

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>MO-KAN TEAMSTERS PENSION FUND</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>MO-KAN TEAMSTERS PENSION FUND</u> <u>WILSON MCSHANE CORPORATION</u> <u>PO BOX 909500</u> <u>KANSAS CITY, KS 64163-9500</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1970</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>43-6142288</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>813-756-3313</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>484200</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1970</u>		2b Employer Identification Number (EIN) <u>43-6142288</u>		2c Plan Sponsor's telephone number <u>813-756-3313</u>		2d Business code (see instructions) <u>484200</u>	
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2c Plan Sponsor's telephone number <u>813-756-3313</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.	10/17/2022	MICHAEL KEERAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	GREG DAVEY
	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

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v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor MO-KAN TEAMSTERS PENSION FUND WILSON MCSHANE CORPORATION 3100 BROADWAY, SUITE 805 KANSAS CITY, KS 64111		3b Administrator's EIN 43-6142288
		3c Administrator's telephone number 813-756-3313
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 1892
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) 466
a(2) Total number of active participants at the end of the plan year		6a(2) 432
b Retired or separated participants receiving benefits.....		6b 736
c Other retired or separated participants entitled to future benefits		6c 431
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1599
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 258
f Total. Add lines 6d and 6e		6f 1857
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 87
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan MO-KAN TEAMSTERS PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MO-KAN TEAMSTERS PENSION FUND	D Employer Identification Number (EIN) 43-6142288

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

(a) Name of insurance carrier
PRUDENTIAL INSURANCE CO OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030311	539	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	15532902

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
 (3) ☐ guaranteed investment (4) ☒ other ▶ INVESTMENT - POOLED SEPARATE ACCT

b Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)**d** Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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 MO-KAN TEAMSTERS PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MO-KAN TEAMSTERS PENSION FUND	D Employer Identification Number (EIN) 43-6142288

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)	203150596
(2) Actuarial value of assets for funding standard account	1b(2)	188646988
c (1) Accrued liability for plan using immediate gain methods	1c(1)	178342806
(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)	169095344
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)	302779834
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	5665390
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	13116329
(3) Expected plan disbursements for the plan year.....	1d(3)	13691329

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	10/06/2022
Signature of actuary	Date
WILLIAM GITTERMAN, FSA, MAAA, EA	20-08743
Type or print name of actuary	Most recent enrollment number
SEGAL	312-617-2790
Firm name	Telephone number (including area code)
101 N WACKER DR SUITE 500, CHICAGO, IL 60606-1724	
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 ☐

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Schedule MB (Form 5500) 2021
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	203150596
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	996	161694715
(2) For terminated vested participants	430	59210247
(3) For active participants:		
(a) Non-vested benefits.....		6275866
(b) Vested benefits.....		75599006
(c) Total active	466	81874872
(4) Total	1892	302779834
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	67.10 %

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
07/01/2021	5506430				
			Totals ▶	3(b)	5506430
				3(c)	
				3(d)	1292795

(d) Total withdrawal liability amounts included in line 3(b) total

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	111.6 %
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	

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)	A	A	
(2) Females	6c(2)	AF	AF	
d Valuation liability interest rate	6d	6.75 %	6.75 %	
e Expense loading	6e	42.3 % ☐ 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	10.2 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.2 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-7446187	-753807
4	789925	79967

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	1867237
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)	55360432
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	615938
e Total charges. Add lines 9a through 9d.....	9e	9740947

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	30400374
g Employer contributions. Total from column (b) of line 3.....	9g	5506430
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	35264240
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	2567826
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	23445960
(2) "RPA '94" override (90% current liability FFL)	9j(2)	85194137
(3) FFL credit	9j(3)	
k (1) Waived funding deficiency	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	43362912
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	33621965
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9o Current year's accumulated reconciliation account:

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

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
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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 MO-KAN TEAMSTERS PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MO-KAN TEAMSTERS PENSION FUND	D Employer Identification Number (EIN) 43-6142288	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

WILSON-MCSHANE CORP

41-0956552

(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 13 15 50	THIRD PARTY ADMINISTRATOR	194100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL CONSULTING

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	ACTUARY AND PLAN CONSULT	120118	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SSC CPAS, P.A.

48-0969601

(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	PLAN AUDITOR	17500	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)

CONSTRUCTION BENEFIT AUDIT CORP

43-1244128

(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	35014	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT CONSULTANT	68250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL TRUST CO

23-6994310

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	49121	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

04-6799863

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	100555	Yes ☐ No ☒

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

AMERICAN STABLE ADVISORS

95-4871432

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	120094	Yes ☐ No ☒

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

STATE STREET GLOBAL ADVISORS

1 LINCOLN STREET
BOSTON, MA 02111

(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	DIVISION OF CUSTODIAN	44007	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)

ARNOLD NEWBOLD SOLLARS & HOLLINS

43-1174269

(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	FUND LEGAL COUNSEL	133477	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL INSURANCE CO

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	135603	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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>MO-KAN TEAMSTERS PENSION FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MO-KAN TEAMSTERS PENSION FUND</u>	D Employer Identification Number (EIN) <u>43-6142288</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: <u>PRU CORE CONSERV BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST CO</u>		
c EIN-PN <u>23-6994310-126</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>10596668</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRU HIGH YIELD FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST CO</u>		
c EIN-PN <u>23-6994310-127</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>9953069</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRISA</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO</u>		
c EIN-PN <u>22-1211670-038</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15532902</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CORE REALTY FUND</u>		
b Name of sponsor of entity listed in (a): <u>AMERICAN REALTY ADVISORS</u>		
c EIN-PN <u>95-4871432-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11968929</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MSCI ACWI EX USA SL FUND (ZVGM)</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>90-0337987-009</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>49616619</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan MO-KAN TEAMSTERS PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MO-KAN TEAMSTERS PENSION FUND	D Employer Identification Number (EIN) 43-6142288	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	854887	744993
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	337485	355303
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	103393	467149
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	458973	8825997
(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)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	147829719	70166356
(10) Value of interest in pooled separate accounts	1c(10)	12882976	27501832
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	40799610	123329303
(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	203267043 231390933
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	116447 70078
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	116447 70078
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	203150596 231320855

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	5506430
	(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)	5506430
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	456
	(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)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	456
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	1716478
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1181446
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	2897924
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	14761875
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	12793167
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	1968708
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		12338257
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		20186358
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-1169013
c Other income.....	2c		18281
d Total income. Add all income amounts in column (b) and enter total.....	2d		41747401
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	12463168	
(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)		12463168
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)	306853	
(2) Contract administrator fees.....	2i(2)	194100	
(3) Investment advisory and management fees.....	2i(3)	517630	
(4) Other.....	2i(4)	95391	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1113974
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		13577142
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		28170259
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: SSC CPAS, P.A.

(2) EIN: 48-0969601

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 447783 _____.			

