

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
---	---	---

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

Part II Basic Plan Information—enter all requested information											
1a Name of plan <u>TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/1976</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>51-0149915</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>440-243-0663</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>339900</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/01/1976</u>		2b Employer Identification Number (EIN) <u>51-0149915</u>		2c Plan Sponsor's telephone number <u>440-243-0663</u>		2d Business code (see instructions) <u>339900</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>08/01/1976</u>											
2b Employer Identification Number (EIN) <u>51-0149915</u>											
2c Plan Sponsor's telephone number <u>440-243-0663</u>											
2d Business code (see instructions) <u>339900</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES OF TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN</u> <u>6511 EASTLAND ROAD, SUITE 140</u> <u>BROOK PARK, OH 44142</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.	10/15/2022	FRANK GRACE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	548
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)	73
a(2) Total number of active participants at the end of the plan year		6a(2)	69
b Retired or separated participants receiving benefits.....		6b	282
c Other retired or separated participants entitled to future benefits		6c	114
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	465
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	64
f Total. Add lines 6d and 6e		6f	529
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	3
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A			
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>0</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 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
---	---	--

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 TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN	D Employer Identification Number (EIN) 51-0149915

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) 20241418
(2) Actuarial value of assets for funding standard account	1b(2) 18875687
c (1) Accrued liability for plan using immediate gain methods	1c(1) 21744997
(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) 21744997
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) 36626219
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 508526
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 1972951
(3) Expected plan disbursements for the plan year.....	1d(3) 1886768

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	09/27/2022
Signature of actuary PAUL D. DUNLAP	Date 17-07966
Type or print name of actuary HORIZON ACTUARIAL SERVICES LLC	Most recent enrollment number 240-247-4600
Firm name 8601 GEORGIA AVENUE, STE. 700, SILVER SPRINGS, MD 20910	Telephone number (including area code)
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 ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	20241418
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	348	18887467
(2) For terminated vested participants	127	7415203
(3) For active participants:		
(a) Non-vested benefits.....		74101
(b) Vested benefits.....		10249448
(c) Total active	73	10323549
(4) Total	548	36626219
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	55.26 %

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
	183697				
			Totals ▶	3(b)	183697
				3(c)	0
				3(d)	

(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	86.8 %
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	D
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	2040

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)	A	A	
d Valuation liability interest rate	6d	6.75 %	6.75 %	
e Expense loading	6e	113.6 %	☐ 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	9.6 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.2 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1135793	-114981

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	319648
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)	6589985
(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	94870
e Total charges. Add lines 9a through 9d.....	9e	1500346

Credits to funding standard account:

f	Prior year credit balance, if any.....	9f	536961
g	Employer contributions. Total from column (b) of line 3.....	9g	183697
		Outstanding balance	
h	Amortization credits as of valuation date.....	9h	3183714
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	66486
j	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL).....	9j(1)	3977419
(2)	"RPA '94" override (90% current liability FFL)	9j(2)	14322080
(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	1143310
m	Credit balance: If line 9l is greater than line 9e, enter the difference	9m	
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	357036
9o	Current year's accumulated reconciliation account:		
(1)	Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	0
(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a)	Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b)	Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3)	Total as of valuation date	9o(3)	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	357036
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN	D Employer Identification Number (EIN) 51-0149915	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

HORIZON ACTUARIAL SERVICES

26-1370698

(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	NONE	75619	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VICKI HANRAHAN

51-0149915

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	40524	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDCO CONSULTING

59-3676225

(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	NONE	29000	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)

KEYBANK NATIONAL ASSOCIATION

34-0767057

(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?
13 19 59 62 99	NONE	15502	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

FAULKNER HOFFMAN & PHILLIPS

45-1540483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	12087	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARROW HANLEY NEWHINNEY & STRAUSS

75-2403190

(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	NONE	11356	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)

J. SCHAEFER & COMPANY LLC

82-3706925

(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	NONE	9775	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.
---	--	--

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

A Name of plan <u>TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>51-0149915</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CORE REALTY FUND

b Name of sponsor of entity listed in (a): AMERICAN REALTY ADVISORS

c EIN-PN <u>33-0123114-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2407458</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):

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN	D Employer Identification Number (EIN) 51-0149915	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	46058	68977
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	17965	12579
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	214988	206158
(2) U.S. Government securities	1c(2)	1635644	2565769
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2818944	2391953
(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)	1998600	2407458
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13509219	13965144
(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	20241418 21618038
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	20241418 21618038

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
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	183697
	(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)	183697
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	402
	(B) U.S. Government securities	2b(1)(B)	29544
	(C) Corporate debt instruments	2b(1)(C)	57184
	(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)	87130
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	354312
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	354312
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	8859002
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	8903469
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-44467
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-55811
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-55811

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		349477
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2240612
c Other income.....	2c		59883
d Total income. Add all income amounts in column (b) and enter total.....	2d		3174833
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1571524	
(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)		1571524
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)	102281	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	55858	
(4) Other.....	2i(4)	68550	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		226689
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1798213
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1376620
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: J. SCHAEFER & COMPANY LLC

(2) EIN: 82-3706925

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
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 444706 _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	---	--

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

A Name of plan <u>TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>51-0149915</u>

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	<u>0</u>
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): <u>34-1974250</u>		
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	<u>0</u>

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **FERROTHERM CORPORATION**

b EIN **34-1470026**

c Dollar amount contributed by employer **121375**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2022**

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

(1) Contribution rate (in dollars and cents) **1.03**

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

a Name of contributing employer **SUPPLY ONE**

b EIN **34-0966857**

c Dollar amount contributed by employer **61620**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2023**

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) **221.87**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

460

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

475

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

494

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

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

15a

0.97

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

15b

0.93

- 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

0

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**TEAMSTERS UNION LOCAL NO. 73
PENSION PLAN**

**FINANCIAL REPORT
(MODIFIED CASH BASIS)**

DECEMBER 31, 2021 and 2020



J. SCHAEFER & COMPANY, LLC

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

CONTENTS

	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT	1-2
FINANCIAL STATEMENTS	
Statements of net assets available for benefits (modified cash basis)	3
Statements of changes in net assets available for benefits (modified cash basis)	4
Notes to financial statements	5-11
SUPPLEMENTAL SCHEDULES	
Schedule of assets (held at end of year) as of December 31, 2021	
Schedule of reportable transactions for the year ended December 31, 2021	



J. SCHAEFER & COMPANY, LLC

Independent Auditor's Report

To the Board of Trustees of
Teamsters Local Union No. 73
Pension Plan
Brook Park, Ohio

Opinion

We have audited the accompanying financial statements of Teamsters Local Union No. 73 Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits (modified cash basis) for the years 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 (modified cash basis) of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with the modified cash basis of accounting described in Note 2.

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 the 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.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting, 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 the 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 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 the 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 the 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 schedules of assets (held at end of year) as of December 31, 2021 and reportable transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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 schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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



Cleveland, Ohio
September 28, 2022

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
<u>ASSETS</u>		
INVESTMENTS - AT FAIR VALUE		
Money market funds	\$ 206,158	\$ 214,988
U.S. Government securities	2,565,769	1,635,644
Corporate obligations	2,391,953	2,818,944
Common/collective trust	2,407,458	1,998,600
Mutual funds	<u>13,965,144</u>	<u>13,509,219</u>
	21,536,482	20,177,395
RECEIVABLES		
Accrued interest and dividends	12,579	17,965
FIXED ASSETS		
Office furniture and equipment	33,086	33,086
Less: accumulated depreciation	<u>(33,086)</u>	<u>(33,086)</u>
	-	-
CASH	<u>68,977</u>	<u>46,058</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 21,618,038</u>	<u>\$ 20,241,418</u>

The accompanying notes are an integral part of these financial statements.

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 2,489,811	\$ 1,744,608
Interest and dividends	<u>501,325</u>	<u>418,142</u>
	2,991,136	2,162,750
Less investment expenses	<u>(55,858)</u>	<u>(54,719)</u>
	2,935,278	2,108,031
Employer contributions	<u>183,697</u>	<u>186,600</u>
Total additions	3,118,975	2,294,631
DEDUCTIONS		
Pension benefits paid directly to participants	1,571,524	1,536,117
Administrative expenses:		
Actuarial fees	75,619	68,594
Administration	53,190	66,436
PBGC premiums	17,007	17,490
Audit and accounting fees	14,575	14,400
Legal fees	12,087	12,911
Office supplies and expense	11,267	10,061
Fiduciary insurance and bonding	10,941	10,250
Rent	5,609	5,019
Less: administrative reimbursement	<u>(29,464)</u>	<u>(36,267)</u>
	<u>170,831</u>	<u>168,894</u>
Total deductions	<u>1,742,355</u>	<u>1,705,011</u>
NET INCREASE	1,376,620	589,620
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>20,241,418</u>	<u>19,651,798</u>
END OF YEAR	<u>\$21,618,038</u>	<u>\$20,241,418</u>

The accompanying notes are an integral part of these financial statements.

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following brief description of Teamsters Union Local No. 73 Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a multiemployer, noncontributory defined benefit plan which provides pension benefits for eligible members of Teamsters Union Local No. 473 (the "Union") employed by employers requiring contributions to the Plan pursuant to collective bargaining agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Plan Administration

The Plan is administered by a Board of Trustees (the "Trustees") selected by the Union and participating employers. The Trustees have full authority to control and manage the operation and administration of the Plan.

Benefits and Vesting

Benefit payments under the Plan are calculated based upon age, years of credited service and a monthly normal retirement benefit, as defined in the Plan Document. A participant is vested with normal retirement benefits after completion of 5 years of credited service. The calculation of the benefit amounts is described in the Plan Document. Pre-retirement death benefits reflect statutorily required pre-retirement survivor annuities and vary depending upon age and service. The disability pension benefit was eliminated in accordance with the rehabilitation plan. This elimination did not impact participants receiving the benefit as of the effective date.

Termination

The Trustees anticipate that the Plan will continue without interruption; however, the Trustees reserve the right to terminate the Plan subject to the requirements set forth in ERISA and the Trust Agreement. In the event of termination of the Plan, the Plan provides that all of its assets shall be allocated among the participants and beneficiaries in accordance with the terms of the Plan Document and ERISA. To the extent unfunded vested benefits exist, ERISA provides that such benefits are payable to participants by the Pension Benefit Guaranty Corporation up to specified limitations.

