

**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

**2019**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2019 or fiscal plan year beginning **04/01/2019** and ending **03/31/2020**

- 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)

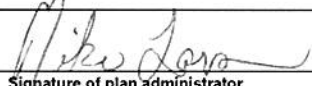
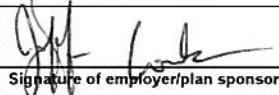
**Part II Basic Plan Information — enter all requested information**

<b>1 a</b> Name of plan TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN	<b>1b</b> Three-digit plan number (PN) . . . ▶ 002
	<b>1c</b> Effective date of plan 04/01/1975
<b>2 a</b> 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)	<b>2b</b> Employer Identification Number (EIN) 51-0175810
	<b>2c</b> Plan Sponsor's telephone number 317-639-3573
	<b>2d</b> Business code (see instructions) 813930

JT BOARD OF TRUSTEES TEAMSTERS  
6007 S. HARDING STREET  
INDIANAPOLIS, IN 46217

**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		1/13/2021	MIKE LARSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		1-19-2021	JEFF COMBS
	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 (2019)  
v. 190130

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  JT BOARD OF TRUSTEES TEAMSTERS 6007 S. HARDING STREET INDIANAPOLIS, IN 46217	<b>3b</b> Administrator's EIN 51-0175810 <hr/> <b>3c</b> Administrator's telephone number 317-639-3573
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<b>4</b> 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: <b>a</b> Sponsor's name   <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year .....	<b>5</b>	2080
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b> 712
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b> 716
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b> 749
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b> 659
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b> 2124
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b> 151
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b> 2275
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g</b>
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	32
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

<b>1B</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) <b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input checked="" type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) – signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) – signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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<b>Schedule C (Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2019</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2019 or fiscal plan year beginning **04/01/2019** and ending **03/31/2020**

<b>A</b> Name of plan <b>TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JT BOARD OF TRUSTEES TEAMSTERS</b>	<b>D</b> Employer Identification Number (EIN) <b>51-0175810</b>	

**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

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

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

CHARLES SCHWAB TRUST BANK 82-3967259  
2360 CORPORATE CIRCLE  
SUITE 400  
HENDERSON NV 89074

(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 19 51 52	CUSTODIAN	257800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERRILL LYNCH, PIERCE, FENNER 13-5674085  
4 WORLD FINANCIAL CENTER  
250 VESEY STREET  
NEW YORK NY 10281

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered 'Yes' to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	INVESTMENT ADVISOR	112601	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	3,144	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

UNITED ACTUARIAL SERVICES, INC. 35-2156428  
11590 N. MERIDIAN ST., STE 610  
CARMEL IN 46032

(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	ACTUARY	43875	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

BANK OF AMERICA 94-1687665  
101 S. TRYON ST  
CHARLOTTE NC 28280

(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	CUSTODIAN	40357	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PARAMOUNT CONSULTING  
5235 ASHFORD ROAD  
DUBLIN OH 43017

(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?
14	PLAN ADMINISTRATION	24000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PILE CPAS 35-0865680  
ONE INDIANA SQUARE, SUITE 1200  
INDIANAPOLIS IN 46204

(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	AUDITOR	20000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

ALATEK DEVELOPMENT 62-1782185  
PO BOX 834  
CROSSVILLE TN 38557

(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?
99	NONE	11550	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MACEY, SWANSON & ALLMAN 35-1788658  
445 N. PENNSYLVANIA ST  
SUITE 401  
INDIANAPOLIS IN 46204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered 'Yes' to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	ATTORNEY	6254	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2019</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2019 or fiscal plan year beginning **04/01/2019** and ending **03/31/2020**

<b>A</b> Name of plan <b>TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) . . . ►	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JT BOARD OF TRUSTEES TEAMSTERS</b>		
		<b>D</b> Employer Identification Number (EIN) <b>51-0175810</b>