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 MO-KAN TEAMSTERS PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MO-KAN TEAMSTERS PENSION FUND	D Employer Identification Number (EIN) 43-6142288

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

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

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

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

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

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

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 **FORDYCE CONCRETE INC**

b EIN **48-0670636**

c Dollar amount contributed by employer **472841**

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 **03** Day **31** Year **2025**

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) **5.10**

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

a Name of contributing employer **KANSAS CITY READY MIS, LLC**

b EIN **46-1081938**

c Dollar amount contributed by employer **436144**

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 **03** Day **31** Year **2025**

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) **5.10**

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

a Name of contributing employer **SUPERIOR BOWEN ASPHALT CO**

b EIN **43-1861896**

c Dollar amount contributed by employer **417374**

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 **03** Day **31** Year **2025**

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) **5.10**

(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

0

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

49

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

40

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: 61.7 % Investment-Grade Debt: 9.8 % High-Yield Debt: 4.3 % Real Estate: 15.7 % Other: 8.5 %

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 _____



MO-KAN TEAMSTERS PENSION FUND

FINANCIAL STATEMENTS TOGETHER WITH
REPORT OF INDEPENDENT AUDITORS

DECEMBER 31, 2021 AND 2020

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Independent Auditor's Report

Board of Trustees
Mo-Kan Teamsters Pension Plan
Kansas City, Missouri

Opinion

We have audited the accompanying financial statements of Mo-Kan Teamsters Pension Plan, a multi-employer defined 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, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2020, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Mo-Kan Teamsters Pension Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2020, and the changes in its accumulated plan benefits 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. 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 Mo-Kan Teamsters 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 Mo-Kan Teamsters 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Mo-Kan Teamsters 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 Mo-Kan Teamsters 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.

Supplemental Schedules Required by ERISA

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

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

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

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Plan's basic financial statements. The schedules of administrative expenses are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally

accepted in the United States of America. In our opinion, the schedule is fairly stated, in all material respects, in relation to the financial statements as a whole.

SSC CPAs, P.A.

SSC CPAs, P.A.
Shawnee, Kansas

October 10, 2022



MO-KAN TEAMSTERS PENSION FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31,	2021	2020
ASSETS		
Investments at fair value:		
Common collective trusts	\$ 73,820,480	\$ 147,829,719
Mutual funds	123,329,303	30,863,387
Real estate trust	27,501,832	22,819,199
Investment cash	5,171,873	346,295
Total investments	229,823,488	201,858,600
Receivables:		
Interest receivable	443,045	112,678
Employers' contributions	355,303	337,485
Due from other funds	-	73,535
Total receivables	798,348	523,698
Other assets:		
Other cash	744,993	854,887
Prepaid expenses	24,104	32,351
Total other assets	769,097	887,238
TOTAL ASSETS	231,390,933	203,269,536
LIABILITIES		
Accounts payable	61,732	115,693
Other payables	8,346	3,248
TOTAL LIABILITIES	70,078	118,941
Net assets available for benefits	\$ 231,320,855	\$ 203,150,595

MO-KAN TEAMSTERS PENSION FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the years ended December 31,	2021	2020
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 33,324,311	\$ 20,324,702
Dividends	2,898,380	2,675,315
Less: investment expenses	449,380	395,514
Net investment income	35,773,311	22,604,503
Contractor contributions	5,506,430	4,656,039
Other additions	18,281	2,629
TOTAL ADDITIONS	41,298,022	27,263,172
DEDUCTIONS		
Benefits paid	12,463,168	12,035,902
Administrative expenses	664,594	594,109
TOTAL DEDUCTIONS	13,127,762	12,630,011
Net increase	28,170,260	14,633,161
Net assets available for benefits		
Beginning of year	203,150,595	188,517,434
End of year	\$ 231,320,855	\$ 203,150,595

MO-KAN TEAMSTERS PENSION FUND
STATEMENT OF ACCUMULATED PLAN BENEFITS

DECEMBER 31,	2020
Actuarial present value of accumulated plan benefits:	
Vested benefits	
Participants currently receiving benefits	\$ 105,109,518
Other participants	61,617,866
Total vested benefits	166,727,384
Nonvested benefits	2,367,960
Total actuarial present value of accumulated plan benefits	\$ 169,095,344

MO-KAN TEAMSTERS PENSION FUND
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

DECEMBER 31,	2020
Actuarial present value of accumulated plan benefits at beginning of year	\$ 168,344,050
Increase (decrease) during the year attributable to:	
Benefits accumulated, net experience gain or loss, changes in data	963,610
Benefits paid	(12,035,902)
Changes in actuarial assumptions	495,864
Interest	11,327,722
Net increase	751,294
Actuarial present value of accumulated plan benefits at end of year	\$ 169,095,344

MO-KAN TEAMSTERS PENSION FUND

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of the Mo-Kan Teamsters Pension Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

The Plan is a multi-employer defined benefit pension plan set up to provide retirement benefits to participants who perform work which is under the jurisdiction of local unions participating in the Mo-Kan Teamsters Pension Plan. It is subject to the provisions of ERISA.

The Plan, as amended, provides the following types of retirement benefits: regular, early, disability and vested. The Plan also provides a surviving spouse benefit option.

Eligibility

A participant's eligibility and his or her monthly pension is dependent upon the participant's years of service and the number of hours and contributions reported in those years. Regular pensions are granted at the age of 65 to participants with at least five pension credits if the participant worked at least one hour in Covered Employment on or after January 1, 1999. Previously, participants needed ten pension credits for regular pension benefit. Early pension benefits are granted at age 50 to participants with at least twenty pension credits. Effective October 1, 2000 a disability pension is granted to participants who become totally and permanently disabled and who have ten or more pension credits. Previously, participants needed fifteen pension credits for disability pension benefits.

Pension credits

Participants are credited with pension credits on the basis of the participant's hours of Work in Covered Employment during a Calendar Year for which contributions to the Pension Fund were made. Participants will be credited with one pension credit when the number of hours worked in Covered Employment during a Calendar Year equals or exceeds 1,000 hours.

Funding

The Plan is funded by contributions from employers on behalf of participating employees at rates ranging from \$1.75 to \$5.10 for each hour worked. The Plan is also funded by income from investments. Employer contributions are intended to be at least sufficient to fund the current service costs for the participants and to amortize the unfunded actuarially accrued liability over 7 years, the remainder of a period that was 15 years. The Plan's employer contributions for the Plan years ending 2021 and 2020 exceeded the minimum funding requirements of ERISA.

Termination of the Plan

In the event of termination, the assets then remaining in the Plan after providing for any administrative expenses shall be allocated among the pensioners, beneficiaries and participants in the following order:

- 1st To provide benefits payable as pension.
- 2nd To provide all other benefits, if any, to the individual under the Plan guaranteed under Title IV of the Employee Retirement Income Security Act of 1974.
- 3rd To provide all other vested benefits under the Plan.
- 4th To provide all other benefits under the Plan.

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NOTES TO FINANCIAL STATEMENTS

Management of the Plan

The Plan is managed by a joint Board of Trustees, consisting of representatives from the Union and from the Employers' Association.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the Plan's significant accounting policies is as follows:

Basis of accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of 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 the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment valuation and revenue recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. If applicable, amounts pertaining to purchases and sales that have not settled as of the Plan's year-end are presented in the accompanying statements of net assets available for benefits under the captions "Due from brokers for securities sold" or "Due to brokers for securities sold." Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits

Benefits are recorded when paid.