Note 2. Summary of Significant Accounting Policies

- A. Basis of Accounting – The accompanying financial statements have been prepared on the modified cash basis of accounting. This basis differs from accounting principles generally accepted in the United States of America primarily because revenue and assets are generally recognized when received, rather than when earned and expenditures and liabilities are generally recognized when paid, rather than when incurred.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

- B. Investment Valuation and Income Recognition – The Plan's 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. Reference Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net change in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.
- C. Cash – The Plan holds its temporary cash in a noninterest-bearing account with a national financial institution which, at times, may exceed federally insured amounts. The actual balance may exceed the reported balance due to outstanding checks.
- D. Fixed Assets – Office furniture and equipment are stated at cost. Maintenance, repairs and minor renewals are expensed when incurred. Additions in excess of \$500 are capitalized. Depreciation is computed using the straight-line method over the assets' estimated useful lives.
- E. Use of Estimates – The preparation of financial statements in conformity with the modified cash basis of accounting requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.
- F. Actuarial Present Value of Accumulated Plan Benefits – Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service which employees have rendered through the termination date. 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. The accumulated plan benefits for active employees are based on the credited service as of the date the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability, and termination) are included, to the extent they are deemed attributable to employee service rendered to the termination date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary from Horizon Actuarial Services, LLC 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 actuarial assumptions used in the valuations as of January 1, 2021 and 2020 include:

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Mortality rates: Non-disabled participants and beneficiaries: RP-2017 Non-Disabled Mortality Tables with Blue Collar Adjustment with no future mortality improvement beyond 2017 for 2021 and 2020. Disabled participants: RP-2017 Disabled Annuitants Mortality Table for 2021 and 2020.

Retirement age: 55-65 based on historical and current demographic data, adjusted to reflect anticipated future experience. As part of the analysis, a comparison was made between the actual and assumed number of retirements over the past several years. The weighted average retirement age for active participants was 63.

Interest rate: 6.75% per annum, compounded annually, net of investment expense for determining costs and liabilities for 2021 and 2020. 2.43% and 2.95% per annum for determining the current liability for 2021 and 2020, respectively.

Administrative expenses: \$170,000 payable at the beginning of the year for 2021 and 2020. Investment related fees are not included.

The actuarial present value of accumulated plan benefits is as follows:

	Benefit Information Date	
	January 1, 2021	January 1, 2020
Actuarial present value of vested accumulated plan benefits		
Participants currently receiving payments	\$ 12,810,383	\$ 12,514,691
Other vested benefits	8,901,239	9,683,409
Total vested benefits	21,711,622	22,198,100
Actuarial present value of non-vested accumulated plan benefits	33,375	59,217
Total actuarial present value of accumulated plan benefits	<u>\$ 21,744,997</u>	<u>\$ 22,257,317</u>

The factors that affected the change in the actuarial present value of accumulated plan benefits from the preceding to the current benefit information date are as follows:

Total actuarial present value of accumulated plan benefits at January 1, 2020	\$ 22,257,317
Benefits accumulated, net experience gain or loss, changes in data	(438,493)
Benefits paid	(1,536,117)
Changes in actuarial assumptions	-
Interest	1,462,290
Total actuarial present value of accumulated plan benefits at January 1, 2021	<u>\$ 21,744,997</u>

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

- G. Payment of Benefits – Benefit payments made to participants are recorded upon distribution.
- H. Subsequent Events – The Plan evaluated subsequent events through September 28, 2022, which is the date the financial statements were available to be issued. In March 2021, the American Rescue Plan Act of 2021 (“ARPA”) was signed into law. ARPA allows certain financially troubled plans to apply for special financial assistance. The Board of Trustees believes that the Plan is eligible for such assistance and intends on submitting an application when the application period opens.

Note 3. Funding

Benefits provided by this Plan are funded by contributions from employers in accordance with their collective bargaining agreements and the rehabilitation plan. The Plan was certified in critical and declining status for 2021, indicating that it is projected to become insolvent within 20 years. In 2015, the Trustees adopted a rehabilitation plan as required under the Pension Protection Act of 2006. The Plan was certified to be making scheduled progress under its Rehabilitation Plan in order to forestall insolvency.

Note 4. Fair Value Measurements

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

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

- Money market funds consist of short-term investment funds that maintains daily liquidity and have a constant unit value of \$1.

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Fair Value Measurements (Continued)

- Mutual funds are valued based on their quoted closing market prices in active markets for identical investments.
- Common/collective trust is valued based on the reported net asset value ("NAV") of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the trust less its liability. This practical expedient is not used when it is determined to be probable that the trust will sell the investment for an amount different than the reported NAV.
- Corporate obligations and U.S. Government securities are based on observable market information in primary markets or determined by pricing models maximizing the use of observable inputs for similar securities.

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. The following tables set forth by level the Plan's assets at fair value as of December 31, 2021 and 2020. The tables do not include other assets and liabilities that are measured at historical cost or any basis other than fair value; for these items, their carrying value estimates fair value.

Investments at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 206,158	\$ -	\$ -	\$ 206,158
U.S. Government securities	-	2,565,769	-	2,565,769
Corporate obligations	-	2,391,953	-	2,391,953
Mutual funds	13,965,144	-	-	13,965,144
Total in fair value hierarchy	14,171,302	4,957,722	-	19,129,024
Investments measured at NAV				2,407,458
Total investments at fair value				<u>\$ 21,536,482</u>

Investments at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 214,988	\$ -	\$ -	\$ 214,988
U.S. Government securities	-	1,635,644	-	1,635,644
Corporate obligations	-	2,818,944	-	2,818,944
Mutual funds	13,509,219	-	-	13,509,219
Total in fair value hierarchy	13,724,207	4,454,588	-	18,178,795
Investments measured at NAV				1,998,600
Total investments at fair value				<u>\$ 20,177,395</u>

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Fair Value Measurements (Continued)

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2021 and 2020.

	December 31, 2021			
	<u>Fair value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common/collective trust	\$ 2,407,458	\$ -	Quarterly	1 day

	December 31, 2020			
	<u>Fair value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common/collective trust	\$ 1,998,600	\$ -	Quarterly	1 day

The common/collective trust is a real estate fund investing primarily in core stable institutional quality office, retail industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence. Requests for redemption of units can be made at any time and are effective at the end of the calendar quarter in which the request is received. The redemption price will be the value per unit determined based on the fair value of the trust's net assets.

Note 5. Concentrations

Two employers combined to account for approximately 98% of employer contributions during each of the years 2021 and 2020.

Note 6. Tax Status

The Internal Revenue Service has advised that the Plan and related trust are qualified under Section 401(a) of the Internal Revenue Code ("IRC") and, as such, exempt from federal income tax. The Plan obtained a determination letter on November 18, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since that time, however the Trustees believe that the Plan currently is being operated in compliance with the applicable requirements of the IRC and believe the related trust continues to be tax-exempt.

The Plan's management 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 in progress.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 7. Related Party / Party-in-Interest Transactions

The Plan has a cost allocation agreement with the Union for facilities and administrative services. Pursuant to the agreement, the Plan reimbursed the Union \$7,928 and \$7,280 for the years ended December 31, 2021 and 2020, respectively. In addition, the Plan has a cost allocation agreement with the Health and Welfare Fund of Local Union 73 (the "H&W Fund"), a related fund, for administrative services. Pursuant to the agreement, the Plan received \$29,464 and \$36,267 for the years ended December 31, 2021 and 2020, respectively.

Note 8. Risks and Uncertainties

The Plan holds 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 the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest 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.

SUPPLEMENTAL SCHEDULES

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2021****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

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

- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form 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 TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 08/01/1976
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN 6511 EASTLAND ROAD, SUITE 140 BROOK PARK OH 44142	2b Employer Identification Number (EIN) 51-0149915
	2c Plan Sponsor's telephone number 440-243-0663
	2d Business code (see instructions) 339900

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

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

SIGN HERE		10/15/2022	FRANK GRACE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 201209

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(j)

SCHEDULE OF REPORTABLE TRANSACTIONS

5% REPORT BY ASSET - AGGREGATE TRANSACTIONS

Year Ended December 31, 2021

Identity of (a) <u>Party</u>	Description (b) <u>of Asset</u>	Purchase (c) <u>Price</u>	Selling (d) <u>Price</u>	Lease (e) <u>Rental</u>	Expenses Incurred With (f) <u>Transaction</u>	Cost of (g) <u>Asset</u>	Current Value of Assets on Transaction (h) <u>Date</u>	Net Gain or (i) <u>Loss</u>
Federated	Govt Obligations Instl	\$5,130,016	N/A	N/A	\$ -	\$ 5,130,016	\$ 5,130,016	N/A
		N/A	\$5,138,846	N/A	-	5,138,846	5,138,846	\$ -
US Treasury	Nts 2.625% due 12/31/23	449,712	N/A	N/A	-	449,712	449,712	N/A
		N/A	1,050,703	N/A	-	1,072,866	1,050,703	(22,163)
Vanguard	500 Index Fund	108,604	N/A	N/A	-	108,604	108,604	N/A
		N/A	2,389,000	N/A	-	1,203,417	2,389,000	1,185,583

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
--	--	---

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 Teamsters Local Union No. 73 Pension Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Trustees of Teamsters Local Union No. 73 Pension Plan	D Employer Identification Number (EIN) 51-0149915

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

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

b Assets

(1) Current value of assets.....	1b(1)	20,241,418
(2) Actuarial value of assets for funding standard account	1b(2)	18,875,687
c (1) Accrued liability for plan using immediate gain methods	1c(1)	21,744,997
(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)	21,744,997
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)	36,626,219
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	508,526
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	1,972,951
(3) Expected plan disbursements for the plan year.....	1d(3)	1,886,768

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		09/27/2022
Signature of actuary		Date
PAUL B. DUNLAP		20-07966
Type or print name of actuary		Most recent enrollment number
HORIZON ACTUARIAL SERVICES, LLC		(240) 247-4600
Firm name		Telephone number (including area code)

8601 GEORGIA AVENUE, STE. 700
SILVER SPRING MD 20910
Address of the firm

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

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

Schedule MB (Form 5500) 2021 v. 200204

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	20,241,418
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	348	18,887,467
(2) For terminated vested participants	127	7,415,203
(3) For active participants:		
(a) Non-vested benefits		74,101
(b) Vested benefits		10,249,448
(c) Total active	73	10,323,549
(4) Total	548	36,626,219
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	55.26 %

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
	183,697				
			Totals ▶	3(b)	183,697
				3(c)	0
(d) Total withdrawal liability amounts included in line 3(b) total					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	86.8 %
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	D
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	2040

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	

Line 3(b) contributions made throughout plan year.

