Goosehead Insurance Inc	1,222			161,403	158,958
	Grand Canyon Education Inc	1,584			166,097	135,765
	Granite Constr Inc	1,150			41,850	44,505
	Guidewire Software Inc	1,733			193,848	196,747
	Hagerty Inc	5,610			57,054	79,550
	Hamilton Lane Inc	4,510			303,223	467,326
	Harmonic Inc	3,600			25,934	42,336
	HealthEquity Inc	6,397			355,927	283,003
	Heidrick & Struggles Intl	3,000			76,110	131,190
	Helen of Troy Limited	400			19,584	97,788
	Helios Technologies Inc	3,554			143,473	373,774
	Helix Energy Solutions Group Inc.	6,650			28,716	20,748
	Helmerich & Payne	2,450			93,935	58,065
	Hibbett Inc.	500			13,170	35,965
	HNI Corporation	1,800			60,634	75,690
	Holley Inc	14,816			150,249	192,460
	Hope Bancorp Inc	3,650			44,545	53,692
	Huntsman Corporation	2,650			64,585	92,432
	ICF International Inc	1,750			92,776	179,462

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Shares/ Type	Principal	Interest Rate	Maturity Date		
		Common stock (continued):					
	Innoviva Inc		3,800			\$ 50,192	\$ 65,550
	Installed Building Products		1,529			120,530	213,632
	Intra Cellular Therapies		3,213			103,385	168,168
	Investors Bancorp Inc		4,750			51,350	71,962
	Janus International Group Inc		18,792			248,060	235,276
	Jazz Pharmaceuticals Plc		850			111,702	108,290
	Kadant Inc		1,905			164,443	439,064
	Kaiser Aluminum Corp		1,250			95,341	117,425
	KB Home		2,600			76,759	116,298
	KBR Inc		3,850			59,411	183,337
	KVH Industries Inc.		10,900			129,867	100,171
	Lakeland Bancorp Inc		7,000			60,478	132,930
	La-Z-Boy Incorporated		3,200			76,536	116,192
	Leidos Holdings Inc		1,150			68,230	102,235
	LSI Industries Inc		11,000			84,551	75,460
	LXP Industrial Trust		8,300			79,197	129,646
	Madison Square Entertainment		1,450			132,226	101,993
	Madison Square Garden Co		250			40,829	43,432
	Magnachip Semiconductor Corp		7,400			77,732	155,178
	Magnolia Oil & Gas Corp		11,200			129,242	211,344
	Mastercraft Boat Holdings Inc		5,750			115,345	162,897
	Maxlinear Inc		700			15,224	52,773
	MDC Holdings Inc		1,500			35,406	83,745
	Medpace Holdings Inc		2,270			197,262	494,043
	Meridian Bioscience Inc		4,150			57,573	84,660
	Methode Electronics Inc		2,650			81,007	130,300
	Miller Industries Inc.		1,300			38,601	43,420
	Millerknoll Inc		100			3,748	3,919
	Mister Car Wash Inc		9,631			156,681	175,381
	MKS Instruments Inc		850			36,946	148,044
	Monolithic Power Systems Inc		460			72,236	226,932
	Monro Inc		3,869			281,832	225,447
	Morningstar Inc		1,677			250,819	573,517
	Mueller Inds Inc		3,500			96,678	207,760
	National Healthcare Corp		100			7,055	6,794
	National Storage Affiliates Tr		3,190			108,959	220,748
	National Vision Holdings Inc		1,988			56,406	95,404
	Neogen Corporation		7,343			282,818	333,446
	Neophotonics Corp		5,500			45,230	84,535
	Newmark Group Inc. Class A		3,700			52,490	69,190
	Northwestern Corp		3,350			137,550	191,486
	Oceanfirst Financial Corp		4,150			91,788	92,130
	Old Rep Int'l Corp		5,600			89,146	137,648
	Ollie's Bargain Outlet Holdings Inc		5,012			378,898	256,564
	Onto Innovation Inc		1,350			47,252	136,660
	Open Lending Corp Cl-A		11,910			367,224	267,737
	Orasure Technologies Inc		9,600			114,013	83,424
	OSI Systems Inc.		800			73,551	74,560
	Ovintiv Systems Inc		2,800			84,613	94,360
	Owens Corning		1,450			79,796	131,225
	Paylocity Hldg Corp		849			106,503	200,500
	Peoples United Financial Inc		4,850			62,616	86,427