Administrative expenses

All Plan expenses are paid by the plan either directly or indirectly through reduction from investments and are recorded as deductions on the accompanying statements of changes in net assets available for benefits.

Reclassifications

Certain reclassifications of prior year amounts have been made to conform to the current year presentation with no effect on previously reported change in net loss.

3. ADMINISTRATIVE AGREEMENTS

Effective April 1, 2002, the Trustees entered into an agreement with Wilson-McShane Corporation, to retain them as the administrative manager of the Plan. As administrator, Wilson-McShane's responsibilities include claims processing, record-keeping, reporting and depositing employer contributions.

The Trustees have an agreement with Bank of Labor, retaining it to act as custodian of the assets held for investment.

The Trustees also have an agreement with The Segal Company of Chicago, Illinois retaining it to act as actuary and plan consultant, and with Segal Marco Advisors retaining them as investment consultants. The Trustees have agreements with Prudential Trust Company, Baird, Invesco, Fidelity, Mellon Equities, State Street Global Advisors and American Core Realty Fund to act as investment managers.

MO-KAN TEAMSTERS PENSION FUND

NOTES TO FINANCIAL STATEMENTS

4. INVESTMENTS

The Plan's investments are held by various custodians. An independent financial advisor, within guidelines established by the trustees, makes investments decisions.

During 2021 and 2020, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$33,324,311 and \$20,324,702, respectively.

5. FAIR VALUE MEASUREMENTS

FASB ASC 820 establishes a framework for measuring fair value. That framework defines fair value as the price that would be received for an asset or paid to transfer a liability (exit price) in the fund's principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measure date.

FASB ASC 820 establishes a fair value hierarchy which requires an entity to maximize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

- Level 1: Quoted prices (unadjusted) for identical assets or liabilities in an active market that the entity has the ability to access as of the measure date.
- Level 2: Significant other observable inputs other than Level 1 such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

- Common stocks: Valued at the closing price reported on active markets on which the individual securities are traded.
- Common collective trusts: Valued at the net asset value of total assets of the closing price reported on active markets.
- Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.
- Real estate trusts: Valued at the appraised values which consider the cost approach, sales comparison approach or income approach. Valuations are determined primarily based on the income approach, although sale and lease comparable are considered in their analysis.

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The following table sets forth, within the fair value hierarchy, the Plan's investments measured at fair value on December 31, 2021 and 2020, respectively.

2021		Level 1	Level 2	Level 3	Total
Mutual funds	\$	-	\$ 123,329,303	\$ -	\$ 123,329,303
Common collective trusts		-	73,820,480	-	73,820,480
Real estate trusts		-	-	27,501,832	27,501,832
Money markets		-	5,171,873	-	5,171,873
Total	\$	-	\$ 202,321,656	\$ 27,501,832	\$ 229,823,488

2020		Level 1	Level 2	Level 3	Total
Mutual funds	\$	-	\$ 30,863,387	\$ -	\$ 30,863,387
Common collective trusts		-	147,829,719	-	147,829,719
Real estate trusts		-	-	22,819,199	22,819,199
Money markets		-	346,295	-	346,295
Total	\$	-	\$ 179,039,401	\$ 22,819,199	\$ 201,858,600

The Plan's valuations of investments in real estate trusts are considered Level 3 measurements. The following presents the changes in Level 3 fair value category for the year ended December 31, 2021 and 2020:

	2021	2020
Beginning balance, January 1	\$ 22,819,199	\$ 22,578,787
Purchases	-	-
Sales	(255,696)	(235,540)
Investment Income	895,985	884,622
Net realized and unrealized	4,042,344	(408,670)
Ending balance, December 31	\$ 27,501,832	\$ 22,819,199

Quantitative information about significant unobservable inputs used in level 3 fair value measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, as of December 31, 2022 and 2021, respectively, and the unobservable inputs and ranges of values for those inputs.

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NOTES TO FINANCIAL STATEMENTS

Instrument	12/31/2021 Fair Value	12/31/2020 Fair Value	Principal Valuation Technique	Significant Unobservable Input	Range of Significant Input Values	Weighted Average
PRISA SA	\$ 15,532,902	\$ 12,882,976				
<u>Investments in Real Estate Partnerships</u>						
Apartment			Discounted Cash Flow	Exit Capitalization Rate	4.25%-4.25%	4.25%
				Discounted Rate	5.50%-5.75%	5.71%
Industrial			Discounted Cash Flow	Exit Capitalization Rate	5.50%-6.50%	5.77%
				Discounted Rate	6.50%-7.50%	6.72%
Office			Discounted Cash Flow	Exit Capitalization Rate	4.50%-7.00%	4.81%
				Discounted Rate	6.25%-8.50%	6.29%
Retail			Discounted Cash Flow	Exit Capitalization Rate	N/A	N/A
				Discounted Rate	N/A	N/A
American Core Realty Fund	\$ 11,968,929	\$ 9,936,223				
<u>Investments in Real Estate</u>						
Office			Discounted Cash Flow	Going-in Cap Rate	-4.41%-5.83%	3.05%
				Exit Capitalization Rate	4.50%-7.00%	4.84%
				Discounted Rate	5.50%-9.00%	6.21%
Industrial			Discounted Cash Flow	Exit Capitalization Rate	-0.88%-4.31%	2.57%
				Discounted Rate	4.00%-5.25%	4.16%
				Going-in Cap Rate	5.00%-6.50%	5.75%
Retail			Discounted Cash Flow	Exit Capitalization Rate	3.00%-4.19%	4.86%
				Discounted Rate	4.00%-4.75%	5.45%
				Going-in Cap Rate	5.75%-6.00%	6.53%
Residential			Discounted Cash Flow	Exit Capitalization Rate	3.00%-4.19%	3.42%
				Discounted Rate	4.00%-4.75%	4.32%
				Going-in Cap Rate	5.75%-6.00%	5.93%
Residential development			Direct Capitalization	Cap Rate	4.00%	
<u>Investments in Unconsolidated Joint Ventures</u>						
Real Estate Property - Office			Discounted Cash Flow	Exit Capitalization Rate	-4.41%-5.83%	3.05%
				Discounted Rate	4.50%-7.00%	4.84%
				Going-in Cap rate	5.50%-9.00%	6.21%
Real Estate Property - Industrial			Discounted Cash Flow	Exit Capitalization Rate	-0.88%-4.31%	2.57%
				Discounted Rate	4.00%-5.25%	4.16%
				Going-in Cap rate	5.00%-6.50%	5.75%
Real Estate Property - Residential			Discounted Cash Flow	Exit Capitalization Rate	3.00%-4.19%	3.42%
				Discounted Rate	4.00%-4.75%	4.32%
				Going-in Cap rate	5.75%-6.00%	5.93%
Real Estate Property - Industrial development			Direct Capitalization	Cap rate	4.25%	4.25%
			Sales Approach	Sales Comp	\$93.75-\$131.36/sf	
Mortgage Loans - Residential			Cash equivalency	Loan to Value	38.40%	
				Maturity	0.4 years	
				DSCR	2.19	
				Discount Rate	4.58%	
<u>Investment in Real Estate Preferred Equity</u>						
			Cash Equivalency	Preferred Equity to Value	84.60%	
				Maturity Years	2.7 reas	
				Coverage Ratio	1.19	
<u>Investment in non-guaranteed Mortgage-backed Certificate</u>						
			Discounted Cashflow	Market Spread	6.25%-6.50%	
				Market Rate	10.50%	
<u>Interest Rate Cap</u>						
			Discounted Cashflow	Cap Strike	3.50%	
				Maturity Years	1.76	