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
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	6.75 %
e Expense loading	6e	113.6 % ☐ 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	9.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.2 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	- 1,135,793	- 114,981

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	319,648
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	6,589,985
(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	94,870
e Total charges. Add lines 9a through 9d.....	9e	1,500,346

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	536,961
g Employer contributions. Total from column (b) of line 3.....	9g	183,697
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	3,183,714
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	66,486

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....	9j(1)	3,977,419
(2) "RPA '94" override (90% current liability FFL)	9j(2)	14,322,080

(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	1,143,310
--	-----------	-----------

m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	
---	-----------	--

n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	357,036
---	-----------	---------

9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2020 plan year	9o(1)	0
---	--------------	---

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
--	--	--

(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
--	-----------------	---

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
---	-----------------	---

(3) Total as of valuation date	9o(3)	0
---	--------------	---

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	357,036
--	-----------	---------

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

Schedule MB Attachments

Statement by the Enrolled Actuary

Plan Sponsor	Trustees of Teamsters Local Union No. 73 Pension Plan
EIN / PN	51-0149915 / 001
Plan Year	Beginning January 1, 2021 and ending December 31, 2021
Plan Name	Teamsters Local Union No. 73 Pension Plan (the "Plan")
Enrolled Actuary	Paul B. Dunlap
Enrollment Number	20-07966

Actuarial assumptions:

The actuarial assumptions and methods are individually reasonable and in combination represent the enrolled actuary's best estimate of anticipated experience under the plan.

Census data and financial information:

The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the plan's auditor.

The enrolled actuary has not made a rigorous check of the accuracy of this information but has reviewed it and concluded it to be reasonable for the purpose of this actuarial valuation. The amounts of contributions shown in Line 3 of Schedule MB were listed in reliance on information provided by the plan administrator and/or the plan's auditor.

As indicated on Line 4b of the Schedule MB, the Plan was in critical and declining status for the Plan Year.

The Plan is in the rehabilitation period as defined under Section 432(e)(4) of the Internal Revenue Code (the "Code"). The attachment for Line 4c provides detail regarding scheduled progress under the Rehabilitation Plan.

\\has-file1\clients\teamsters 73\ret\2022\gov\2021 schedule mb\teamsters 73_2021 schedule mb_attachments_v1.docx

Schedule MB, Line 4b

Illustration Supporting Actuarial Certification of Status

Actuarial Certification of Plan Status

Plan Name:	Teamsters Union Local No. 73 Pension Plan
EIN / PN:	51-0149915 / 001
Plan Sponsor:	Trustees of the Teamsters Local Union No. 73 Pension Plan 6511 Eastland Road, Ste. 140 Brook Park, OH 44142 (440) 243-0663
Plan Year:	Beginning January 1, 2021 and Ending December 31, 2021
Certification Results:	• Critical and Declining Status • Making scheduled progress toward Rehabilitation Plan

This is the annual certification by the Plan Actuary as required under section 432(b) of the Internal Revenue Code (the "Code") for the above-named multiemployer plan (the "Plan") and plan year (the "Plan Year"). For the Plan Year, the Plan is in critical and declining status.

This certification was performed based upon actuarial projections of assets and liabilities for the current and succeeding plan years, as described under section 432(b)(3)(B). These projections are based on reasonable actuarial estimates, assumptions, and methods that offer my best estimate of anticipated experience under the Plan. The projected present value of Plan liabilities as of the beginning of the Plan Year was determined based on a projection of the actuarial valuation of the Plan as of January 1, 2020. The projections of Plan assets are based draft financial statements for the Plan Year ended December 31, 2020 provided by the Plan's administrator and the assumption that future net investment returns will be 6.75% per year, beginning January 1, 2021.

This certification is also based on projections of future industry activity and covered employment levels, which are based on information provided in good faith by the Plan Sponsor. This certification assumes that the current terms of the collective bargaining agreements under which contributions are made to the Plan will remain in effect for all succeeding plan years. To the best of my knowledge, this certification complies with the applicable Actuarial Standards of Practice.

Certified by:



Paul B. Dunlap, FSA, EA, MAAA
Horizon Actuarial Services, LLC
8601 Georgia Avenue, Ste. 700
Silver Spring, MD 20910

Phone Number: (240) 247-4600
Enrollment Number: 20-07966
Date: March 31, 2021

Schedule MB, Line 4b (cont.)

Illustration Supporting Actuarial Certification of Status

As indicated on line 4b, the Plan was certified to be in critical and declining status under the Pension Protection Act of 2006 ("PPA") for the plan year beginning January 1, 2021. The following exhibits from the actuarial certification report show the key measures used in determining the Plan's status.

Critical Status Tests

Section 432(b)(2): Critical Status

Plan Year Beginning January 1, 2021

Section 432(b)(2)(A) measures:

Funded percentage [threshold = 65.0%]	85.9%
First projected date of insolvency within current or next six plan years	None

Section 432(b)(2)(B) measures:

Funded percentage [threshold = 65.0%]	85.9%
First projected funding deficiency within current or next three plan years	12/31/2021
<i>Disregarding extensions of amortization periods under section 431(d)</i>	

Section 432(b)(2)(C) measures:

Normal cost (unit credit cost method, with interest to end of plan year)	\$	348,521
Interest on unfunded actuarial accrued liability to end of plan year		208,586
Expected contributions during plan year (with interest to end of plan year)		188,705
Present value of non-forfeitable benefits for active participants		5,072,168
Present value of non-forfeitable benefits for inactive participants		16,831,179
First projected funding deficiency within current or next four plan years		12/31/2021
<i>Disregarding extensions of amortization periods under section 431(d)</i>		

Section 432(b)(2)(D) measures:

First projected date of insolvency within current or next four plan years	None
---	------

Section 432(e)(4)(B) measures:

Critical status in the prior plan year	Yes
First projected funding deficiency within current or next nine plan years	12/31/2021
<i>Reflecting extensions of amortization periods under section 431(d), if any</i>	
First date of insolvency within any of the 30 succeeding plan years	Projected insolvency on or before
<i>Reflecting contribution rates in current collective bargaining agreement(s)</i>	12/31/2040

Projection of Funded Percentage and Funding Standard Account

Funding Standard Account Projection

	Plan Year Ending	Funding Standard Account Charges		Funding Standard Credits		Credit Balance or (Funding Deficiency)
		Normal Cost	Other Charges	Contributions	Other Credits	
PY	12/31/2020	344,300	1,237,875	187,640	369,318	538,037
CY	12/31/2021	326,483	1,181,161	182,544	398,702	(388,361)

"PY" = preceding plan year; "CY" = current plan year

Schedule MB, Line 4c**Documentation Regarding Progress Under Rehabilitation Plan**

The Plan was originally certified in critical status for the plan year beginning January 1, 2015, and the Board of Trustees adopted a Rehabilitation Plan on November 4, 2015, as required under section 432(e). The Plan's rehabilitation period, as defined under section 432(e)(4), began on January 1, 2017.

Each of the Plan's employers has adopted and is in compliance with the schedule provided under the Rehabilitation Plan, and the adopted schedules forestall the Plan's projected insolvency. Based on this, the Plan is making scheduled progress under its Rehabilitation Plan.

Schedule MB, Line 4f

Cash Flow Projections

Section 432(b)(6): Critical and Declining Status

Plan Year Beginning January 1, 2021

Certification status	Critical
Number of inactive participants	494
Number of active participants	89
Ratio of inactive participants to active participants	5.6
Funded percentage (threshold = 80.0%)	85.9%
Solvency projection period (years)	Current and next 19 years
Projected date of insolvency	Projected insolvency on or before 12/31/2040

	Plan Year Ending	Employer Contributions	Benefit Payments	Operating Expenses	Net Investment Return	Ending Market Value of Assets
PY	12/31/2020	\$ 187,640	\$ (1,536,116)	\$ (170,516)	\$ 2,090,647	\$ 20,223,453
CY	12/31/2021	182,544	(1,738,952)	(179,061)	1,306,511	19,794,495
1	12/31/2022	182,544	(1,775,700)	(182,642)	1,276,195	19,294,892
2	12/31/2023	182,544	(1,836,302)	(186,295)	1,240,303	18,695,142
3	12/31/2024	182,544	(1,865,874)	(190,021)	1,198,697	18,020,488
4	12/31/2025	182,544	(1,894,732)	(193,821)	1,152,055	17,266,534
5	12/31/2026	182,544	(1,925,670)	(197,697)	1,099,988	16,425,699
6	12/31/2027	182,544	(1,932,963)	(201,651)	1,042,852	15,516,481
7	12/31/2028	182,544	(1,934,418)	(205,685)	981,295	14,540,217
8	12/31/2029	182,544	(1,933,268)	(209,799)	915,297	13,494,991
9	12/31/2030	182,544	(1,907,735)	(213,995)	845,464	12,401,269
10	12/31/2031	182,544	(1,862,430)	(218,275)	773,023	11,276,131
11	12/31/2032	182,544	(1,818,666)	(222,640)	698,406	10,115,775
12	12/31/2033	182,544	(1,777,894)	(227,093)	621,307	8,914,639
13	12/31/2034	182,544	(1,751,667)	(231,634)	540,963	7,654,845
14	12/31/2035	182,544	(1,714,684)	(236,267)	457,018	6,343,456
15	12/31/2036	182,544	(1,655,074)	(240,992)	370,352	5,000,286
16	12/31/2037	182,544	(1,592,153)	(245,812)	281,649	3,626,514
17	12/31/2038	182,544	(1,537,551)	(250,728)	190,596	2,211,375
18	12/31/2039	182,544	(1,483,228)	(255,743)	96,739	751,687
19	12/31/2040	182,544	(1,429,282)	(260,857)	(142)	INSOLVENT

"PY" = preceding plan year; "CY" = current plan year

The assumptions used are the same as those used in the 2021 Actuarial Certification of Status.

Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

Plan Name Teamsters Local Union No. 73 Pension Plan

Plan Sponsor Trustees of the Teamsters Local Union No. 73 Pension Plan

EIN / PN 51-0149915/001

Interest Rates 6.75% per annum, compounded annually, net of investment expense for determining costs and liabilities

This interest rate assumptions, used for purposes of the ERISA funding valuation and ASC 960 accounting disclosure, is a reasonable estimate of the net investment return for the Plan assets over the long term. This assumption was developed based on our professional judgment, the investment policy and asset allocation for the Plan (as set by the plan sponsor) and considers the results of the current and prior editions of the Survey of Capital Market Assumptions by Horizon Actuarial Services, LLC.

The highest rate within the IRS allowable range for determining Current Liability, which is 2.43% per annum as of January 1, 2021.

Operating Expenses Expenses are assumed to be \$170,000 assumed payable at the beginning of the year. Investment related fees are not included in assumed operating expenses.

Expected expenses are based on actual prior and anticipated future experience.

Hours Worked For the purpose of projecting future benefit accruals, it is assumed that each active participant will work 1,800 hours.

Active Participant For valuation purposes, an active participant is a participant who has worked at least 600 hours in the prior plan year.

Late Retirement Inactive vested participants beyond Normal Retirement Age are assumed to receive a retroactive lump sum with 4% interest back to their Normal Retirement Age. Inactive vested participants age 75 or older as of the valuation date are assumed to be deceased.

Active participants retiring after Normal Retirement Age are assumed to have had their benefits suspended.

Teamsters Local Union No. 73 Pension Plan

EIN / PN: 51-0149915 / 001 | Plan Year Beginning January 1, 2021

Schedule MB, Line 6 (cont.)
Statement of Actuarial Assumptions/Methods

Mortality

Non-Disabled Participants and Beneficiaries:

The RP-2017 Non-Disabled Mortality Tables with Blue Collar Adjustment (i.e., the RP-2014 table, projected back to 2006 using Improvement Scale MP-2014, and projected forward to 2017 using Scale MP-2017) with no future mortality improvement beyond 2017.

Disabled Participants:

The RP-2017 Disabled Annuitants Mortality Table.

The mortality assumptions were chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflecting anticipated future experience and professional judgment.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Retirement Age

Active participants:

Retirement Rates

Age	Males
55 to 59	8%
60 to 64	12%
65+	100%

Inactive vested participants: Assumed to retire at Normal Retirement Age.

The retirement rates are based on historical and current demographic data, adjusted to reflect anticipated future experience and professional judgement. As part of the analysis, a comparison was made between the actual and assumed number of retirements over the past several years.

The weighted average retirement age for active participants is age 63. This average is based on the active population in the January 1, 2021 valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

Disability

None Assumed.

Schedule MB, Line 6 (cont.)
Statement of Actuarial Assumptions/Methods

Withdrawal

Illustrations of the annual rates of withdrawal (for reasons other than mortality) are shown in the table below for selected ages:

Representative Withdrawal Rates

Age	Rate
25	11.62%
30	11.20%
35	10.55%
40	9.40%
45	7.54%
50	5.73%
55	3.53%
60	4.66%
65+	0.00%

The withdrawal rates are based on historical and current demographic data, adjusted to reflect anticipated future experience and professional judgement. As part of the analysis, a comparison was made between the actual and assumed number of retirements over the past several years.

Reemployment

It is assumed that participants will not be reemployed following a break in service.

Form of Payment

Non-Married Participants: Assumed to elect a Single Life Annuity

Married Participants: Assumed to elect a Qualified Joint and 50% Survivor Annuity.

Marriage

80% of non-retired participants are assumed to be married.

Spouse Ages

Male spouses are assumed to be 3 years older than their female counterparts.

Cost Method

The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.

Schedule MB, Line 6 (cont.)
Statement of Actuarial Assumptions/Methods

<i>Asset Valuation Method</i>	The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last five years at the rate of 20% per year. Expected investment return is calculated using the net market value of assets as of the beginning of the plan year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.
--------------------------------------	--

<i>Participant Data</i>	Participant census data as of January 1, 2021 was provided by the Fund Office.
--------------------------------	--

<i>Missing or Incomplete Participant Data</i>	Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those exhibited by participants with similar known characteristics.
--	--

<i>Financial Information</i>	Financial information was provided by the Fund's auditor.
-------------------------------------	---

<i>Nature of Actuarial Calculations</i>	The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.
--	--

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

<i>Changes in Assumptions</i>	The changes in the interest and mortality tables used to determine RPA'94 current liability were mandated legislative changes.
--------------------------------------	--

Schedule MB, Line 6
Summary of Plan Provisions

Plan Name Teamsters Local Union No. 73 Pension Plan

Plan Sponsor Trustees of the Teamsters Local Union No. 73 Pension Plan

EIN / PN 51-0149915/001

Effective Date and Most Recent Amendment The original effective date of the Plan is March 12, 1969.
The most recent amendment to the Plan is effective January 1, 2017.

Plan Year The twelve-month period beginning January 1 and ending December 31.

Employers A participating Employer is any person or entity that has been accepted for participation in the Plan and that is required to contribute to the Plan pursuant to a collective bargaining agreement or participation agreement.

Participants An employee is eligible to become a participant on the date upon completion of one year of employment and accumulation of one thousand hours of service.

Credited Service Future credited service will be granted according to the illustration below:

Hours in Covered Service During Plan Year	Future Credited Service
1,800 or more	1
1,650 – 1,799	11/12
1,500 – 1,649	10/12
1,350 – 1,499	9/12
1,200 – 1,349	8/12
1,050 – 1,199	7/12
900 – 1,049	6/12
750 – 899	5/12
600 – 749	4/12
Less than 600	0

Vesting Service One year of vesting service is credited for 1,000 or more hours worked in a plan year.

Schedule MB, Line 6 (cont.)
Summary of Plan Provisions

Normal Retirement Age For participants who have not worked an hour of service after December 31, 1997, Normal Retirement Age is the later of:

- a) Age 65
- b) The completion of 5 years of credited service

For participants who have worked an hour of service after December 31, 1997, Normal Retirement Age is the later of:

- a) For benefits earned before January 1, 2017
 - (i) Age 62
 - (ii) The completion of 5 years of vesting service
- b) For benefits earned after January 1, 2017
 - (i) Age 65
 - (ii) The completion of 5 years of vesting service

Break-In-Service

One-Year Break: Fewer than 500 hours during the plan year.

Permanent Break: 5 consecutive one-year breaks for non-vested participants.

**Normal Pension-
Eligibility**

A participant becomes eligible for the Normal Retirement benefit on the first day of the month coincident with or following the date the participant attains Normal Retirement Age.

**Normal Pension –
Amount of Benefit**

A monthly benefit in the Normal Form of Annuity equal to the Normal Retirement Benefit at Normal Retirement Date.

Schedule MB, Line 6 (cont.)

Summary of Plan Provisions

Normal Retirement Benefit –

For accruals after January 1, 2000 and before the Rehabilitation Plan Effective Date, the monthly Normal Retirement Benefit will be paid in accordance with the table below:

Employer	Monthly Benefit Payable with 25 years of Credited Service	Additional Monthly Benefit Per Additional Year of Credited service 26-35 years
Supply One, Inc. (For Credited Service after 12/31/2006)	\$1,500.00	\$80.00
Supply One, Inc. (For Credited Service prior to 12/31/2006)	\$1,067.00	\$56.00
Ferrotherm Corp.	\$1,343.00	\$71.00

Participants will receive a pro-rated benefit if credited service is less than 25 years at retirement.

For accruals on and after the Rehabilitation Plan Effective Date the monthly Normal Retirement Benefit will be \$45 per year of Credited Service, with a maximum of 35 years of total service.

Early Retirement Pension – Eligibility

Age 55 and 5 years of Vesting Service.

Early Retirement Pension – Amount of Benefit

The calculated Regular Pension reduced by 0.6% for each month by which the early retirement date precedes the participant's normal retirement date.

Disability Pension – Amount of Benefit

Effective January 1, 2017, no disability benefit is available.

Vested Benefit

A Participant's benefits become 100% vested upon earning 5 years of Vesting Service.

The benefit payable for a vested pension is equal to the benefit payable for a Normal or Early Retirement Pension with the same number of years of Credited Service.

Schedule MB, Line 6 (cont.)
Summary of Plan Provisions

Late Retirement

The Plan provides the Participant with notice and the right to elect to suspend benefit payments after Normal Retirement Age, and does not actuarially increase the benefits payable to participants who retire after they reach Normal Retirement Age. For inactive vested participants who retire after Normal Retirement Age and whose benefits were not suspended, benefits are paid retroactive to Normal Retirement Age.

Pre-Retirement Death Benefits

Spouse's Benefit

If a deceased married participant had not retired but had met service requirement for Early or Normal Pension, his spouse receives a survivor's annuity. The survivor's annuity is payable for life, commencing when the participant would have reached the earliest eligible age for Early Retirement Pension. The monthly amount is the survivor's portion of the Early Retirement Pension earned through the date of death based on a 50% Joint and Survivor Annuity.

Forms of Payment

Normal Form

For married participants, retirement benefits are paid in the form of a 50% Joint and Survivor Annuity unless this form is rejected by a Participant and his or her spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor form.

If the 50% Joint and Survivor Annuity is rejected or if the Participant is not married, benefits are payable as a Life Annuity.

Optional Forms

- (a) 75% Joint and Survivor Annuity
 - (b) 100% Joint and Survivor Annuity
 - (c) 10 Year Certain and Life Annuity
 - (d) 5 Year Certain and Life Annuity
-

Actuarial Equivalence

Benefits are converted from the amount payable as a single life annuity based on 7% interest and the 1984 unisex pension mortality table with a 4 year set back.