(a)	(b)	(c)				(d)	(e)	
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value	
		Shares/ Type	Interest Principal	Rate	Maturity Date			
		Common stock (continued):						
	Perficient Inc		400			\$ 10,486	\$ 51,716	
	PGT Innovations Inc		5,500			70,383	123,695	
	Physicians Realty Trust		6,850			104,665	128,985	
	Piedmont Office Realty Tru-A		2,450			44,872	45,031	
	Piper Sandler Companies		1,000			42,333	178,510	
	Polaris Inc		900			80,737	98,919	
	Pool Corporation		689			140,456	389,974	
	Portland General Electric Co		950			40,397	50,274	
	Progress Software Corp		1,750			57,884	84,472	
	Provident Financial Services		3,450			46,444	83,559	
	PulteGroup Inc		1,350			46,258	77,166	
	Q2 Holdings Inc.		4,006			345,124	318,237	
	Qorvo Inc		850			33,313	132,932	
	Quanex Building Pods		5,100			81,058	126,378	
	RBC Bearings Inc		1,335			212,057	269,630	
	Regal Rexnord Corp		1,200			89,842	204,216	
	Rex American Resources Corp		1,250			82,977	120,000	
	Sabra Health Care REIT Inc		7,100			129,839	96,134	
	Sandy Spring Bancorp Inc		3,750			82,630	180,300	
	Schnitzer Steel Inds Inc-A		2,200			56,405	114,224	
	Science Applications		1,100			92,497	91,949	
	Selective Insurance Group Inc		2,000			39,073	163,880	
	Silicon Motion Technology ADR		2,600			77,685	247,078	
	Spectrum Brands Holdings Inc		2,000			118,840	203,440	
	Sterling Bancorp		4,400			48,593	113,476	
	Steven Madden Ltd		2,650			42,034	123,145	
	Stifel Financial Corp		2,250			49,558	158,445	
	Stoneridge Inc		200			2,562	3,948	
	Stride Inc Com		2,450			52,513	81,658	
	Summit Hotel Properties Inc		3,800			41,269	37,088	
	Tetra Tech Inc		300			7,663	50,940	
	The Bank Of Princeton		1,800			59,064	52,794	
	Timkensteel Corp		5,500			74,028	90,750	
	Trex Company Inc.		3,797			166,305	512,709	
	Trimas Corp		6,876			221,424	254,412	
	Trustco Bank Corp Ny		3,500			107,616	116,585	
	Turtle Beach Corp		500			4,963	11,130	
	Umpqua Hldgs Corp		7,700			107,270	148,148	
	United Bankshares Inc		950			23,449	34,466	
	United Community Banks/Ga		4,700			85,224	168,918	
	Universal Display Corp		350			18,655	57,760	
	Urban Outfitters Inc		4,100			99,459	120,376	
	Valvoline Inc		5,517			117,082	205,729	
	Village Super Market Inc Cl A		1,500			35,085	35,085	
	Vishay Intertechnology Inc		5,800			72,270	126,846	
	Visteon Corporation		1,000			66,415	111,140	
	Washington Federal Inc		5,800			121,989	193,604	
	Washington Trust Bancorp		800			19,438	45,096	
	Webster Financial Corp		8,152			336,941	455,208	
	Western Alliance Bancorp		1,250			57,986	134,563	
	Whole Earth Brands Inc		4,500			34,908	48,330	
	Williams Sonoma Inc		750			36,711	126,847	