MO-KAN TEAMSTERS PENSION FUND

NOTES TO FINANCIAL STATEMENTS

6. 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 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. Benefits under the Plan are based on employer contribution rates and years of credited service. The accumulated plan benefits for active employees are based on contribution rates and years of credit service ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant of actuarial assumptions used in the valuation as of December 31, 2020 were (a) life expectancy of participants (110% of the Pri-2012 Employee Blue Collar Amount-weighted mortality tables projected generationally with Scale-MP2020 was used), (b) retirement age assumptions (the assumed overall weighted average retirement age was 61; a schedule showing retirement rates at various ages was used, with rates progressing with age to 100% at age 65, for active employees), and (c) investment return of 6.75%. The interest rate used to discount the obligation was 6.75%.

The valuation reflects anticipated administrative expenses of \$575,000 associated with providing benefits. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits were made as of January 1, 2021. Had the valuation been performed as of December 31, there would be no material differences.

7. PLAN AMENDMENTS

During the years ended December 31, 2021 and 2020, no material plan amendments were adopted.

Participants should refer to the Plan document and its updates for a more complete description of these and other Plan provisions.

8. TAX STATUS

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and accordingly the trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter, dated August 19, 2011, from the Internal Revenue Service and the Plan sponsor believes that the Plan continues to qualify and to operate as designed.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods

MO-KAN TEAMSTERS PENSION FUND

NOTES TO FINANCIAL STATEMENTS

in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2018.

9. RISKS AND UNCERTAINTIES

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

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 employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

As a result of significant disruption in the U.S. economy due to the outbreak of the COVID-19 coronavirus in 2020, uncertainties have arisen which are likely to negatively impact future operating results. The duration and extent to which COVID-19 may impact financial performance is unknown at this time.

10. EMPLOYER WITHDRAWAL LIABILITY

For the years ended December 31, 2021 and 2020, the Plan received a total of \$1,292,795 and \$422,704, respectively, in employer withdrawal liability payments which are included in contractor contributions on the statements of changes in net assets available for benefits. Collections are recognized as revenue in the year in which they are received. Of the \$5,162,419 initial liabilities amount, \$2,746,055 remains to be collected.

Future expected collections on the unpaid balance of \$2,746,055 as of December 31, 2021 are as follows:

2022	\$ 392,704
2023	\$ 392,704
2024	\$ 392,704
2025	\$ 396,384
2026	\$ 479,848
2027	\$ 150,776
2028	\$ 148,631
2029	\$ 121,092
2030	\$ 121,092
2031	\$ 121,092
2032	\$ 29,028

11. SUBSEQUENT EVENTS

Subsequent events activity has been evaluated through October 10, 2022, the date these financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

MO-KAN TEAMSTERS PENSION FUND

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

43-6142288 PLAN 001

DECEMBER 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment shares/par value	(d) Cost	(e) Current value
Common Collective Trusts				
	PRUDENTIAL CORE CONSERV BOND FUND	1,181,969	\$ 9,254,162	\$ 10,596,668
	PRUDENTIAL HIGH YIELD FUND	164,351	9,219,304	9,953,069
	STATE STREET MSCI ACWI INDEX SL CUSTOM STRATEGY	n/a	45,501,724	49,616,619
	ULLICO INFRASTRUCTURE TAX-EXEMPT FUND, LP	17,985	3,654,124	3,654,124
	Total Common Collective Trusts		\$ 67,629,313	\$ 73,820,480
Mutual Funds				
	AFL-CIO CHEVY CHASE	2,080,601	\$ 57,918,368	\$ 92,056,197
	BAIRD CORE PLUS BOND FUND	1,939,646	23,871,236	22,635,672
	BOYD WATTERSON GSA FUND	7,041	6,302,856	8,637,434
	Total Mutual Funds		\$ 88,092,460	\$ 123,329,303
Real Estate Trusts				
	AMERICAN CORE REALTY FUND	83	\$ 8,965,077	\$ 11,968,929
	PRISA SA	183	10,234,372	15,532,902
	Total Real Estate Trusts		\$ 19,199,449	\$ 27,501,832
Interest Bearing Cash				
	BANK OF LABOR	SWEEP	\$ 2,950,000	\$ 2,950,000
	INVESTMENT CASH		2,221,873	2,221,873
	Total Interest Bearing Cash		\$ 5,171,873	\$ 5,171,873
	Total Investments Held at End of Year		\$ 180,093,097	\$ 229,823,488

MO-KAN TEAMSTERS PENSION FUND
SCHEDULES OF ADMINISTRATIVE EXPENSES

For the years ended December 31,	2021	2020
Administrative expense	\$ 194,100	\$ 188,250
Legal	133,477	132,517
Actuarial and consulting	120,118	69,142
Investment consulting fees	68,250	63,000
PBGC	58,652	57,180
Audit - payroll	35,014	15,751
Insurance	22,814	19,003
Audit	17,500	17,100
Miscellaneous	5,586	4,256
Postage and printing	4,336	3,451
International foundation	3,900	8,833
Custodial fees	744	15,519
Bank service charges	103	107
Total administrative expenses	\$ 664,594	\$ 594,109

Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

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

Age	Pension Credits									
	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	11	11	—	—	—	—	—	—	—	—
25 - 29	27	20	7	—	—	—	—	—	—	—
30 - 34	42	30	11	1	—	—	—	—	—	—
35 - 39	38	16	18	2	2	—	—	—	—	—
40 - 44	49	17	12	5	6	9	—	—	—	—
45 - 49	80	24	20	12	14	8	2	—	—	—
50 - 54	86	27	12	12	16	13	6	—	—	—
55 - 59	66	7	13	7	12	12	9	4	2	—
60 - 64	58	5	10	8	10	12	6	5	1	1
65 - 69	9	—	1	2	3	—	1	1	—	1
Total	466	157	104	49	63	54	24	10	3	2

Note: Excludes 19 participants with less than one pension credit.