For purposes of determining the lump sum to be paid to a participant with a Retroactive Annuity Starting Date, the interest rate is 4%.

Schedule MB, Line 6 (cont.)
Summary of Plan Provisions

Contribution Rates	\$1.03 per hour for Ferrotherm Corp. \$221.87 per month for Supply One \$1.95 per hour for Teamsters Local Union No. 73
---------------------------	---

Rehabilitation Plan Effective Date	January 1, 2017 for Ferrotherm Corp. January 1, 2016 for Supply One
---	--

Changes in Plan Provisions	None since the prior valuation
-----------------------------------	--------------------------------

Schedule MB, Line 8b(1)
Schedule of Projection of Expected Benefit Payments

Plan Year Beginning January 1	Expected Annual Benefit Payments
2021	1,772,817
2022	1,731,420
2023	1,788,317
2024	1,827,825
2025	1,849,502
2026	1,877,615
2027	1,874,610
2028	1,867,856
2029	1,861,176
2030	1,826,217

Notes

- Expected benefit payments assume no additional accruals, no future new entrants to the Plan, and experience consistent with the valuation assumptions set forth herein.

Schedule MB, Line 8b(2)
Schedule of Active Participant Data

Years of Vesting Service

Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 - 29	-	2	-	-	-	-	-	-	-	-	2
30 - 34	-	4	1	-	-	-	-	-	-	-	5
35 - 39	-	4	3	2	-	-	-	-	-	-	9
40 - 44	-	-	1	2	-	1	-	-	-	-	4
45 - 49	-	2	-	2	-	1	-	-	-	-	5
50 - 54	-	-	2	1	1	1	1	-	-	-	6
55 - 59	-	1	3	-	1	5	3	5	1	-	19
60 - 64	-	-	2	4	2	4	-	6	1	-	19
65 - 69	-	-	-	3	-	-	-	-	-	1	4
70 +	-	-	-	-	-	-	-	-	-	-	-
Total	-	13	12	14	4	12	4	11	2	1	73

Schedule MB, Lines 9c and 9h
Schedule of Funding Standard Account Bases

Charges

[Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	<i>Outstanding at 1/1/2021</i>		Annual Payment
				Period	Balance	
Amendment	1/1/1993	30.00	\$ 520,589	2.00	\$ 75,695	\$ 39,082
Amendment	1/1/1997	30.00	392,316	6.00	150,395	29,329
Amendment	1/1/1998	30.00	1,953,079	7.00	845,841	145,745
Amendment	1/1/1999	30.00	1,084,327	8.00	519,883	80,770
Assumption	1/1/1999	30.00	329,904	8.00	158,174	24,575
Amendment	1/1/2000	30.00	2,175,954	9.00	1,138,414	161,946
Exper Loss	1/1/2001	30.00	37,030	10.00	20,887	2,753
Exper Loss	1/1/2002	30.00	174,564	11.00	105,136	12,971
Exper Loss	1/1/2004	30.00	24,812	13.00	16,656	1,840
Exper Loss	1/1/2007	15.00	160,578	1.00	16,405	16,405
Exper Loss	1/1/2009	15.00	1,586,532	3.00	455,242	161,759
Exper Loss	1/1/2012	15.00	176,237	6.00	91,875	17,918
Exper Loss	1/1/2013	15.00	399,848	7.00	235,706	40,615
Exper Loss	1/1/2015	15.00	386,761	9.00	275,681	39,218
Exper Loss	1/1/2016	15.00	846,628	10.00	650,623	85,777
Assumption	1/1/2016	15.00	156	10.00	119	16
Exper Loss	1/1/2017	15.00	470,503	11.00	386,070	47,631
Assumption	1/1/2017	15.00	1,662,776	11.00	1,364,392	168,329
Exper Loss	1/1/2019	15.00	90,371	13.00	82,791	9,149
Total Charges					\$ 6,589,985	\$ 1,085,828

Schedule MB, Lines 9c and 9h (cont.)
Schedule of Funding Standard Account Bases

Credits

[Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2021		Annual Payment
				Period	Balance	
Combined	1/1/2011	15.00	\$ 48,951	5.00	\$ 21,948	\$ 4,982
Exper Gain	1/1/2014	15.00	207,991	8.00	135,866	21,108
Amendment	1/1/2016	15.00	54,626	10.00	41,981	5,534
Amendment	1/1/2017	15.00	168,609	11.00	138,352	17,069
Assumption	1/1/2018	15.00	1,141,481	12.00	992,973	115,557
Exper Gain	1/1/2018	15.00	137,806	12.00	119,877	13,951
Exper Gain	1/1/2020	15.00	622,163	14.00	596,924	62,984
Exper Gain	1/1/2021	15.00	1,135,793	15.00	1,135,793	114,981
Total Credits					\$ 3,183,714	\$ 356,166
Net Total					\$ 3,406,271	\$ 729,662

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the cost method or actuarial valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit bases

Schedule MB, Line 11**Justification for Change in Actuarial Assumptions**

The changes in the interest and mortality tables used to determine RPA '94 current liability were mandated legislative changes.

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

 TEAMSTERS LOC 73 PENSION CONSOL 0552295
 January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
Equity						
Mutual Funds						
VANGUARD 500 INDEX FUND OPEN-END FUND CL ADMIRAL 0552295.3	922908710 1.24% 17,027.7780	439.830 7,489,327.60	Level2 34.78%	 201.54 0.00	3,431,857.29 5,912,659.13	4,057,470.31 1,576,668.47
VANGUARD SMALL CAP INDEX FD OPEN-END FUND CL ADM 0552295.3	922908686 1.24% 30,529.4850	108.370 3,308,480.29	Level2 15.36%	 44.80 0.00	1,367,860.65 2,850,719.19	1,940,619.64 457,761.10
Total Mutual Funds		10,797,807.89	50.14%	N/A 0.00	4,799,717.94 8,763,378.32	5,998,089.95 2,034,429.57
Non-US Mutual Funds						
AMERICAN EUROPACIFIC GROWTH FUND OPEN-END FUND CL R6 0552295.3	298706821 1.83% 30,202.7980	64.730 1,955,027.11	Level2 9.08%	 59.93 0.00	1,810,164.49 2,083,841.71	144,862.62 -128,814.60
Total Non-US Mutual Funds		1,955,027.11	9.08%	N/A 0.00	1,810,164.49 2,083,841.71	144,862.62 -128,814.60
Total Equity		12,752,835.00	59.22%	N/A 0.00	6,609,882.43 10,847,220.03	6,142,952.57 1,905,614.97
Fixed Income						
Corporate Bonds						
AETNA INC SENIOR BD DTD 11/07/12 2.75% DUE 11/15/22 0552295.2	008117AP8 2.71% 40,000.0000	101.300 40,520.00	Level2 0.19%	 100.93 140.56	40,372.40 41,482.40	147.60 -962.40



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL 0552295
January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
AMERICAN AIRLINES INC BOND SER 2013-2 CL A DTD 7/31/2013 4.95000% DUE 7/15/2024 0552295.2	02377UAB0 4.84%	102.189	Level2			
	13,669.1226	13,968.31	0.06%	105.30 312.00	14,393.23 13,024.89	-424.92 943.42
AMERICAN ELECTRIC POWER INC SENIOR NT SER M DTD 11/20/2020 0.75000% DUE 11/1/2023 0552295.2	025537AQ4 0.76%	99.311	Level2			
	30,000.0000	29,793.30	0.14%	99.92 37.50	29,974.80 30,067.20	-181.50 -273.90
AMERICAN EXPRESS CO SENIOR NT DTD 5/20/2019 2.75000% DUE 5/20/2022 0552295.2	025816CD9 2.73%	100.698	Level2			
	45,000.0000	45,314.10	0.21%	99.88 140.94	44,946.00 46,424.25	368.10 -1,110.15
AMERICAN HONDA FINANCE CORP MED TERM NT DTD 9/10/2019 2.05000% DUE 1/10/2023 0552295.2	02665WDC2 2.02%	101.476	Level2			
	30,000.0000	30,442.80	0.14%	99.96 292.13	29,988.90 31,022.70	453.90 -579.90
AMERICAN TOWER CORP SENIOR NT DTD 9/27/2021 1.45000% DUE 9/15/2026 0552295.2	03027XBR0 1.48%	97.848	Level2			
	25,000.0000	24,462.00	0.11%	99.48 94.65	24,870.25 24,870.25	-408.25 -408.25



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL 0552295
January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
AMERISOURCEBERGEN CORP SENIOR NT DTD 3/30/2021 0.73700% DUE 3/15/2023 0552295.2	03073EAS4 0.74%	99.738	Level2			
	15,000.0000	14,960.70	0.07%	100.00 32.55	15,000.00 15,000.00	-39.30 -39.30
APPLE INC SENIOR NT DTD 5/11/2020 1.12500% DUE 5/11/2025 0552295.2	037833DT4 1.13%	99.686	Level2			
	20,000.0000	19,937.20	0.09%	99.82 31.25	19,964.20 20,567.40	-27.00 -630.20
APPLE INC SENIOR NT DTD 9/11/2019 1.70000% 9/11/2022 0552295.2	037833DL1 1.68%	101.007	Level2			
	10,000.0000	10,100.70	0.05%	99.98 51.94	9,998.30 10,252.70	102.40 -152.00
ATMOS ENERGY CORP SENIOR NT DTD 3/9/2021 0.62500% DUE 3/9/2023 0552295.2	049560AU9 0.63%	99.616	Level2			
	30,000.0000	29,884.80	0.14%	100.00 58.33	29,998.80 29,998.80	-114.00 -114.00
BAKER HUGHES HLDGS LLC/CO SENIOR NT DTD 12/9/2021 1.23100% DUE 12/15/2023 0552295.2	05724BAB5 1.23%	100.455	Level2			
	40,000.0000	40,182.00	0.19%	100.00 30.09	40,000.00 40,000.00	182.00 182.00
BANK OF AMERICA CORP MED TERM BK NT DTD 1/20/2017 FL RT% DUE 1/20/2023	06051GGE3 3.12%	100.112	Level2			