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		<u>Common stock (continued):</u>				
	Xpel Inc		2,654		\$ 206,823	\$ 181,215
	Yeti Holdings Inc		3,244		97,583	268,701
	Ziprecruiter Inc		12,653		293,269	315,566
	Total common stock				<u>19,230,625</u>	<u>29,070,192</u>
		<u>Foreign common stock:</u>				
	CyberArk Software Ltd		2,554		284,586	442,557
	Everest Re Group Ltd		500		114,452	136,960
	Globant Sa		935		208,283	293,674
	Icon Plc		1,496		211,341	463,311
	Masonite International Corp		1,000		74,845	117,950
	Nomad Foods Ltd		2,650		60,477	67,284
	Novanta Inc		2,490		247,805	439,062
	Silicom Ltd		2,750		92,592	141,900
	Tower Semiconductor Lt		4,000		82,279	158,720
	Trinseo Plc		1,250		65,529	65,575
	Total foreign common stock				<u>1,442,189</u>	<u>2,326,993</u>
		<u>Mutual funds:</u>				
	EuroPacific Growth Fund		504,505		25,620,452	32,656,587
	PIMCO Income Fund		2,245,184		27,297,821	26,807,501
	Total mutual funds				<u>52,918,273</u>	<u>59,464,088</u>
		<u>Limited partnerships:</u>				
	PGIM Real Estate US Debt Fund, LP		10,796		14,018,081	14,022,445
	ULLICO Infrastructure Tax Exempt Fund, L.P.		47,003		10,224,848	10,507,321
	White Oak Summit Fund, L.P.		N/A		12,493,417	11,503,190
	Total limited partnerships				<u>36,736,346</u>	<u>36,032,956</u>
		<u>Hedge fund:</u>				
	PanAgora Risk Parity Multi-Asset Group Trust		320,441		5,470,920	7,819,980
		<u>Money market mutual fund:</u>				
	JP Morgan 100% US Treasury Money Market		1,669,504		1,669,504	1,669,504
	Total investments				<u>\$ 233,693,392</u>	<u>\$ 282,504,082</u>

THE TEAMSTER AFFILIATES PENSION PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2021

Form 5500 Schedule H, Item 4j

EIN: 52-6128127
Plan No. 333

(a) Identity of Party Involved	(b) Description	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset	(i) Net Gain (Loss) on Transaction
	BNYM Mellon AFL-CIO SL Large Cap Stock Index Fund	N/A	\$ 31,600,000	\$ 26,423,787	\$ 31,600,000	\$ 5,176,213
	JPMorgan 100% US Treasury Money Market	\$ 88,863,796 N/A	N/A 88,794,863	N/A 88,794,863	88,863,796 88,794,863	N/A -
	JPMorgan Core Bond Fund R6	7,344,774	N/A	N/A	7,344,774	N/A
	JPMorgan Core Bond Fund R6	N/A	29,136,126	28,077,839	29,136,126	1,058,287
	JPMorgan Core Bond Fund	27,250,000	N/A	N/A	27,250,000	N/A
	PGIM Real Estate Trust	14,538,448	N/A	N/A	14,538,448	N/A
	PGIM Real Estate Trust	N/A	524,529	520,367	524,529	4,162

Section 3: Certificate of Actuarial Valuation

Exhibit K: Summary of Plan Provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Year	January 1 through December 31
Pension Credit Year	January 1 through December 31
Plan Status	Frozen
Regular Pension	• <i>Age Requirement:</i> 65 • <i>Service Requirement:</i> No minimum, except for participation requirement of 1 year of employment comprising at least 1,000 hours of service. • <i>Amount:</i> Greater of (1), (2) or (3): (1) 2.6% of W-2 earnings up to \$40,000 plus 2.5% of earnings over \$40,000 and up to \$50,000 in each year of credited service (only credited service prior to January 1, 1995 is recognized for employees of Affiliates that did not elect to participate after that date and in any case no service after December 31, 2001 is recognized for this purpose) up to 30 years. For credited service prior to 1986, average W-2 earnings for 1981 – 1985 are used. (2) 1.95% of final average salary multiplied by years of credited service up to 10 (only credited service prior to January 1, 1995 is recognized for employees of Affiliates that did not elect to participate after that date and in any case no service after December 31, 2001 is recognized for this purpose). “Final average salary” equals the average W-2 earnings in the 60 consecutive months that produce the highest total recognizing up to \$150,000 in any calendar year, determined as of December 31, 1994. (3) 1.95% of final average salary multiplied by years of credited service up to 10 (no service after December 31, 2001 is recognized for this purpose), reduced by benefits payable from other pension plans sponsored by the employer. Final average salary equals the average W-2 earnings in the 60 consecutive months, as of December 31, 2001, that produce the highest total, recognizing up to IRC Section 401(a)(17) limitation in any calendar year (\$170,000 in 2001).
Early Retirement	• <i>Age and Service Requirements:</i> The earlier of age 50 with 15 years of credited service; or age 62 with 10 years of vesting service; or any age with 30 years of credited service • <i>Amount:</i> The Normal Retirement Benefit under the “2.6%” formula shown above with actuarial reduction if participant has less than 30 years of credited service and benefits commence prior to age 57; or, if greater, the Normal Retirement Benefit under the “1.95%” formula shown above with actuarial reduction if benefits commence prior to age 65.
Disability	• <i>Age Requirement:</i> None