Statement of Actuarial Assumptions/Methods

(Schedule MB, Line 6)

Mortality Rates

Non-retired participants: 110% of the Pri-2012 Employee Blue Collar Amount-weighted mortality tables projected generationally with Scale-MP2020

Beneficiaries and non-disabled pensioners: 110% of the Pri-2012 Healthy Retiree Blue Collar Amount-weighted mortality tables projected generationally with Scale-MP2020

Disabled pensioners: 110% of the Pri-2012 Disabled Retiree Amount-weighted mortality tables projected generationally with Scale-MP2020

The underlying mortality tables (including the 10% load) 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. The mortality tables were then adjusted to future years using generational projections using Scale MP-202020 to anticipate future mortality improvement.

The mortality rates were based on historical and current demographic data, and estimated future experience and professional judgment. 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 five years.

Annuitant Mortality Rates

Age	Rate (%) ¹			
	Healthy		Disabled	
	Male	Female	Male	Female
55	0.69	0.54	2.33	1.64
60	1.06	0.83	2.68	2.00
65	1.44	1.17	3.24	2.31
70	2.17	1.66	4.17	2.87
75	3.42	2.66	5.95	4.11
80	5.90	4.55	9.20	6.44
85	10.25	8.01	14.36	10.55
90	17.52	14.05	21.74	17.36

¹ Mortality rates shown for current year

Termination Rates

Age	Rate (%)			
	Mortality ¹		Disability ²	Withdrawal ³
	Male	Female		
20	0.08	0.03	0.06	14.29
25	0.09	0.04	0.09	13.90
30	0.10	0.04	0.11	13.00
35	0.12	0.06	0.15	11.30
40	0.13	0.08	0.22	9.27
45	0.14	0.10	0.36	7.16
50	0.19	0.14	0.61	4.61
55	0.30	0.22	1.01	1.69
60	0.50	0.35	1.63	0.16

¹ Mortality rates shown for current year

² All disabilities are assumed to be total and permanent

³ Withdrawal rates double for participants with less than 5 years of vesting service and cut out at early retirement age

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

Retirement Rates

Age	Annual Retirement Rates ¹
50 – 56	1%
57 – 58	7%
59	10%
60 – 61	15%
62	30%
63 – 64	10%
65	100%

¹40% if eligible for those that have at least:

- Age 60 and 30 or more pension credits at date of retirement; or
- Age 55 and 35 or more pension credits at date of retirement; or
- Age 45 and 20 or more pension credits as of January 1, 2018 and age 55 and 30 pension credits at date of retirement

The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience, plan changes effective January 1, 2018 and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the most recent five years.

Description of Weighted Average Retirement Age

Age 61, 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 Age for Inactive Vested Participants

- Age 55 for participants with at least 30 pension credits; or
- Age 60 for participants with 20 to 29 pension credits; or
- Age 63 for other participants eligible for early retirement; or
- Normal retirement age for other participants.

The retirement age for inactive vested participants was 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 average retirement age and the prior years' assumption over the most recent five years

Future Benefit Accruals	1,800 hours (one pension credit) per year per active employee with an extra 3% for participants with contribution rate equal or more than \$2.75 per hour. The future benefit accruals were based on historical and current data, adjusted to reflect estimated future experience, plan changes effective January 1, 2016 and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent five years.
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants	Active participants are defined as those with at least 500 hours in the most recent plan year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.
Exclusion of Inactive Vested Participants	Inactive participants over age 70 are assumed deceased and will not apply for benefit The exclusion of inactive vested participants over age 70 was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.
Percent Married	80%
Age of Spouse	Spouses are assumed to be 4 years younger than male participants and 4 years older than female participants. If not specified, spouses are assumed to be the opposite gender of the participants.
Benefit Election	Married participants are assumed to elect the 50% joint-and-survivor form of payment and non-married participants are assumed to elect the life only form of payment. The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment.
Delayed Retirement Factors	Active participants assumed to work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases. Assumed delayed retirement increases were based on historical and current demographic data, adjusted to reflect the plan design and estimated future experience and professional judgment.
Net Investment Return	6.75%, net of investment expense 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	\$575,000 for the year beginning January 1, 2021 (equivalent to \$555,109 payable at the beginning of the year) 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 prior years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized 20% per year over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value
Actuarial Cost Method	Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment or, if date is unknown, current age minus pension credits. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service with Normal Cost determined as if the current benefit accrual rate had always been in effect.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit L.
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
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. 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.

Section 3: Certificate of Actuarial Valuation

September 24, 2021

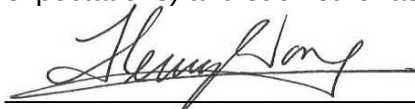
Certificate of Actuarial Valuation

This is to certify that Segal has prepared an actuarial valuation of the Mo-Kan Teamsters Pension Plan as of January 1, 2021 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing requirements of federal government agencies. This valuation report may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

The measurements shown in this actuarial valuation may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); and changes in plan provisions or applicable law.

The valuation is based on the assumption that the Plan is qualified as a multiemployer plan for the year and on information supplied by the auditor with respect to contributions and assets and reliance on the Plan Administrator with respect to the participant data. Segal does not audit the data provided. The accuracy and comprehensiveness of the data is the responsibility of those supplying the data. To the extent we can, however, Segal does review the data for reasonableness and consistency. Based on our review of the data, we have no reason to doubt the substantial accuracy of the information on which we have based this report and we have no reason to believe there are facts or circumstances that would affect the validity of these results.

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied in this actuarial valuation is complete and accurate. Each prescribed assumption for the determination of Current Liability 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.



Henry Wong, ASA, MAAA, FCA
Vice President & Consulting Actuary
Enrolled Actuary No. 14-05951

**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, previously 7.0%

Mortality for non-retired participants, previously 115% of the RP-2014 Blue Collar Employee mortality tables projected generationally with the Social Security Administration's Intermediate Cost Projections Mortality Improvement Scale for 2014 (Scale SSA-2014)

Mortality for beneficiaries and non-disabled pensioners, previously 115% of the RP-2014 Blue Collar Healthy Annuitant mortality tables projected generationally with the Scale SSA-2014

Mortality for disabled pensioners, previously RP-2014 Disabled Retiree mortality tables projected generationally with the Scale SSA-2014

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	Ongoing plan										
Normal Pension	• <i>Age Requirement:</i> 65 • <i>Service Requirement:</i> 5 pension credits or five years of plan participation • <i>Amount:</i> ➤ For service prior to January 1, 1989, the accrued benefit is equal to the number of pension credits time the appropriate accrual rate as follows:										
	Final Hourly Contribution Rate										
	\$2.75 or more	\$2.50	\$2.25	\$2.00	\$1.75	\$1.50	\$1.25	\$1.00	\$0.75	\$0.50	\$0.25
	\$70.50	\$67.00	\$63.50	\$60.00	\$52.50	\$45.00	\$37.50	\$30.00	\$22.50	\$15.00	\$7.50
	➤ For service from January 1, 1989 through December 31, 1998, the accrued benefit is equal to the number of pension credits time the appropriate accrual rate as follows:										
	Final Hourly Contribution Rate										
	\$2.75 or more	\$2.50	\$2.25	\$2.00	\$1.75	\$1.50	\$1.25	\$1.00	\$0.75	\$0.50	\$0.25
	\$79.75	\$75.75	\$71.75	\$68.00	\$59.50	\$51.00	\$42.50	\$34.00	\$25.50	\$17.00	\$8.50