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL 0552295
January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
0552295.2	30,000.0000	30,033.60	0.14%	100.89 420.21	30,265.80 30,861.30	-232.20 -827.70
BANK OF AMERICA CORP MED TERM BK NT DTD 10/21/2020 0.81000% DUE 10/24/2024	06051GJH3 0.82%	99.333	Level2			
0552295.2	45,000.0000	44,699.85	0.21%	100.00 67.84	45,000.00 45,420.30	-300.15 -720.45
BB&T CORP MED TERM BK NT SER E DTD 3/21/2017 2.75000% DUE 4/1/2022	05531FAX1 2.74%	100.404	Level2			
0552295.2	20,000.0000	20,080.80	0.09%	99.81 137.50	19,962.60 20,579.60	118.20 -498.80
BOEING CO SENIOR NT DTD 5/2/2019 2.70000% DUE 5/1/2022	097023CG8 2.68%	100.588	Level2			
0552295.2	40,000.0000	40,235.20	0.19%	99.82 180.00	39,929.20 41,124.80	306.00 -889.60
CARLISLE COS INC SENIOR NT DTD 9/28/2021 0.55000% DUE 9/1/2023	142339AK6 0.55%	99.104	Level2			
0552295.2	30,000.0000	29,731.20	0.14%	99.95 42.63	29,983.50 29,983.50	-252.30 -252.30
CITIGROUP INC SENIOR NT DTD 11/3/2021 1.28100% DUE 11/3/2025	172967ND9 1.28%	99.731	Level2			
0552295.2	50,000.0000	49,865.50	0.23%	100.00 103.19	50,000.00 50,000.00	-134.50 -134.50



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL 0552295
January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
DUKE ENERGY PROGRESS SENIOR NT DTD 11/24/2021 1.29500% DUE 7/1/2030 0552295.2	26444BAA2 1.30%	99.678	Level2			
	45,000.0000	44,854.97	0.21%	100.00 59.89	44,999.77 44,999.77	-144.80 -144.80
ENERGY TRANSFER OPERATING L P SENIOR NT DTD 3/15/2019 4.25000% DUE 3/15/2023 0552295.2	29278NAL7 4.14%	102.759	Level2			
	25,000.0000	25,689.75	0.12%	104.64 312.85	26,159.75 26,566.50	-470.00 -876.75
ENTERGY LOUISIANA LLC NOTE DTD 11/24/2020 0.62000% DUE 11/17/2023 0552295.2	29364WBF4 0.63%	99.190	Level2			
	40,000.0000	39,676.00	0.18%	99.98 30.31	39,992.80 40,132.80	-316.80 -456.80
GENERAL MOTORS FINANCIAL CO INC SENIOR NT DTD 10/15/2021 1.20000% DUE 10/15/2024 0552295.2	37045XDM5 1.21%	99.265	Level2			
	25,000.0000	24,816.25	0.12%	99.96 63.33	24,989.75 24,989.75	-173.50 -173.50
GEORGIA POWER CO SENIOR NT SER A DTD 1/10/2020 2.10000% DUE 7/30/2023 0552295.2	373334KM2 2.06%	101.758	Level2			
	20,000.0000	20,351.60	0.09%	97.52 176.17	19,504.20 20,890.00	847.40 -538.40



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL 0552295
January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
GOLDMAN SACHS GROUP INC SENIOR NT DTD 10/21/2021 0.92500% DUE 10/21/2024 0552295.2	38141GYL2 0.93%	99.570	Level2			
	25,000.0000	24,892.50	0.12%	100.00 44.97	25,000.00 25,000.00	-107.50 -107.50
GOLDMAN SACHS GROUP INC SENIOR NT DTD 11/19/2020 0.62700% DUE 11/17/2023 0552295.2	38141GXL3 0.63%	99.741	Level2			
	30,000.0000	29,922.30	0.14%	100.00 22.99	30,000.00 30,121.50	-77.70 -199.20
GOLDMAN SACHS GROUP INC SENIOR NT DTD 9/29/2017 3.27200% DUE 9/29/2025 0552295.2	38141GWQ3 3.12%	104.924	Level2			
	10,000.0000	10,492.40	0.05%	100.00 83.62	10,000.00 10,954.30	492.40 -461.90
HCA INC BOND DTD 10/23/2012 4.75000% DUE 5/1/2023 0552295.2	404121AF2 4.54%	104.737	Level2			
	35,000.0000	36,657.95	0.17%	108.31 277.08	37,909.90 38,169.95	-1,251.95 -1,512.00
HOLLYFRONTIER CORP SENIOR NT DTD 9/28/2020 2.62500% DUE 10/1/2023 0552295.2	436106AB4 2.58%	101.887	Level2			
	30,000.0000	30,566.10	0.14%	99.89 196.88	29,968.20 30,660.30	597.90 -94.20



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL 0552295
January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
HONEYWELL INTERNATIONAL INC SENIOR NT DTD 8/19/2020 0.48300% DUE 8/19/2022 0552295.2	438516CC8 0.48%	100.002	Level2			
	8,000.0000	8,000.16	0.04%	100.00 14.17	8,000.00 8,012.80	0.16 -12.64
HP INC SENIOR NT DTD 6/17/2020 2.20000% DUE 6/17/2025 0552295.2	40434LAA3 2.16%	102.066	Level2			
	25,000.0000	25,516.50	0.12%	99.77 21.39	24,942.25 26,468.50	574.25 -952.00
HUMANA INC SENIOR NT DTD 8/3/2021 0.65000% DUE 8/3/2023 0552295.2	444859BP6 0.65%	99.481	Level2			
	50,000.0000	49,740.50	0.23%	99.76 133.61	49,878.90 49,878.90	-138.40 -138.40
JOHN DEERE CAPITAL CORP MED TERM NT SER G DTD 3/9/2020 1.20000% DUE 4/6/2023 0552295.2	24422EVE6 1.19%	100.753	Level2			
	30,000.0000	30,225.90	0.14%	99.98 85.00	29,992.80 30,599.10	233.10 -373.20
JOHN DEERE CAPITAL CORP MED TERM NT DTD 9/8/2017 2.15000% DUE 9/8/2022 0552295.2	24422ETV1 2.13%	101.145	Level2			
	10,000.0000	10,114.50	0.05%	95.99 67.49	9,599.30 10,339.40	515.20 -224.90
JPMORGAN CHASE & CO JUNIOR SUB SER HH DTD 1/23/2020 4.60000% DUE 1/23/2060	48128BAG6 4.48%	102.625	Level2			



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL 0552295

January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
0552295.2	10,000.0000	10,262.50	0.05%	90.63 191.67	9,062.50 10,325.00	1,200.00 -62.50
JPMORGAN CHASE & CO SENIOR NT DTD 6/1/2021 0.82400% DUE 6/1/2025	46647PCH7 0.83%	98.833	Level2			
0552295.2	25,000.0000	24,708.25	0.11%	100.00 17.17	25,000.00 25,000.00	-291.75 -291.75
JPMORGAN CHASE & CO SENIOR NT DTD 7/23/2018 3.79700% DUE 7/23/2024	46647PAU0 3.64%	104.218	Level2			
0552295.2	10,000.0000	10,421.80	0.05%	100.00 166.65	10,000.00 10,847.60	421.80 -425.80
JPMORGAN CHASE & CO SENIOR NT DTD 9/16/2020 0.65300% DUE 9/16/2024	46647PBS4 0.66%	99.530	Level2			
0552295.2	30,000.0000	29,859.00	0.14%	100.00 57.14	30,000.00 30,159.00	-141.00 -300.00
MARTIN MARIETTA MATERIALS INC SENIOR NT DTD 7/2/2021 0.65000% DUE 7/15/2023	573284AY2 0.65%	99.640	Level2			
0552295.2	30,000.0000	29,892.00	0.14%	99.99 96.96	29,996.40 29,996.40	-104.40 -104.40
MORGAN STANLEY MED TERM NT SER I DTD 10/19/2021 1.16400% DUE 10/21/2025	61747YE66 1.17%	99.210	Level2			
0552295.2	25,000.0000	24,802.50	0.12%	100.00 58.20	25,000.00 25,000.00	-197.50 -197.50



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

 TEAMSTERS LOC 73 PENSION CONSOL 0552295
 January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
MORGAN STANLEY MED TERM NT SER 1 DTD 4/28/2020 FL RT% DUE 4/28/2026 0552295.2	6174468Q5 2.15%	101.962	Level2			
	35,000.0000	35,686.70	0.17%	103.26 136.75	36,141.35 36,141.35	-454.65 -454.65
MUFG UNION BANK N A MED TERM BK NT DTD 3/7/2019 3.15000% DUE 4/1/2022 0552295.2	90520EAH4 3.14%	100.433	Level2			
	55,000.0000	55,238.15	0.26%	99.98 433.13	54,989.55 56,791.35	248.60 -1,553.20
NATIONAL RURAL UTILS COOP FIN MED TERM NT SER D DTD 10/25/2021 1.00000% DUE 10/18/2024 0552295.2	63743HEY4 1.01%	99.136	Level2			
	25,000.0000	24,784.00	0.12%	99.91 45.83	24,977.25 24,977.25	-193.25 -193.25
NUCOR CORP SENIOR NT DTD 09/21/10 4.125% DUE 09/15/22 0552295.2	670346AL9 4.06%	101.633	Level2			
	5,000.0000	5,081.65	0.02%	103.30 60.73	5,164.90 5,268.35	-83.25 -186.70
OGE ENERGY CORP SENIOR NT DTD 5/27/2021 0.70300% DUE 5/26/2023 0552295.2	670837AC7 0.71%	99.539	Level2			
	30,000.0000	29,861.70	0.14%	100.00 20.50	30,000.00 30,000.00	-138.30 -138.30
ORACLE CORP SENIOR NT DTD 5/5/2015 2.50000% DUE 5/15/2022	68389XBB0 2.49%	100.412	Level2			