Section 3: Certificate of Actuarial Valuation

	• <i>Service Requirement:</i> 9 years of credited service • <i>Other Requirement:</i> Total and permanent disability • <i>Amount:</i> The Normal Retirement Benefit without actuarial reduction for early commencement.
Deferred Vested Retirement Benefit	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 3 years of vesting service • <i>Amount:</i> The Normal Retirement Benefit accrued, payable at age 65 or as an Early Retirement Benefit at earlier commencement. This amount is reduced by the actuarial equivalent of the lump sum termination benefit paid, if any.
Termination Benefit	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 3 years of vesting service • <i>Other Requirement:</i> Eligible for a Deferred Vested Retirement Benefit • <i>Amount:</i> 5% of earnings during the first 10 years of credited service after January 1, 1962 and 7-1/2% of earnings for years of credited service over 10 after that date. (Only credited service prior to January 1, 1995 is recognized for employees of Affiliates that did not elect to participate and in any case no service after December 31, 2001 is recognized for this purpose). The actuarial equivalent of such lump sum benefit is applied to reduce the amount of the Deferred Vested Retirement Benefit, if any, payable to the employee. This benefit must be elected within 84 months.
Spouse's Pre-Retirement Death Benefit (Five Year Benefit)	• <i>Age Requirement:</i> None • <i>Service and other requirements:</i> 15 years of credited service and 5 years of vesting service. Beneficiary may elect Survivor Benefit in lieu of lump sum death benefit. • <i>Amount:</i> Normal Retirement Benefit, Early Retirement Benefit or, if younger than early retirement age, the actuarial equivalent monthly benefit deceased employee would have received on retiring the day before death – payable for 60 months.
Pre-Retirement Lump-sum Death Benefit	• <i>Age Requirement:</i> None • <i>Service and other requirements:</i> Three years of vesting service and employee at death is either unmarried or has not named spouse as beneficiary. • <i>Amount:</i> Either (1) or (2): (1) Normal Retirement Benefit, Early Retirement Benefit or, if younger than early retirement age, the actuarial equivalent monthly benefit deceased employee would have received on retiring the day before death – payable for 60 months. (2) 7.5% of earnings during years of credited service after January 1, 1962 less any termination benefit not refunded. (Only credited service prior to January 1, 1995 is recognized for employees of Affiliates that did not elect to participate and in any case no service after December 31, 2001 is recognized for this purpose.)
Lifetime Spouse Benefit	• <i>Age Requirement:</i> None

Section 3: Certificate of Actuarial Valuation

	• <i>Service and other requirements:</i> Three years of vesting service and married at death and spouse designated as beneficiary. Beneficiary may elect Survivor Benefit if service and vesting requirements are met, or Lump Sum Death Benefit in lieu of this Lifetime Spouse Benefit. • <i>Amount:</i> 50% of the benefit the employee would have received if retired on date of death, having elected the joint and survivor annuity.
Post-Retirement Death Benefit	• <i>Age Requirement:</i> According to rules of retirement benefit option • <i>Service Requirement:</i> According to rules of retirement benefit option
Joint and Survivor Pop-Up Provisions	• <i>Requirement:</i> Member has elected to receive benefit in the form of a joint and survivor annuity and one of the following condition holds: (a) the spouse dies prior to the participant; or (b) there is a divorce, dissolution of marriage or legal separation of a member and the spouse has waived any interest or rights in the joint and survivor annuity. • <i>Husband and Wife:</i> The member's benefit is changed to a 60 month guaranteed annuity and the joint and survivor reduction is eliminated.
Optional Forms of Benefits	60 months guaranteed annuity, qualified joint and survivor annuity and partial lump sum (see Termination Benefit)
Participation	After 1 year of employment comprising at least 1,000 hours of service.
Credit Service	Each calendar year in which an employee completes 1,000 hours of service is a year of credited service (and for periods prior to December 1, 1975, not less than 1 year of credited service for each year of continuous service for more than 20 hours per week and for more than 5 months a year).
Vesting Service	Each calendar year after 1961 in which an employee completes 1,000 hours of service is a year of vesting service (preserving, however, vesting service as of November 30, 1975 according to plan provisions then applicable).
Section 415 Limit	\$230,000 (same as previous year)
Section 401(1)(17) Limit	\$290,000 (previously \$285,000) Note these limits were increased by the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA). The provisions of EGTRRA were scheduled to sunset December 31, 2010. Effective August 17, 2006, the Pension Protection Act made these changes permanent.
Changes in Plan Provisions	There were no changes in plan provisions reflected in this actuarial valuation other than changes in indexed limits.