**Normal Pension
(continued)**

- For service from January 1, 1999 through December 31, 2015 the accrued benefit is based on total contribution hours paid per plan year as follows:

Contribution Hours Paid in a Plan Year	Final Hourly Contribution Rate										
	\$2.75 or more	\$2.50	\$2.25	\$2.00	\$1.75	\$1.50	\$1.25	\$1.00	\$0.75	\$0.50	\$0.25
0 - 499	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
500 - 599	35.25	34.05	32.80	31.55	26.35	22.60	18.80	15.10	11.30	7.60	3.80
600 - 699	42.30	40.85	39.35	37.85	31.65	27.10	22.55	18.10	13.55	9.10	4.55
700 - 799	49.35	47.65	45.90	44.20	36.90	31.60	26.30	21.10	15.80	10.65	5.30
800 - 899	56.40	54.45	52.45	50.50	42.15	36.10	30.05	24.15	18.05	12.15	6.10
900 - 999	63.45	61.25	59.00	56.80	47.45	40.60	33.80	27.15	20.30	13.65	6.85
1,000 - 1,099	70.50	68.05	65.60	63.10	52.70	45.15	37.55	30.15	22.60	15.15	7.60
1,100 - 1,199	73.78	71.21	68.64	66.03	55.15	47.24	39.29	31.55	23.64	15.86	7.95
1,200 - 1,299	77.06	74.37	71.69	68.97	57.60	49.34	41.04	32.95	24.69	16.56	8.30
1,300 - 1,399	80.33	77.53	74.73	71.90	60.05	51.43	42.78	34.35	25.73	17.27	8.65
1,400 - 1,499	83.61	80.69	77.78	74.83	62.50	53.53	44.53	35.75	26.78	17.97	9.00
1,500 - 1,599	86.89	83.86	80.82	77.77	64.95	55.62	46.27	37.15	27.82	18.68	9.35
1,600 - 1,699	90.17	87.02	83.87	80.70	67.40	57.72	48.02	38.55	28.87	19.38	9.70
1,700 - 1,799	93.44	90.18	86.91	83.63	69.85	59.81	49.76	39.95	29.91	20.09	10.05
1,800 - 1,899	96.72	93.34	89.96	86.57	72.30	61.91	51.51	41.35	30.96	20.79	10.40
1,900 or more	100.00	96.50	93.00	89.50	74.75	64.00	53.25	42.75	32.00	21.50	10.75

Normal Pension (continued)	➤ For service on January 1, 2016 and later, the accrued benefit is based on total contribution hours paid per plan year as follows:											
	Contribution Hours Paid in a Plan Year	Final Hourly Contribution Rate										
		\$2.75 or more	\$2.50	\$2.25	\$2.00	\$1.75	\$1.50	\$1.25	\$1.00	\$0.75	\$0.50	\$0.25
	1,899 or less	Same as those for service from January 1, 1999 through December 31, 2015										
	1,900 to 1,999	100.00	96.50	93.00	89.50	74.75	64.00	53.25	42.75	32.00	21.50	10.75
	2,000 to 2,099	103.00	96.50	93.00	89.50	74.75	64.00	53.25	42.75	32.00	21.50	10.75
	2,100 to 2,199	106.00	96.50	93.00	89.50	74.75	64.00	53.25	42.75	32.00	21.50	10.75
	2,200 to 2,299	109.00	96.50	93.00	89.50	74.75	64.00	53.25	42.75	32.00	21.50	10.75
	2,300 to 2,399	112.00	96.50	93.00	89.50	74.75	64.00	53.25	42.75	32.00	21.50	10.75
	2,400 to 2,499	115.00	96.50	93.00	89.50	74.75	64.00	53.25	42.75	32.00	21.50	10.75
	2,500 or more	118.00	96.50	93.00	89.50	74.75	64.00	53.25	42.75	32.00	21.50	10.75
Early Retirement	• <i>Age and Service Requirements:</i> ➤ Age 55 with 5 years of vesting service and at least one pension credit in two consecutive years beginning on or after January 1, 1999, or ➤ age 50 with 20 pension credits and at least 7,000 hours of contributions, or ➤ age 55 with 15 pension credits and at least 7,000 hours of contributions, or ➤ age 55 with 35 pension credits or more, or ➤ age 60 with 30 pension credits or more. • <i>Amount:</i> Normal Pension accrued reduced by 3.5% for each year of ages between 57 and 65 and 4.5% for each year of age less than 57. Unreduced if the participant has earned at least one pension credit in two consecutive years on or after January 1, 1999, and reached: ➤ age 55 with 30 pension credits for benefits accrued prior to January 1, 2018, and ➤ either age 55 with 35 pension credits or age 60 with 30 pension credits for benefits accrued on and after January 1, 2018.											
Disability Pension	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 10 pension credits and at least 500 hours in one of the two consecutive calendar years prior to disability. • <i>Amount:</i> Early Pension, with no further reduction below age 50. Minimum pension is \$100 per month.											

Deferred Pension	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of vesting service or 10 pension credits earned during the contribution period. • <i>Amount:</i> Normal or Early Pension accrued based on plan in effect when last active. • <i>Normal Retirement Age:</i> 65
Spouse's Pre-Retirement Death Benefit	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 10 pension credits or 5 years of vesting service. • <i>Amount:</i> 50% of the amount the deceased participant would have received had the participant retired at date of death rather than died, elected the 50% joint and survivor form of payment and commenced payment on the earliest early retirement age, or immediately, if later. Reductions are made to the accrued benefit for early commencement (if applicable) and form of payment. • <i>Charge for Coverage:</i> None
60-Payment Certain (payable to surviving spouse in lieu of Spouse's Pre-Retirement Death Benefit)	• <i>Age Requirement:</i> 50 • <i>Service Requirement:</i> 20 pension credits • <i>Amount:</i> Higher amount of monthly benefit payable in unlevel income option to which employee would have been entitled had he or she retired the day before he or she died.
Pre-Retirement Lump-sum Death Benefit (if not eligible for 60-Payment Certain and Spouse's Pre-Retirement Death Benefit)	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 10 pension credits, including ½ of a pension credit in the year of death or preceding year. • <i>Amount:</i> \$100 per pension credit to a maximum of \$2,000.