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL 0552295
January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
0552295.2	15,000.0000	15,061.80	0.07%	98.99 47.92	14,848.05 15,401.10	213.75 -339.30
PACIFIC GAS & ELECTRIC CO NOTE DTD 6/19/2020 1.75000% DUE 6/16/2022	694308JE8 1.75%	100.000	Level2			
0552295.2	35,000.0000	35,000.00	0.16%	99.99 25.52	34,997.90 35,098.70	2.10 -98.70
PHILIP MORRIS INTL INC SENIOR NT DTD 5/1/2020 1.12500% DUE 5/1/2023	718172C00 1.12%	100.432	Level2			
0552295.2	35,000.0000	35,151.20	0.16%	99.67 65.63	34,882.75 35,691.25	268.45 -540.05
PIONEER NATURAL RESOURCE CO SENIOR NT DTD 1/29/2021 0.75000% DUE 1/15/2024	723787AS6 0.76%	98.644	Level2			
0552295.2	45,000.0000	44,389.80	0.21%	99.30 155.63	44,686.80 44,686.80	-297.00 -297.00
PNC FINANCIAL SERVICES GROUP INC JUNIOR SUB BD DTD 9/13/2021 3.40000%	693475BC8 3.45%	98.424	Level2			
0552295.2	35,000.0000	34,448.40	0.16%	100.00 52.89	35,000.00 35,000.00	-551.60 -551.60
PNC FUNDING CORP SENIOR NT DTD 03/08/12 3.30% DUE 03/08/22	693476BN2 3.29%	100.276	Level2			
0552295.2	15,000.0000	15,041.40	0.07%	99.44 155.38	14,916.60 15,493.05	124.80 -451.65



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL 0552295
January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
PUBLIC STORAGE SENIOR NT DTD 11/9/2021 1.50000% DUE 11/9/2026 0552295.2	74460DAG4 1.50%	99.753	Level2			
	90,000.0000	89,777.70	0.42%	99.85 195.00	89,862.30 89,862.30	-84.60 -84.60
PUBLIC SVC ENTERPRISE GROUP INC SENIOR NT DTD 11/6/2017 2.65000% DUE 11/15/2022 0552295.2	744573AL0 2.61%	101.413	Level2			
	40,000.0000	40,565.20	0.19%	102.73 135.44	41,093.60 41,690.40	-528.40 -1,125.20
QUANTA SERVICES INC SENIOR NT DTD 9/23/2021 0.95000% DUE 10/1/2024 0552295.2	74762EAG7 0.96%	98.915	Level2			
	35,000.0000	34,620.25	0.16%	99.95 90.51	34,981.10 34,981.10	-360.85 -360.85
RALPH LAUREN CORP SENIOR NT DTD 6/3/2020 1.70000% DUE 6/15/2022 0552295.2	731572AA1 1.69%	100.610	Level2			
	10,000.0000	10,061.00	0.05%	99.88 7.56	9,988.00 10,181.90	73.00 -120.90
SPECTRA ENERGY PARTNERS L P SENIOR NT DTD 10/17/2016 3.37500% DUE 10/15/2026 0552295.2	84756NAH2 3.18%	106.017	Level2			
	10,000.0000	10,601.70	0.05%	99.87 71.25	9,986.50 11,211.20	615.20 -609.50



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL 0552295
January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
SUNOCO LOGISTICS PARTNERS SENIOR BD DTD 1/10/2013 3.45000% DUE 1/15/2023 0552295.2	86765BAL3 3.39%	101.816	Level2			
	35,000.0000	35,635.60	0.17%	101.78 556.79	35,623.00 36,512.35	12.60 -876.75
SUNTRUST BANK MED TERM BK NT DTD 7/31/2017 2.45000% DUE 8/1/2022 0552295.2	86787EAT4 2.43%	101.018	Level2			
	15,000.0000	15,152.70	0.07%	99.82 153.13	14,973.30 15,497.85	179.40 -345.15
T-MOBILE USA INC SENIOR NT DTD 2/15/2021 1.50000% DUE 2/15/2026 0552295.2	87264ABZ7 1.52%	98.781	Level2			
	45,000.0000	44,451.45	0.21%	100.61 255.00	45,272.25 45,272.25	-820.80 -820.80
TEXAS INSTRUMENTS INC SENIOR NT DTD 9/15/2021 1.12500% DUE 9/15/2026 0552295.2	882508BK9 1.14%	99.034	Level2			
	15,000.0000	14,855.10	0.07%	100.00 49.69	15,000.00 15,000.00	-144.90 -144.90
TOYOTA MOTOR CREDIT CORP MED TERM NT DTD 4/1/2020 2.90000% DUE 3/30/2023 0552295.2	89236TGW9 2.82%	102.769	Level2			
	25,000.0000	25,692.25	0.12%	99.99 183.26	24,997.25 26,447.50	695.00 -755.25
UNION PACIFIC CORP SENIOR NT DTD 2/19/2019 2.95000% DUE 3/1/2022	907818EZ7 2.94%	100.359	Level2			



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL 0552295
January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
0552295.2	40,000.0000	40,143.60	0.19%	99.96 393.33	39,982.40 41,238.40	161.20 -1,094.80
VERIZON COMMUNICATIONS INC SENIOR NT DTD 3/22/2021 1.45000% DUE 3/20/2026	92343VGG3 1.46%	99.493	Level2			
0552295.2	30,000.0000	29,847.90	0.14%	99.80 122.04	29,940.90 29,940.90	-93.00 -93.00
VMWARE INC SENIOR NT DTD 8/2/2021 1.00000% DUE 8/15/2024	928563AH8 1.01%	99.035	Level2			
0552295.2	30,000.0000	29,710.50	0.14%	99.95 124.17	29,985.60 29,985.60	-275.10 -275.10
WEINGARTEN REALTY INVESTORS SENIOR BD DTD 10/9/2012 3.37500% DUE 10/15/2022	948741AH6 3.33%	101.290	Level2			
0552295.2	30,000.0000	30,387.00	0.14%	103.36 298.13	31,008.70 30,948.30	-621.70 -561.30
WELLS FARGO & CO MED TERM NT DTD 6/2/2020 FL RT% DUE 6/2/2024	95000U2R3 1.64%	100.846	Level2			
0552295.2	30,000.0000	30,253.80	0.14%	100.00 40.90	30,000.00 30,836.40	253.80 -582.60
WESTERN UNION CO SENIOR NT DTD 3/9/2021 1.35000% DUE 3/15/2026	959802AZ2 1.38%	97.996	Level2			
0552295.2	30,000.0000	29,398.80	0.14%	99.88 119.25	29,965.20 29,965.20	-566.40 -566.40
Total Corporate Bonds		1,896,574.84	8.81%	N/A 8,346.21	1,897,909.75 1,923,912.51	-1,334.91 -27,337.67



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

 TEAMSTERS LOC 73 PENSION CONSOL 0552295
 January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
Corporate Mortgage Back						
AMERICREDIT AUTO RECEIVABLES TRUST ABS SEQ PYR 2021-3 A3 DTD 11/17/2021 0.76000% DUE 8/18/2026 0552295.2	03066JAC7 0.76%	99.439	Level2			
	15,000.0000	14,915.84	0.07%	99.99 4.53	14,998.17 14,998.17	-82.33 -82.33
AMERICREDIT AUTO RECEIVABLES TRUST ABS 2021-2 A3 DTD 6/16/2021 0.34000% DUE 12/18/2026 0552295.2	03066RAC9 0.34%	99.171	Level2			
	10,000.0000	9,917.14	0.05%	99.98 1.23	9,998.35 9,998.35	-81.21 -81.21
CNH EQUIPMENT TRUST ABS SEQ PYR 2021-C A3 DTD 10/27/2021 0.81000% DUE 12/15/2026 0552295.2	12598LAC0 0.82%	99.321	Level2			
	10,000.0000	9,932.09	0.05%	99.99 3.60	9,998.84 9,998.84	-66.75 -66.75
DELTA AIR LINES INC ABS 2019-1 AA DTD 3/13/2019 3.20400% DUE 4/25/2024 0552295.2	24737BAA3 3.10%	103.391	Level2			
	40,000.0000	41,356.24	0.19%	105.79 234.96	42,315.60 41,097.04	-959.36 259.20
GM FINANCIAL CONS ATMB RECEIVABLE TR ABS SEQ PYR 2020-2 A-3 DTD 4/22/2020 1.49000% DUE 12/16/2024	36258VAD6 1.48%	100.585	Level2			



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL 0552295
January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
0552295.2	12,595.7629	12,669.44	0.06%	100.56 7.82	12,666.62 12,826.38	2.82 -156.94
JPMBB COMMERCIAL MTG SECS TRUST CMBS SEQ PYR 2013-C12 ASB DTD 06/01/13 3.157% DUE 07/15/45	46639NAR2 3.14%	100.502	Level2			
0552295.2	2,843.9722	2,858.25	0.01%	103.23 7.48	2,935.84 2,892.92	-77.59 -34.67
MERCEDES-BENZ AUTO RECEIVABLES TRUST ABS SEQ PYR 2019-B A3 DTD 11/20/2019 2.00000% DUE 10/15/2022	58769QAC5 2.00%	100.176	Level2			
0552295.2	4,912.2901	4,920.93	0.02%	99.98 4.37	4,911.51 4,975.20	9.42 -54.27
TOYOTA AUTO RECEIVABLES OWNER TR ABS SEQ PYR 2019-D A3 DTD 11/13/2019 1.92000% DUE 1/16/2024	89233MAD5 1.91%	100.710	Level2			
0552295.2	20,286.8546	20,430.95	0.09%	99.99 17.31	20,285.39 20,691.38	145.56 -260.43
TOYOTA AUTO RECEIVABLES OWNER TR ABS SEQ PYR 2020-B A3 DTD 4/29/2020 1.36000% DUE 8/15/2024	89239RAC0 1.35%	100.486	Level2			
0552295.2	9,421.1211	9,466.95	0.04%	99.98 5.69	9,419.24 9,583.49	47.71 -116.54
VERIZON MASTER TRUST ABS 2021-1 A DTD 5/25/2021 0.86000% DUE 5/20/2027	92348KAA1 0.87%	98.702	Level2			