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Section 3: Certificate of Actuarial Valuation

Exhibit F: Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2020.

Age	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
40 - 44	2	1	1	—	—	—	—	—	—	—
45 - 49	12	1	7	3	1	—	—	—	—	—
50 - 54	41	2	8	13	15	3	—	—	—	—
55 - 59	77	2	16	19	18	13	7	2	—	—
60 - 64	106	2	18	29	21	22	7	5	2	—
65 - 69	58	—	6	15	13	10	6	4	2	2
70 & over	34	1	7	10	5	2	6	3	—	—
Total	330	9	63	89	73	50	26	14	4	2

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial loss	01/01/2009	\$60,575,878	3	\$21,476,037
Actuarial loss	01/01/2012	16,560,544	6	3,212,097
Change in assumptions	01/01/2012	19,271,434	6	3,737,904
Actuarial loss	01/01/2015	7,749,564	9	1,093,220
Change in assumptions	01/01/2016	11,108,455	10	1,450,928
Actuarial loss	01/01/2016	14,987,111	10	1,957,537
Actuarial loss	01/01/2017	10,456,009	11	1,276,862
Actuarial loss	01/01/2018	5,873,284	12	675,941
Change in assumptions	01/01/2019	16,638,498	13	1,816,683
Change in assumptions	01/01/2020	10,145,361	14	1,056,837
Change in assumptions	01/01/2021	2,477,687	15	247,426
Total		\$175,843,825		\$38,001,472

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial gain	01/01/2010	\$11,125,790	4	\$3,049,435
Actuarial gain	01/01/2013	7,920,362	7	1,355,991
Change in assumptions	01/01/2014	1,363,594	8	210,285
Actuarial gain	01/01/2014	15,243,135	8	2,350,696
Change in assumptions	01/01/2018	2,035,540	12	234,265
Actuarial gain	01/01/2019	31,935,499	13	3,486,893
Actuarial gain	01/01/2020	1,486,453	14	154,843
Actuarial gain	01/01/2021	13,622,974	15	1,360,414
Total		\$84,733,347		\$12,202,822

Section 3: Certificate of Actuarial Valuation

Current Liability Assumptions	<i>Interest:</i> 2.43%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2019 (previously, the MP-2018 scale was used).
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 11.2%, for the Plan Year ending December 31, 2020 <i>On current (market) value of assets (Schedule MB, line 6h):</i> 14.4%, for the Plan Year ending December 31, 2020
FSA Contribution Timing (Schedule MB, line 3a)	Interest on the contributions is credited in the Funding Standard Account based on the actual contribution dates.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.95% to 2.43% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2021: • Net investment return assumption was decreased from 6.75% to 6.50%. • Assumed incidence of turnover was doubled. • The disability mortality assumption was updated from having ages set forward by eight years to ages set forward four years. • Effective January 1, 2021, the mortality improvement scale was updated from MP-2019 to MP-2020.