Normal Forms of Benefit	<i>Married:</i> Pension benefits are paid in the form of 50% joint-and-survivor annuity unless this form is rejected by the employee and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, and the spouse predeceases the participant, and the participant retired January 1, 2001 or later, the participant's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected (pop-up). If rejected, benefits are payable for the life of the participant (with 60 payments guaranteed without reduction while the participant, the spouse, or a dependent child is alive, if the participant has at least 20 pension credits). <i>Not Married:</i> Pension benefits are payable for the life of the pensioner only.
Optional Forms of Benefits	The following optional forms of payment are available: • 75% joint and survivor annuity with pop-up feature, available to married participants only. • Unlevel Income Option (higher benefit is payable for first five years and lower benefit thereafter), available only to those who retire before age 65.
Participation	January 1 or July 1 following completion of 500 hours during a 12-consecutive month period.
Pension Credit	500 hours of work in a Plan year earns $\frac{1}{2}$ pension credit; each additional 100 hours earns $\frac{1}{10}$ pension credit with a maximum of 1 pension credit for 1,000 hours of work.
Hours Bank	• Hours of employment in excess of 1,000 during a year are accumulated and used to increase pension credits earned in a year when a participant worked at least 500 hours but fewer than 1,000 hours. • The maximum number of hours which may be accumulated in the bank is 3,000.
Vesting Credit	500 hours of work in a Plan year equals 1 year of vesting service.
Contribution Rate	Varies from \$2.25 to \$5.10 during the year, with an average rate of \$4.96 for 2021.

2021 Schedule MB, Line 3 - Withdrawal Liability Amounts
Mo-Kan Teamsters Pension Fund

EIN 43-6142288 / PN 001

Date of Payment	Amount of Payment	
01/07/2021	\$	30,273.00
01/09/2021	\$	50,000.00
02/01/2021	\$	7,421.00
02/28/2021	\$	86,777.17
03/25/2021	\$	12,500.00
04/08/2021	\$	30,273.00
04/23/2021	\$	7,421.00
04/23/2021	\$	86,481.00
07/04/2021	\$	86,481.00
07/07/2021	\$	7,421.00
08/04/2021	\$	12,500.00
08/04/2021	\$	30,273.00
09/27/2021	\$	12,500.00
10/03/2021	\$	794,780.00
10/06/2021	\$	7,421.00
10/07/2021	\$	30,273.00
Total	\$	1,292,795.17

2021 Schedule MB, Line 3 - Withdrawal Liability Amounts
Mo-Kan Teamsters Pension Fund

EIN 43-6142288 / PN 001

Date of Payment	Amount of Payment
-----------------	-------------------

Schedule of Projection of Expected Benefit Payments

(Schedule MB, Line 8b(1))

Plan Year	Expected Annual Benefit Payments
2021	\$13,088,748
2022	13,219,363
2023	13,361,886
2024	13,457,813
2025	13,437,441
2026	13,436,620
2027	13,412,504
2028	13,308,313
2029	13,119,250
2030	12,976,882

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.

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/1993	\$814,434	2	\$420,512
Change in Assumptions	01/01/1995	690,506	4	189,890
Plan Amendment	01/01/1998	144,593	7	24,915
Plan Amendment	01/01/1999	3,343,939	8	519,521
Plan Amendment	01/01/2000	1,185,368	9	168,626
Plan Amendment	01/01/2001	4,121,808	10	543,409
Plan Amendment	01/01/2002	386,003	11	47,623
Plan Amendment	01/01/2003	737,423	12	85,817
Plan Amendment	01/01/2004	186,327	13	20,590
Plan Amendment	01/01/2005	55,253	14	5,830
Plan Amendment	01/01/2006	2,490	15	252
Experience Loss	01/01/2007	157,930	1	157,930
Plan Amendment	01/01/2007	186,587	16	18,197
Change in Assumptions	01/01/2007	1,086,353	16	105,950
Plan Amendment	01/01/2008	51,726	2	26,707
Plan Amendment	01/01/2009	499	3	177
Experience Loss	01/01/2009	76,191	3	27,073
Base due to December 31, 2008 Investment Loss	01/01/2009	11,823,249	17	1,114,860
Plan Amendment	01/01/2010	179,017	4	49,230
Experience Loss	01/01/2010	2,422,581	4	666,212
Plan Amendment	01/01/2011	46,261	5	10,499
Base due to December 31, 2008 Investment Loss	01/01/2011	7,997,995	17	754,162
Plan Amendment	01/01/2012	5,109	6	996
Change in Assumptions	01/01/2012	763,645	6	148,923

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Base due to December 31, 2008 Investment Loss	01/01/2012	3,001,453	17	283,019
Base due to December 31, 2008 Investment Loss	01/01/2013	5,897,562	17	556,104
Change in Assumptions	01/01/2015	5,031,603	9	715,775
Plan Amendment	01/01/2016	307,911	10	40,594
Experience Loss	01/01/2016	741,870	10	97,806
Experience Loss	01/01/2017	1,090,449	11	134,532
Change in Assumptions	01/01/2017	1,341,846	11	165,548
Experience Loss	01/01/2019	692,526	13	76,526
Change in Assumptions	01/01/2021	789,925	15	79,967
Total		\$55,360,432		\$7,257,772

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Assumptions	01/01/2006	\$36,782	15	\$3,724
Experience Gain	01/01/2008	365,315	2	188,621
Change in Asset Method	01/01/2009	8,848,429	18	809,216
Base due to December 31, 2008 Investment Loss	01/01/2010	3,729,327	17	351,653
Experience Gain	01/01/2011	5,756,361	5	1,306,359
Experience Gain	01/01/2012	1,926,816	6	375,760
Experience Gain	01/01/2013	3,824,009	7	658,909
Change in Assumptions	01/01/2014	265,647	8	41,271
Experience Gain	01/01/2014	687,747	8	106,850
Experience Gain	01/01/2015	902,173	9	128,339
Experience Gain	01/01/2018	208,297	12	24,240
Plan Amendment	01/01/2018	536,942	12	62,486
Experience Gain	01/01/2020	730,208	14	77,047
Experience Gain	01/01/2021	7,446,187	15	753,807
Total		\$35,264,240		\$4,888,282

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
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► **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 MO-KAN TEAMSTERS PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MO-KAN TEAMSTERS PENSION FUND	D Employer Identification Number (EIN) 43-6142288	

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)	203,150,596
(2) Actuarial value of assets for funding standard account	1b(2)	188,646,988
c (1) Accrued liability for plan using immediate gain methods	1c(1)	178,342,806
(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)	169,095,344
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)	302,779,834
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	5,665,390
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	13,116,329
(3) Expected plan disbursements for the plan year.....	1d(3)	13,691,329

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	William Gitterman <i>WJG</i> Signature of actuary	10/06/2022 Date
------------------	--	------------------------

WILLIAM GITTERMAN, FSA, MAAA, EA Type or print name of actuary	2008743 Most recent enrollment number
---	--

SEGAL Firm name	312-617-2790 Telephone number (including area code)
------------------------	--

101 NORTH WACKER DRIVE, SUITE 500 CHICAGO IL 60606-1724 Address of the firm	
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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	203,150,596
----	-------------

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

(1) For retired participants and beneficiaries receiving payment.....

996	161,694,715
-----	-------------

(2) For terminated vested participants

430	59,210,247
-----	------------

(3) For active participants:

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

6,275,866

(b) Vested benefits.....

75,599,006

(c) Total active.....