**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	1a	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash . . . . .	<b>1a</b>	121065	1821066
<b>b</b> Receivables (less allowance for doubtful accounts):			
(1) Employer contributions . . . . .	1b(1)	210347	181712
(2) Participant contributions . . . . .	1b(2)		
(3) Other . . . . . SEE STATEMENT 1	1b(3)	432432	48588
<b>c</b> General investments:			
(1) Interest-bearing cash (include money market accounts and certificates of deposit) . . . . .	1c(1)	2063783	
(2) U.S. Government securities . . . . .	1c(2)	2910575	608583
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred . . . . .	1c(3)(A)		
(B) All other . . . . .	1c(3)(B)	17467984	16743750
(4) Corporate stocks (other than employer securities):			
(A) Preferred . . . . .	1c(4)(A)	3895915	704576
(B) Common . . . . .	1c(4)(B)	49495600	49566861
(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)		
(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)	7339609	5044290
(14) Value of funds held in insurance company general account (unallocated contracts) . . . . .	1c(14)		
(15) Other . . . . . SEE STATEMENT 2	1c(15)	1688395	

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

Schedule H (Form 5500) 2019

v. 190130

1 d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	85625705	74719426
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	22079	5394
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	22079	5394
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	85603626	74714032

**Part II Income and Expense Statement**

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

Income		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from:			
(A) Employers.....	2a(1)(A)	3495921	
(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)		3495921
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	12141	
(B) U.S. Government securities.....	2b(1)(B)	30858	
(C) Corporate debt instruments.....	2b(1)(C)	700175	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other..... SEE STATEMENT 3	2b(1)(F)	60508	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		803682
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	92906	
(B) Common stock.....	2b(2)(B)	1329159	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	80738	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		1502803
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	119264116	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	120091425	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-827309
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other..... SEE STATEMENT 4	2b(5)(B)	-9004511	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		-9004511

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	
(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)	
c Other income .....	2c	
d Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	-4029414

**Expenses**

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	6277075
(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)	6277075
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)	70934
(2) Contract administrator fees .....	2i(2)	
(3) Investment advisory and management fees .....	2i(3)	398289
(4) Other .....	2i(4)	113882
(5) Total administrative expenses. Add lines 2i(1) through (4) .....	2i(5)	583105
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	6860180

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k	-10889594
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 Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?  Yes  No

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

(1) Name: PILE CPAS (2) EIN: 35-0865680

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.)

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if 'Yes' is checked, and see instructions for format requirements.) SEE STATEMENT 6	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.			

**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** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ...  Yes  No  Not determined  
 If 'Yes' is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4267535 . (See instructions.)

<b>SCHEDULE R</b> <b>(Form 5500)</b> Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2019</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 03/31/2020

<b>A</b> Name of plan <u>TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) <u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>JT BOARD OF TRUSTEES TEAMSTERS</u>	<b>D</b> Employer Identification Number (EIN) <u>51-0175810</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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): \_\_\_\_\_

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. 3 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

6a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a
6b Enter the amount contributed by the employer to the plan for this plan year.....	6b
6c 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

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

11a Does the ESOP hold any preferred stock?  Yes  No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a 'back-to-back' loan? (See instructions for definition of 'back-to-back' loan.)  Yes  No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