Section 3: Certificate of Actuarial Valuation

Exhibit J: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates	<i>Pre-retirement:</i> The Pri-2012 Blue Collar (amount weighted) Employee Mortality Table projected generationally with the MP-2020 projection scale (Previously, MP-2019 projection scale). <i>Post-retirement Healthy:</i> The Pri-2012 Blue Collar (amount weighted) Healthy Annuitant Mortality Table projected generationally with the MP-2020 projection scale (Previously, MP-2019 projection scale). <i>Post-retirement Disabled:</i> The post-retirement healthy table, set forward 4 years (Previously, set forward 8 years). The underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years. As part of the analysis, a comparison was made between the actual [number of deaths and the projected number based on the prior year’s assumption over the most recent seven years.																																																																
Annuitant Mortality Rates ¹	<table><tr><td></td><td colspan="4">Rate (%)¹</td></tr><tr><td></td><td colspan="2">Healthy</td><td colspan="2">Disabled</td></tr><tr><td>Age</td><td>Male</td><td>Female</td><td>Male</td><td>Female</td></tr><tr><td>50</td><td>0.49</td><td>0.33</td><td>0.60</td><td>0.45</td></tr><tr><td>55</td><td>0.64</td><td>0.49</td><td>0.87</td><td>0.66</td></tr><tr><td>60</td><td>0.93</td><td>0.71</td><td>1.18</td><td>0.99</td></tr><tr><td>65</td><td>1.27</td><td>1.08</td><td>1.86</td><td>1.51</td></tr><tr><td>70</td><td>2.05</td><td>1.64</td><td>3.02</td><td>2.37</td></tr><tr><td>75</td><td>3.33</td><td>2.62</td><td>5.12</td><td>3.92</td></tr><tr><td>80</td><td>5.72</td><td>4.35</td><td>8.80</td><td>6.70</td></tr><tr><td>85</td><td>9.78</td><td>7.49</td><td>14.91</td><td>11.75</td></tr><tr><td>90</td><td>16.54</td><td>13.05</td><td>23.35</td><td>18.63</td></tr></table>						Rate (%) ¹					Healthy		Disabled		Age	Male	Female	Male	Female	50	0.49	0.33	0.60	0.45	55	0.64	0.49	0.87	0.66	60	0.93	0.71	1.18	0.99	65	1.27	1.08	1.86	1.51	70	2.05	1.64	3.02	2.37	75	3.33	2.62	5.12	3.92	80	5.72	4.35	8.80	6.70	85	9.78	7.49	14.91	11.75	90	16.54	13.05	23.35	18.63
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¹ Mortality rates shown for base table and with ages set forward for disabled rates.

Section 3: Certificate of Actuarial Valuation

Termination Rates Before Retirement

Age	Rate (%)			
	Mortality		Disability	Withdrawal
	Male	Female		
20	0.07	0.02	0.02	60.00
25	0.07	0.03	0.03	44.00
30	0.07	0.03	0.04	28.00
35	0.07	0.04	0.05	20.00
40	0.09	0.06	0.07	12.00
45	0.12	0.09	0.12	8.00
50	0.18	0.13	0.19	4.00
55	0.28	0.20	0.34	6.60
60	0.44	0.30	0.45	3.20

¹ Mortality rates shown for base table.

² Withdrawal rates do not apply at or beyond early retirement age (Previously, half the rates shown).

The termination rates and disability rates were based on historical and current data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number based on the prior year's assumption over the most recent seven years.

Retirement Rates from Active Status

Age	Annual Retirement Rates
57-59	10%
60	25%
61	15%
62	25%
63-64	20%
65-69	50%
70	100%

The retirement rates were based on historical and current data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements and the projected number based on the prior year's assumption over the most recent six years.

Section 3: Certificate of Actuarial Valuation

Description of Weighted Average Retirement Age	Age 65, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2021 actuarial valuation.
Retirement for Inactive Vested Participants	Current inactive vested participants are assumed to retire at their unreduced retirement age as determined by the IBT (if provided), otherwise their assumed retirement age is age 61. Future inactive vested participants are assumed to retire at their projected unreduced retirement age based on their age and service.
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male. For individuals for whom benefits payable from other related pension plans were not reflected in the data provided, the assumed accrual for these related pension plans is \$80 per month for each year of service.
Percent Married	Social Security awards during 1972.
Spouse Information	Married individuals are assumed to be of opposite gender, with females 3 years younger than males.
Benefit Election	Married participants are assumed to elect the Joint and Survivor Annuity form of payment with pop-up and non-married participants are assumed to elect the Life Annuity with 60-month guarantee.
Late Retirement Factors	Inactive vested participants who commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.
Net Investment Return	6.50% (Previously, 6.75%) The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	\$1,300,000, payable at the beginning of the year, for the year beginning January 1, 2021. The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit K.