81, 874, 872

(4) Total

1,892	302,779,834
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C If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage

2c	67.09%
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(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
07/01/2021	5,506,430				
			Totals ►	3(b)	5,506,430 3(c)

(d) Total withdrawal liability amounts included in line 3(b) total

3(d)	1,292,795
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a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))

4a	111.6 %
----	---------

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
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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	
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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)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	6.75 %
e Expense loading	6e	42.3 % ☐ 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	10.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.2 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	- 7,446,187	- 753,807
4	789,925	79,967

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	1,867,237

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)	55,360,432	7,257,772
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended	9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c	9d	615,938
e Total charges. Add lines 9a through 9d	9e	9,740,947

Credits to funding standard account:

f Prior year credit balance, if any	9f	30,400,374
g Employer contributions. Total from column (b) of line 3	9g	5,506,430

		Outstanding balance	
h Amortization credits as of valuation date	9h	35,264,240	4,888,282
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		2,567,826

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	23,445,960	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	85,194,137	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	43,362,912
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	33,621,965
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)	
(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	
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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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FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 1 contribution date.
Change in Actuary	Currently, William Gitterman, FSA, MAAA, EA of Segal is engaged by the plan sponsor as the Enrolled Actuary for the plan. Formerly, Henry Wong, ASA, MAAA, FCA, EA of the same firm held that position. The change was made to due to the retirement of the prior actuary.

MO-KAN TEAMSTERS PENSION FUND

Schedule R Questionnaire Plan Year Ending December 31, 2021

Part II: Withdrawn employer information

- A. Employers who withdrew from plan during plan year ending December 31, 2021:
 - a. 0
 - b. Amount of withdrawal liability assessment: N/A

- B. Employers who withdrew from plan during plan year ending December 31, 2020:
 - a. 1 (Central Concrete: also includes Jefferson Asphalt and Mo-Con, Inc. due to all being part of one control group)
 - Central Concrete – 34
 - Jefferson Asphalt – 9
 - Mo-Con, Inc - 6
 - b. Amount of withdrawal liability assessment: \$1,244,208.

- C. Employers who withdrew from plan during plan year ending December 31, 2019:
 - a. 4 (Clymore Trucking, Midwest Contracting d/b/a R & B Trucking, Midwest Acoustics, Freeman Concrete)
 - Clymore Trucking – 12
 - Midwest Contracting – 25
 - Midwest Acoustics – 3
 - Freeman Concrete - 0
 - b. Amount of withdrawal liability assessment: \$2,646,632.

Plans are now required to provide more detailed information on the plan's Form 5500 regarding inactive participants of withdrawn employers. There are three methods of reporting this required information concerning withdrawn employers:

- 1) The last contributing employer method: list the number of inactive participants (defined as deferred vested and retired participants) whose last contributing employer had withdrawn from the plan. If a former employee of an employer listed in Part II lines (A), (B) or (C) has received contributions from another employer since working for the withdrawn employer, such employee should not be listed here; or

- 2) The alternative method: list the number of inactive participants (defined as deferred vested and retired participants) whose last contributing employer and all prior contributing employers had withdrawn from the plan; or
- 3) The reasonable approximation method: if a plan is unable to use either of the above-described methods for counting inactive participants of withdrawn employers, a plan must make a “reasonable, good faith effort” to count inactive participants of withdrawn employers. The explanation must include a description of the data used and a breakdown of “clearly identified inactive participants and the number of estimated inactive participants.”

Please provide the following information on inactive participants who were employed by withdrawn employers:

- 1) Number of inactive participants of employer(s) described in Part (II)(A):
 1. Methodology used:
 - a. ☒ Last Contributing employer
 - b. ☐ Alternative method
 - c. ☐ Reasonable approximation (if used please provide backup documentation described above)
- 2) Number of inactive participants of employer(s) described in Part (II)(B):
 1. Methodology used:
 - a. ☒ Last Contributing employer
 - b. ☐ Alternative method
 - c. ☐ Reasonable approximation (if used please provide backup documentation described above)
- 3) Number of inactive participants of employer(s) described in Part (II)(C):
 1. Methodology used:
 - a. ☒ Last Contributing employer
 - b. ☐ Alternative method
 - c. ☐ Reasonable approximation (if used please provide backup documentation described above)

MO-KAN TEAMSTERS PENSION FUND

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

43-6142288 PLAN 001

DECEMBER 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment shares/par value	(d) Cost	(e) Current value
Common Collective Trusts				
	PRUDENTIAL CORE CONSERV BOND FUND	1,181,969	\$ 9,254,162	\$ 10,596,668
	PRUDENTIAL HIGH YIELD FUND	164,351	9,219,304	9,953,069
	STATE STREET MSCI ACWI INDEX SL CUSTOM STRATEGY	n/a	45,501,724	49,616,619
	ULLICO INFRASTRUCTURE TAX-EXEMPT FUND, LP	17,985	3,654,124	3,654,124
	Total Common Collective Trusts		\$ 67,629,313	\$ 73,820,480
Mutual Funds				
	AFL-CIO CHEVY CHASE	2,080,601	\$ 57,918,368	\$ 92,056,197
	BAIRD CORE PLUS BOND FUND	1,939,646	23,871,236	22,635,672
	BOYD WATTERSON GSA FUND	7,041	6,302,856	8,637,434
	Total Mutual Funds		\$ 88,092,460	\$ 123,329,303
Real Estate Trusts				
	AMERICAN CORE REALTY FUND	83	\$ 8,965,077	\$ 11,968,929
	PRISA SA	183	10,234,372	15,532,902
	Total Real Estate Trusts		\$ 19,199,449	\$ 27,501,832
Interest Bearing Cash				
	BANK OF LABOR	SWEEP	\$ 2,950,000	\$ 2,950,000
	INVESTMENT CASH		2,221,873	2,221,873
	Total Interest Bearing Cash		\$ 5,171,873	\$ 5,171,873
	Total Investments Held at End of Year		\$ 180,093,097	\$ 229,823,488



MO-KAN TEAMSTERS TRUST FUNDS

PO BOX 909500 • KANSAS CITY, MISSOURI 64190-9500
816.756.3313 • FAX 816.756.3659 • TOLL FREE 1.866.756.3313



Notice to Terminated Enrolled Actuary

I, as Plan Administrator, verify that the explanation that is reproduced below or attached to this notice is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2020 Form 5500, Annual Return/Report of Employee Benefit Plan, for the Mo-Kan Teamsters Pension Plan (the "Plan"). This Form 5500 is identified in line 2b by the nine-digit EIN 43-6142288 and in line 1b by the three-digit PN 001.

Explanation

Currently, William Gitterman, FSA, MAAA, EA of Segal is engaged by the plan sponsor as the Enrolled Actuary for the Plan. Formerly, Henry Wong, ASA, MAAA, FCA, EA of the same firm held that position. The change was made due to the retirement of the prior actuary.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the Name, EIN, and PN of the Plan and be submitted to:

Office of Enforcement
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

Signed: Julie Foster
Benefit Administrator on Behalf of the
Board of Trustees

Dated: 10/13/2022

K8946 MO-KAN Teamsters Pension Fund
43-6142288

10/14/2022 1:05 PM

Federal Statements

FYE: 12/31/2021

MO-KAN Teamsters Pension Fund Plan: 001

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	SCHEDULE ATTACHED		\$	\$