<b>a</b> Name of contributing employer <u>IRVING MATERIALS, INC.</u>		
<b>b</b> EIN <u>35-0817664</u>	<b>c</b> Dollar amount contributed by employer	<u>1039504</u>
<b>d</b> Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instrs regarding req attachment. Otherwise, enter the applicable date.)		
		Month <u>04</u> Day <u>30</u> Year <u>2022</u>
<b>e</b> Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
<b>(1)</b> Contribution rate (in dollars and cents) <u>3.50</u>		
<b>(2)</b> Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
<b>a</b> Name of contributing employer <u>MARTIN MARIETTA</u>		
<b>b</b> EIN <u>31-7060001</u>	<b>c</b> Dollar amount contributed by employer	<u>230795</u>
<b>d</b> Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instrs regarding req attachment. Otherwise, enter the applicable date.)		
		Month <u>12</u> Day <u>31</u> Year <u>2022</u>
<b>e</b> Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
<b>(1)</b> Contribution rate (in dollars and cents) <u>1.85</u>		
<b>(2)</b> Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____		
<b>a</b> Name of contributing employer <u>D TRANSPORT</u>		
<b>b</b> EIN <u>35-2042612</u>	<b>c</b> Dollar amount contributed by employer	<u>453212</u>
<b>d</b> Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instrs regarding req attachment. Otherwise, enter the applicable date.)		
		Month <u>04</u> Day <u>30</u> Year <u>2022</u>
<b>e</b> Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
<b>(1)</b> Contribution rate (in dollars and cents) _____		
<b>(2)</b> Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): <u>13% OF GROSS WAGES</u>		
<b>a</b> Name of contributing employer <u>CMG TRUCKING, INC.</u>		
<b>b</b> EIN <u>26-3348631</u>	<b>c</b> Dollar amount contributed by employer	<u>343405</u>
<b>d</b> Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instrs regarding req attachment. Otherwise, enter the applicable date.)		
		Month <u>06</u> Day <u>30</u> Year <u>2022</u>
<b>e</b> Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
<b>(1)</b> Contribution rate (in dollars and cents) _____		
<b>(2)</b> Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): <u>13% OF GROSS WAGES</u>		
<b>a</b> Name of contributing employer <u>DWD COMPANY, LLC.</u>		
<b>b</b> EIN <u>81-4047892</u>	<b>c</b> Dollar amount contributed by employer	<u>187053</u>
<b>d</b> Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instrs regarding req attachment. Otherwise, enter the applicable date.)		
		Month <u>05</u> Day <u>31</u> Year <u>2022</u>
<b>e</b> Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
<b>(1)</b> Contribution rate (in dollars and cents) _____		
<b>(2)</b> Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): <u>13% OF GROSS WAGES</u>		
<b>a</b> Name of contributing employer <u>MS TRANSPORT, LLC</u>		
<b>b</b> EIN <u>35-2099051</u>	<b>c</b> Dollar amount contributed by employer	<u>183949</u>
<b>d</b> Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instrs regarding req attachment. Otherwise, enter the applicable date.)		
		Month <u>05</u> Day <u>31</u> Year <u>2022</u>
<b>e</b> Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
<b>(1)</b> Contribution rate (in dollars and cents) _____		
<b>(2)</b> Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): <u>13% OF GROSS WAGES</u>		



14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year .....	14a	
b The plan year immediately preceding the current plan year .....	14b	
c The second preceding plan year .....	14c	

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

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

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

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

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

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

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

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

- a Enter the percentage of plan assets held as:  
 Stock: 69.0 % Investment-Grade Debt: 28.0 % High-Yield Debt: \_\_\_\_\_ % Real Estate: \_\_\_\_\_ % Other: 3.0 %
- 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 exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation \_\_\_\_\_

<b>Schedule MB</b> <b>(Form 5500)</b> <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b> 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). <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2019</div> <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 03/31/2020

- ▶ **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.

<b>A</b> Name of plan <u>TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) . . . . ▶ <u>002</u>
----------------------------------------------------------------------------	------------------------------------------------------------

<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>JT BOARD OF TRUSTEES TEAMSTERS</u>	<b>D</b> Employer Identification Number (EIN) <u>51-0175810</u>
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**E** Type of plan:           (1)  Multiemployer Defined Benefit           (2)  Money Purchase (see instructions)