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL 0552295
January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
0552295.2	25,000.0000	24,675.55	0.11%	99.99 3.82	24,998.17 24,998.17	-322.62 -322.62
VERIZON OWNER TRUST ABS SEQ PYR 2020-A A1A DTD 1/29/2020 1.85000% DUE 7/22/2024	92348TAA2 1.84%	100.750	Level2			
0552295.2	25,000.0000	25,187.60	0.12%	99.99 14.13	24,997.07 25,600.18	190.53 -412.58
Total Corporate Mortgage Back		176,330.98	0.82%	N/A 304.94	177,524.80 177,660.12	-1,193.82 -1,329.14
Government Mortgage Back						
FANNIE MAE POOL MA3932 DTD 1/1/2020 3.50000% DUE 1/1/2034	31418DLN0 3.32%	105.400	Level2			
0552295.2	12,887.6801	13,583.61	0.06%	104.47 37.59	13,463.59 13,695.18	120.02 -111.57
FANNIE MAE POOL AL2877 DTD 12/01/12 3.50% DUE 01/01/28	3138EKF7 3.31%	105.718	Level2			
0552295.2	1,705.5353	1,803.06	0.01%	108.18 4.97	1,845.11 1,830.51	-42.05 -27.45
FANNIE MAE POOL MA1870 DTD 3/1/2014 4.50000% DUE 4/1/2034	31418BCG9 4.14%	108.793	Level2			
0552295.2	5,960.5270	6,484.64	0.03%	107.95 22.35	6,434.57 6,589.18	50.07 -104.54
FREDDIE MAC GOLD POOL J37949 DTD 11/1/2017 3.00000% DUE 11/1/2032	31307UZN1 2.84%	105.687	Level2			



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL 0552295
January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
0552295.2	4,403.1725	4,653.58	0.02%	99.38 11.01	4,375.66 4,738.24	277.92 -84.66
FREDDIE MAC GOLD POOL J25557 DTD 09/01/13 3.50% DUE 09/01/28	31307EE67 3.29%	106.385	Level2			
0552295.2	11,746.3977	12,496.41	0.06%	105.27 34.26	12,365.62 12,682.43	130.79 -186.02
GOVERNMENT NATL MTG ASSN POOL 723248 DTD 10/01/09 5.00% DUE 10/15/39	3620A9P96 4.31%	115.877	Level2			
0552295.2	10,712.0951	12,412.85	0.06%	111.76 44.63	11,971.49 12,347.35	441.36 65.50
GOVERNMENT NATL MTG ASSN POOL 783403 DTD 09/01/11 3.50% DUE 09/15/41	36241LX84 3.28%	106.844	Level2			
0552295.2	10,699.5330	11,431.81	0.05%	105.25 31.21	11,261.24 11,436.79	170.57 -4.98
Total Government Mortgage Back		62,865.96	0.29%	N/A 186.02	61,717.28 63,319.68	1,148.68 -453.72
Treasuries						
UNITED STATES TREAS NTS DTD 12/31/2015 2.12500% DUE 12/31/2022	912828N30 2.09%	101.660	Level2			
0552295.2	455,000.0000	462,553.00	2.15%	101.99 26.71	464,060.61 466,518.38	-1,507.61 -3,965.38
UNITED STATES TREAS NTS DTD 12/31/2020 0.37500% DUE 12/31/2025	91282CBC4 0.39%	96.930	Level2			
0552295.2	325,000.0000	315,022.50	1.46%	98.05 3.37	318,668.30 318,668.30	-3,645.80 -3,645.80



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL 0552295
January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
UNITED STATES TREAS NTS DTD 8/31/2021 0.12500% DUE 8/31/2023 0552295.2	91282CCU3 0.13%	99.121	Level2			
	935,000.0000	926,781.35	4.30%	99.70 397.12	932,164.26 932,164.26	-5,382.91 -5,382.91
UNITED STATES TREAS NTS DTD 9/15/2021 0.37500% DUE 9/15/2024 0552295.2	91282CCX7 0.38%	98.586	Level2			
	810,000.0000	798,546.60	3.71%	99.48 906.22	805,801.36 805,801.36	-7,254.76 -7,254.76
Total Treasuries		2,502,903.45	11.62%	N/A 1,333.42	2,520,694.53 2,523,152.30	-17,791.08 -20,248.85
Mutual Funds						
LOOMIS SAYLES BOND FUND OPEN-END FUND INSTL CL 0552295.3	543495840 2.88%	13.620	Level2			
	89,009.4520	1,212,308.74	5.63%	13.28 0.00	1,182,082.35 1,210,932.43	30,226.39 1,376.31
Total Mutual Funds		1,212,308.74	5.63%	N/A 0.00	1,182,082.35 1,210,932.43	30,226.39 1,376.31
Non-US Corporate Bonds						
CANADIAN PACIFIC RAILWAY CO FGN SR NT DTD 12/2/2021 1.35000% DUE 12/2/2024 0552295.2	13645RBD5 1.35%	100.120	Level2			
	50,000.0000	50,060.00	0.23%	99.87 54.38	49,934.00 49,934.00	126.00 126.00
ECOPETROL S A FGN SR NT DTD 09/18/13 5.875% DUE 09/18/23 0552295.2	279158AC3 5.54%	106.001	Level2			
	20,000.0000	21,200.20	0.10%	110.90 336.18	22,180.00 22,330.20	-979.80 -1,130.00



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL 0552295
January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
ING GROEP N V FGN SR NT DTD 3/29/2017 3.15000% DUE 3/29/2022 0552295.2	456837AG8 3.13%	100.654	Level2			
	30,000.0000	30,196.20	0.14%	99.90 241.50	29,970.30 31,025.70	225.90 -829.50
KREDITANSTALT FUR WIEDERAUFBAU FGN SR NT DTD 4/12/2017 2.12500% DUE 6/15/2022 0552295.2	500769HJ6 2.11%	100.793	Level2			
	15,000.0000	15,118.95	0.07%	99.89 14.17	14,982.75 15,423.00	136.20 -304.05
SANTANDER UK GROUP HOLDINGS PLC FGN SR NT DTD 1/10/2017 3.57100% DUE 1/10/2023 0552295.2	80281LAF2 3.57%	100.042	Level2			
	15,000.0000	15,006.30	0.07%	101.66 254.43	15,248.55 15,456.15	-242.25 -449.85
SANTANDER UK PLC FGN SR NT DTD 1/13/2020 2.10000% DUE 1/13/2023 0552295.2	80283LAY9 2.07%	101.440	Level2			
	45,000.0000	45,648.00	0.21%	100.01 441.00	45,005.40 46,497.60	642.60 -849.60
SHIRE ACQUISITIONS INVTS IRELAND DAC FGN SR NT DTD 9/23/2016 2.87500% DUE 9/23/2023 0552295.2	82481LAC3 2.80%	102.848	Level2			
	40,000.0000	41,139.20	0.19%	102.03 313.06	40,810.80 42,417.20	328.40 -1,278.00



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL 0552295
January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
TRANSCANADA PIPELINES LTD FGN SR NT DTD 10/12/2021 1.00000% DUE 10/12/2024 0552295.2	89352HBB4 1.01% 35,000.0000	99.118 34,691.30	Level2 0.16%	 99.97 76.81	34,989.85 34,989.85	-298.55 -298.55
Total Non-US Corporate Bonds		253,060.15	1.18%	N/A 1,731.53	253,121.65 258,073.70	-61.50 -5,013.55
Non-US Other Fixed Income						
EUROPEAN INVESTMENT BANK FGN SR NT DTD 3/14/2017 2.37500% DUE 6/15/2022 0552295.2	298785HK5 2.35% 15,000.0000	100.932 15,139.80	Level2 0.07%	 99.81 15.83	14,970.90 15,474.15	168.90 -334.35
PROVINCE OF QUEBEC FGN SR NT DTD 1/31/2017 2.37500% DUE 1/31/2022 0552295.2	748149AM3 2.37% 10,000.0000	100.149 10,014.90	Level2 0.05%	 99.91 99.62	9,991.10 10,224.80	23.80 -209.90
REPUBLIC OF INDONESIA FGN SR NT DTD 12/11/2017 2.95000% DUE 1/11/2023 0552295.2	455780CC8 2.89% 40,000.0000	102.082 40,832.80	Level2 0.19%	 99.85 557.22	39,940.00 41,716.40	892.80 -883.60
Total Non-US Other Fixed Income		65,987.50	0.31%	N/A 672.67	64,902.00 67,415.35	1,085.50 -1,427.85
Total Fixed Income		6,170,031.62	28.65%	N/A 12,574.79	6,157,952.36 6,224,466.09	12,079.26 -54,434.47



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

EIN: 51-0149915

PN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL 0552295
January 01, 2021 - December 31, 2021

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
Real Assets						
Common/Collective Funds						
AMERICAN CORE REALTY FUND	998161723 0.00%	143,782.927	Level3			
0552295.3	16.7437	2,407,458.20	11.18%	118,224.98 0.00	1,979,523.52 2,057,981.32	427,934.68 349,476.88
Total Common/Collective Funds		2,407,458.20	11.18%	N/A 0.00	1,979,523.52 2,057,981.32	427,934.68 349,476.88
Total Real Assets		2,407,458.20	11.18%	N/A 0.00	1,979,523.52 2,057,981.32	427,934.68 349,476.88
Cash and Cash Equivalents						
Money Market Funds						
FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	3140000V3 0.01%	1.000	Level n/a			
0552295.1	151,126.6200	151,126.62	0.70%	1.00 1.12	151,126.62 151,126.62	0.00 0.00
0552295.2	55,031.2700	55,031.27	0.26%	1.00 3.39	55,031.27 55,031.27	0.00 0.00
Total for Asset	206,157.8900	206,157.89	0.96%	1.00 4.51	206,157.89 206,157.89	0.00 0.00
Total Money Market Funds		206,157.89	0.96%	N/A 4.51	206,157.89 206,157.89	0.00 0.00
Total Cash and Cash Equivalents		206,157.89	0.96%	N/A 4.51	206,157.89 206,157.89	0.00 0.00
Net Holdings		21,536,482.71	100.00%	N/A 12,579.30	14,953,516.20 19,335,825.33	6,582,966.51 2,200,657.38
Total Holdings Principal Assets		\$21,536,482.71	100.00%	N/A \$12,579.30	\$14,953,516.20 \$19,335,825.33	\$6,582,966.51 \$2,200,657.38
Total Holdings		\$21,536,482.71			\$14,953,516.20 \$19,335,825.33	\$6,582,966.51 \$2,200,657.38