Section 3: Certificate of Actuarial Valuation

Current Liability Assumptions	<i>Interest:</i> 2.43%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2019 (previously, the MP-2018 scale was used).
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Section 3: Certificate of Actuarial Valuation

Exhibit E: Schedule of Projection of Expected Benefit Payments

(Schedule MB, Line 8b(1))

Plan Year	Expected Annual Benefit Payments
2021	\$32,455,084
2022	31,071,662
2023	29,601,744
2024	28,104,561
2025	26,599,606
2026	24,606,392
2027	23,036,112
2028	21,504,374
2029	20,009,683
2030	18,558,853

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

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

A Name of plan TEAMSTER AFFILIATES PENSION PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES TEAMSTER AFFILIATES PENSION PLAN	D Employer Identification Number (EIN) 52-6128127

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

1a Enter the valuation date: Month 01 Day 01 Year 2021

b Assets	
(1) Current value of assets.....	1b(1) 266,580,149
(2) Actuarial value of assets for funding standard account	1b(2) 241,294,501
c (1) Accrued liability for plan using immediate gain methods	1c(1) 255,089,323
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 255,089,323
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability.....	1d(2)(a) 357,795,902
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 0
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 32,529,853
(3) Expected plan disbursements for the plan year.....	1d(3) 33,829,853

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

SIGN HERE	A. Donald Morgan <i>adm</i>	10/13/2022
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Signature of actuary	Date
A. DONALD MORGAN, FSA, MAAA, EA	2005662

Type or print name of actuary	Most recent enrollment number
SEGAL	617-424-7300

Firm name	Telephone number (including area code)
116 HUNTINGTON AVENUE BOSTON MA 02116-5712	
9TH FLOOR Address of the firm	

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

a Current value of assets (see instructions)

2a	266,580,149
----	-------------

(1) Number of participants	(2) Current liability
----------------------------	-----------------------

(1) For retired participants and beneficiaries receiving payment

4,205	300,187,027
-------	-------------

(2) For terminated vested participants

537	37,035,064
-----	------------

(3) For active participants:

(a) Non-vested benefits.....

0

(b) Vested benefits.....

20,573,811

(c) Total active.....

330	20,573,811
-----	------------

(4) Total

5,072 | 357,795,902

C If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage

2c	%
----	---

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/25/2021	1,250,000	0			
02/23/2021	1,250,000	0			
03/24/2021	1,250,000	0			
04/26/2021	1,250,000	0			
05/24/2021	1,250,000	0			
06/24/2021	1,250,000	0			
07/26/2021	1,250,000	0			
08/24/2021	1,250,000	0			
09/21/2021	1,250,000	0			
10/25/2021	1,250,000	0			
11/16/2021	1,250,000	0			
12/20/2021	1,250,000	0			
			Totals ►	3(b)	15,000,000
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))

4a	94.6 %
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b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5

4b	N
----	---

C Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date

4e	
----	--

f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge.
If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐

4f	
----	--

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.43 %
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9PF
d Valuation liability interest rate	6d	6.50 %
e Expense loading	6e	5.0 % ☐ N/A ☒ N/A
f Salary scale	6f	0.00 % ☐ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	11.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	14.4 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-13,622,974	-1,360,414
4	2,477,687	247,426

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	1,300,000

c Amortization charges as of valuation date:

		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	175,843,825	38,001,472
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....	9d	2,554,596
e Total charges. Add lines 9a through 9d.....	9e	41,856,068

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	77,315,656
g Employer contributions. Total from column (b) of line 3.....	9g	15,000,000

		Outstanding balance	
h Amortization credits as of valuation date.....	9h	84,733,347	12,202,822
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	6,287,057

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	98,417,159	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	78,201,656	
(3) FFL credit	9j(3)	0	
k (1) Waived funding deficiency	9k(1)	0	
(2) Other credits	9k(2)	0	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	110,805,535	
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	68,949,467	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions..... ☒ Yes ☐ No