**1 a** Enter the valuation date:           Month 04   Day 01   Year 2019

<b>b</b> Assets		
(1) Current value of assets . . . . .	<b>1b(1)</b>	85603626
(2) Actuarial value of assets for funding standard account . . . . .	<b>1b(2)</b>	87751019
<b>c</b> (1) Accrued liability for plan using immediate gain methods . . . . .	<b>1c(1)</b>	106369010
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases . . . . .	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method . . . . .	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method . . . . .	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method . . . . .	<b>1c(3)</b>	106369010
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) . . . . .	<b>1d(1)</b>	
(2) 'RPA '94' information:		
(a) Current liability . . . . .	<b>1d(2)(a)</b>	182753973
(b) Expected increase in current liability due to benefits accruing during the plan year . . . . .	<b>1d(2)(b)</b>	3443462
(c) Expected release from 'RPA '94' current liability for the plan year . . . . .	<b>1d(2)(c)</b>	7128556
(3) Expected plan disbursements for the plan year . . . . .	<b>1d(3)</b>	7238336

**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.

<b>SIGN HERE</b>	<div style="text-align: center;"><small>Signature of actuary</small></div> <u>ERIKA L. CREAGER, EA, MAAA</u> <small>Type or print name of actuary</small>	<div style="text-align: center;"><small>Date</small></div> <u>20-07288</u> <small>Most recent enrollment number</small>
	<div style="text-align: center;"><small>Firm name</small></div> <u>UNITED ACTUARIAL SERVICES, INC.</u>	<div style="text-align: center;"><small>Telephone number (including area code)</small></div> <u>317 580-8631</u>
	<div style="text-align: center;"><small>Address of the firm</small></div> <u>11590 N. MERIDIAN STREET, SUITE 610</u> <u>CARMEL, IN 46032-4529</u>	

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:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	85603626
<b>b</b> 'RPA '94' current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	749	79826057
<b>(2)</b> For terminated vested participants .....	659	41008503
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		2293422
<b>(b)</b> Vested benefits .....		59625991
<b>(c)</b> Total active .....	716	61919413
<b>(4)</b> Total .....	2124	182753973
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	46.84 %

**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
03-31-2020..	3495921				
<b>Totals ... ▶ 3(b)</b>				3495921	3(c)

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....	<b>4a</b>	82.50 %
<b>b</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 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is 'Yes,' enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> 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 .....	<b>4f</b>	<input type="checkbox"/>

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

<b>a</b> <input type="checkbox"/> Attained age normal	<b>b</b> <input type="checkbox"/> Entry age normal	<b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit)	<b>d</b> <input type="checkbox"/> Aggregate
<b>e</b> <input type="checkbox"/> Frozen initial liability	<b>f</b> <input type="checkbox"/> Individual level premium	<b>g</b> <input type="checkbox"/> Individual aggregate	<b>h</b> <input type="checkbox"/> Shortfall
<b>i</b> <input type="checkbox"/> Other (specify):			
<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>		
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>l</b> If line k is 'Yes,' was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>m</b> 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 .....	<b>5m</b>		

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for 'RPA '94' current liability.....	<b>6a</b>	3.08 %	
<b>b</b> Rates specified in insurance or annuity contracts.....	Pre-retirement		Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>c</b> Mortality table code for valuation purposes:			
<b>(1)</b> Males.....	<b>6c(1)</b>	A	A
<b>(2)</b> Females.....	<b>6c(2)</b>	A	A
<b>d</b> Valuation liability interest rate.....	<b>6d</b>	7.25 %	7.25 %
<b>e</b> Expense loading.....	<b>6e</b>	9.9 % <input type="checkbox"/> N/A	% <input checked="" type="checkbox"/> N/A
<b>f</b> Salary scale.....	<b>6f</b>	% <input checked="" type="checkbox"/> N/A	
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date.....	<b>6g</b>	4.8 %	
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date.....	<b>6h</b>	5.5 %	

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	3567056	370956
4	2550737	265264

**8 Miscellaneous information:**

<b>a</b> 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.....	<b>8a</b>	
<b>b (1)</b> Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If 'Yes,' attach a schedule.....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b (2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See the instrs.) If 'Yes,' attach a schedule.....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b> 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?.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>d</b> If line c is 'Yes,' provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(2)</b> If line 8d(1) is 'Yes,' enter the number of years by which the amortization period was extended.....	<b>8d(2)</b>	
<b>(3)</b> 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?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(4)</b> 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)).....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is 'Yes,' enter the date of the ruling letter approving the extension.....	<b>8d(5)</b>	
<b>(6)</b> 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?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> 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).....	<b>8e</b>	

**9 Funding standard account statement for this plan year:**

<b>Charges to funding standard account:</b>		
<b>a</b> Prior year funding deficiency, if any.....	<b>9a</b>	
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	1747137
<b>c</b> Amortization charges as of valuation date:	Outstanding balance	
<b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended.....	<b>9c(1)</b>	47802043
<b>(2)</b> Funding waivers.....	<b>9c(2)</b>	
<b>(3)</b> Certain bases for which the amortization period has been extended.....	<b>9c(3)</b>	
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	<b>9d</b>	539290
<b>e</b> Total charges. Add lines 9a through 9d.....	<b>9e</b>	7977841

**Credits to funding standard account:**

f	Prior year credit balance, if any.....	9f	19623146
g	Employer contributions. Total from column (b) of line 3.....	9g	3495921
		Outstanding balance	
h	Amortization credits as of valuation date.....	9h	9560906
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	5379938
j	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL).....	9j(1)	45190731
(2)	'RPA'94' override (90% current liability FFL).....	9j(2)	79698541
(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	30438455
m	Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	22460614
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	0
9 o	Current year's accumulated reconciliation account:		
(1)	Due to waived funding deficiency accumulated prior to the 2019 plan year.....	9o(1)	
(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a)	Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	
(b)	Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	
(3)	Total as of valuation date.....	9o(3)	
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.).....	10	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**STATEMENT 1**  
**SCHEDULE H, PAGE 1, LINE 1B(3)**  
**OTHER RECEIVABLES**

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN 51-0175810 002

	BEGINNING	ENDING
ACCRUED INTEREST RECEIVABLE.....	\$ 325,552.	\$ 0.
NOTE RECEIVABLE.....	105,140.	47,216.
RELATED PARTY.....	1,740.	1,372.
TOTAL	<u>\$ 432,432.</u>	<u>\$ 48,588.</u>

**STATEMENT 2**  
**SCHEDULE H, PAGE 1, LINE 1C(15)**  
**OTHER GENERAL INVESTMENTS**

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN 51-0175810 002

	BEGINNING	ENDING
FOREIGN BONDS.....	\$ 1,688,395.	\$ 0.
TOTAL	<u>\$ 1,688,395.</u>	<u>\$ 0.</u>

**STATEMENT 3**  
**SCHEDULE H, PAGE 2, LINE 2B(1)(F)**  
**OTHER INTEREST**

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN 51-0175810 002

MUNICIPAL BONDS.....	\$ 60,508.
TOTAL	<u>\$ 60,508.</u>

**STATEMENT 4**  
**SCHEDULE H, PAGE 2, LINE 2B(5)(B)**  
**OTHER UNREALIZED APPRECIATION**

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN 51-0175810 002

UNREALIZED APPRECIATION (DEPR) OF ASSET.....	\$ -9,004,511.
TOTAL	<u>\$ -9,004,511.</u>

**STATEMENT 5**  
**SCHEDULE H, PAGE 3, LINE 2I(4)**  
**OTHER ADMINISTRATIVE EXPENSES**

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN 51-0175810 002

INSURANCE.....	\$ 69,263.
OPERATING EXPENSES.....	41,921.
RENT.....	2,698.
TOTAL	<u>\$ 113,882.</u>

2019

FEDERAL STATEMENTS

PAGE 2

CLIENT 1520

JT BOARD OF TRUSTEES TEAMSTERS

51-0175810  
PLAN NO. 002

STATEMENT 6  
SCHEDULE H, PAGE 4, LINE 4I  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN 51-0175810 002

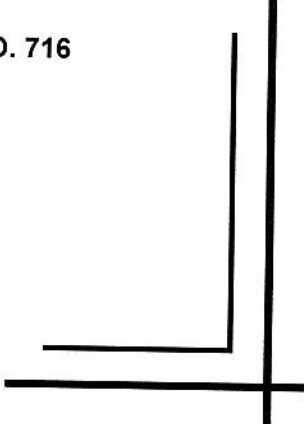
<u>PARTY IN</u> <u>INTEREST</u>	<u>IDENTIFICATION</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>CURRENT</u> <u>AMOUNT</u>
	SEE ATTACHED			



**TEAMSTERS LOCAL UNION NO. 716  
PENSION PLAN**

**FINANCIAL REPORT**

**March 31, 2020**





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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees  
Teamsters Local Union  
No. 716 Pension Plan  
Indianapolis, Indiana

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Teamsters Local Union No. 716 Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of March 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of March 31, 2019, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that Charles Schwab held the Plan's assets and executed investment transactions from April 1, 2019 to March 31, 2020 and that Bank of America, N.A. held the Plan's investment assets and executed investment transactions from March 1, 2018 to February 29, 2020. The Plan Administrator has obtained certifications from the custodians as of March 31, 2020 and 2019, and for the years ended March 31, 2020 and 2019, that the information provided to the Plan Administrator by the custodians is complete and accurate.

## INDEPENDENT AUDITOR'S REPORT - continued

### **Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### **Other Matter**

The supplemental schedules of reporting requirements under Department of Labor's rules as of and for the year ended March 31, 2020, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

### **Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Pile CPAs*

Indianapolis, Indiana  
January 5, 2021

**TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

March 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
<b><u>ASSETS</u></b>		
<b><u>CURRENT ASSETS</u></b>		
<b><u>INVESTMENTS</u>, at fair value</b>		
Common stocks and exchange traded funds	\$ 49,566,861	\$ 49,495,600
Preferred stocks	704,576	3,178,920
U.S. government and mortgage backed securities	608,583	2,910,575
Mutual funds	4,142,432	4,080,188
Money market fund	-	2,063,783
Municipal bonds	1,174,240	3,265,887
Corporate and other debt instruments	15,569,510	15,890,492
Convertible securities	-	716,995
Alternative investments - real estate	901,858	3,259,421
	<u>72,668,060</u>	<u>84,861,861</u>
 <b><u>RECEIVABLES</u></b>		
Employers' contributions	181,712	210,347
Notes receivable, current portion	47,216	57,924
Accounts receivable, related party	1,372	1,740
Accrued interest	-	325,552
	<u>230,300</u>	<u>595,563</u>
<b><u>CASH</u></b>	<u>1,821,066</u>	<u>121,065</u>
<b>TOTAL CURRENT ASSETS</b>	<u>74,719,426</u>	<u>85,578,489</u>
 <b><u>NOTES RECEIVABLE, NET OF CURRENT PORTION</u></b>	<u>-</u>	<u>47,216</u>
<b>TOTAL ASSETS</b>	<u>74,719,426</u>	<u>85,625,705</u>
<b><u>LIABILITIES</u></b>		
<b><u>CURRENT LIABILITIES</u></b>		
<b><u>PAYABLES</u></b>		
Accounts payable and accrued expenses	5,394	22,079
<b>TOTAL CURRENT LIABILITIES</b>	<u>5,394</u>	<u>22,079</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 74,714,032</u>	<u>\$ 85,603,626</u>

See Notes to Financial Statements.

**TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

March 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
<b><u>ADDITIONS</u></b>		
Investment income (loss):		
Net appreciation (depreciation) in fair value of assets	\$ (9,831,821)	\$ 2,455,701
Interest and dividends	2,306,483	2,488,689
	<u>(7,525,338)</u>	<u>4,944,390</u>
Less investment expenses	398,289	425,008
Net investment income (loss)	<u>(7,923,627)</u>	<u>4,519,382</u>
Contributions:		
Employers	<u>3,495,921</u>	<u>3,067,377</u>
Total additions, net	<u>(4,427,706)</u>	<u>7,586,759</u>
<b><u>DEDUCTIONS</u></b>		
Benefits paid directly to participants or beneficiaries	6,277,075	5,990,784
Administrative expenses	184,813	188,306
Total deductions	<u>6,461,888</u>	<u>6,179,090</u>
Net increase (decrease) in assets available for benefits	<u>(10,889,594)</u>	<u>1,407,669</u>
<b><u>NET ASSETS AVAILABLE FOR BENEFITS</u></b>		
Beginning of year	<u>85,603,626</u>	<u>84,195,957</u>
End of year	<u>\$ 74,714,032</u>	<u>\$ 85,603,626</u>

See Notes to Financial Statements.

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

March 31, 2019

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 54,760,791
Other participants	<u>53,572,342</u>
	108,333,133
Nonvested benefits	<u>1,492,869</u>
Accumulated plan benefits	<u>\$ 109,826,002</u>

See Notes to Financial Statements.

**TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN**

**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS**

For the Year Ended March 31, 2019

Actuarial present value of accumulated plan benefits, beginning	\$ 103,257,482
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	2,374,090
Benefits accumulated and actuarial experience gain (or loss)	2,887,353
Interest due to decrease in discount period	7,486,167
Benefits paid	(5,990,784)
Operational expenses paid	<u>(188,306)</u>
Actuarial present value of accumulated benefits, ending	<u>\$ 109,826,002</u>

See Notes to Financial Statements.

## TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

March 31, 2020

#### NOTE 1 DESCRIPTION OF PLAN

The following brief description of Teamsters Local Union No. 716 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 defined benefit pension plan covering union members of Teamsters Local Union No. 135 who work for specific union employers. Teamsters Local Union No. 716, the former sponsor of the Plan was acquired by Teamsters Local Union No. 135 in 2015, who remains as the Plan sponsor. The employers participate in the Plan under the terms and conditions of collectively bargained agreements or participation arrangements (covered employers).

##### Pension Benefits

A vested employee is one with at least one hour of service with an employer on or after April 1, 1997 and with at least 5 years of service. An employee became vested with 10 years of service prior to April 1, 1997. Participants with at least 30 years of service to covered employers are entitled to normal pension benefits beginning at age 55 for those that were participants on or before December 31, 2019. Effective January 1, 2020, participants that join the Plan on or after January 1, 2020 with at least 30 years of service with a covered employer are entitled to normal pension benefits beginning at age 62. Normal pension benefits are determined based on a factor of the amount of contributions paid to the Plan on their behalf by covered employers (future service benefits) and their years of service to covered employers prior to establishment of the Plan (past service benefits). The Plan provides reduced benefits for participants who elect early retirement at ages 55 to 64. If participants retire before rendering five years of service to covered employers, they forfeit the right to receive the portion of their accumulated pension benefits attributable to covered employer contributions. Accumulated pension benefits are normally paid to the participant in the form of a life annuity.

Payments generally cease upon the death of the retired participant unless minimum payment requirements have not been met or a joint and 50% or 75% survivor election has been made. The Plan provides reduced benefits for participants who elect a joint and 50% or 75% survivor life annuity. This option provides lifetime benefit payments to the surviving spouse after a retired participant dies.

##### Death and Disability Benefits

If an active participant dies prior to retirement, a surviving spouse is entitled to receive benefits for life. Retirees must choose the 5 or 10 year guarantee options or the joint survivor 50% or 75% options to receive any benefits after death once they have retired. If a retiree chooses the normal pension option their benefits cease upon their death. Effective April 1, 2001, the Plan provides a maximum \$500 to eligible participants who become disabled. Effective for disabilities on or after September 1, 2010, the Plan reduced the maximum disability benefit to \$300 per month. The Plan does not allow for exceptions to the general rules for determining eligibility to receive benefits or the accumulated benefits to be paid.



# TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS

March 31, 2020

### NOTE 2 SUMMARY OF ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

#### Basis of Accounting

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

#### Investment Valuation and Income Recognition

The Plan's investments are stated 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. Many factors are considered in arriving at fair value. The advisor or trustee will consider such information and determine whether it is appropriate, in light of all relevant circumstances, to value such a position at its net asset value as reported or whether to adjust such value. See Note 8 for further information regarding valuation of the Plan's investments.

Purchases and sales of securities are recorded on a settlement-date basis which does not create a significant difference compared to trade-date basis. As of March 31, 2020, there were no material pending sales or trades that, if recorded, would result in a net gain or loss. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

#### 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 due to the service participants have rendered to covered employers. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on participants' past and future service to covered employers. Benefits payable under all circumstances are included to the extent that they are deemed attributable to participant service rendered to covered employers to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from United Actuarial Services, Inc. at the beginning of each Plan year. It is that amount which 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, withdrawal, and retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of April 1, 2019 were (a) life expectancy of participants (the MP-2019 Mortality Tables were used), (b) retirement age assumptions (a weighted average based on the percent of participants historically electing early retirement from ages 55 to 64 was used), and (c) investment return (a 7.25% rate of return was used).

## TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

March 31, 2020

#### **NOTE 2 SUMMARY OF ACCOUNTING POLICIES** - continued

##### Actuarial Present Value of Accumulated Plan Benefits - continued

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined at the beginning of each Plan year rather than at the end of each Plan year. Consequently, accounting principles generally accepted in the United States of America require the statements of accumulated plan benefits and changes in accumulated plan benefits be presented for the most recent year only.

##### Payment of Benefits

Benefit payments to participants are recorded upon distribution.

##### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

On January 30, 2020, the World Health Organization declared the coronavirus (COVID-19) outbreak a "Public Health Emergency of International Concern" and on March 10, 2020, declared it to be a pandemic. Actions taken around the world to help mitigate the spread of the coronavirus include restrictions on travel, and quarantines in certain areas, and forced closures of certain types of public places and businesses. The coronavirus and actions taken to mitigate it have had and are expected to continue to have an adverse impact on the economies and financial markets of many countries. It is unknown how long these conditions will last and what the complete financial effect will be to the Plan. It is reasonably possible that the Plan is vulnerable to the risk of a near-term severe impact and that estimates made in the financial statements (including the Plan's investment valuations) have been, or will be, materially and adversely impacted in the near term as a result of these conditions.

Additionally, it is reasonably possible that estimates made in the financial statements have been, or will be, materially and adversely impacted in the near term as a result of these conditions, including credit losses on receivables and investments.

##### Evaluation of Subsequent Events

The Plan has evaluated subsequent events through January 05, 2021, which is the date the financial statements were available to be issued.

## TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

March 31, 2020

#### NOTE 3 FUNDING POLICY

The Plan is a multi-employer plan funded primarily by covered employers' contributions. Covered employers make monthly contributions to the Plan based on the terms of their collective bargaining agreements with Teamsters Local Union No. 135. The Plan's actuary assists in determining the appropriate contribution rates to be negotiated with each covered employer. Contributions to the Plan for 2020 are expected to meet minimum funding levels required under Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"). Contributions to the Plan for 2020 met the minimum funding levels required under ERISA.

Collection of delinquent contributions from covered employers are pursued aggressively by the Plan. Late fees are charged to such employers and are included in income as received. (See Note 6)

#### NOTE 4 PLAN TERMINATION

It is the intent of the Trustees to continue the Plan, but in the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- A. Benefits attributable to participant contributions, taking into account those paid out before termination.
- B. Annuity benefits that retirees or their beneficiaries have been receiving for at least three years, or that participants eligible to retire for that three year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- C. Other nonforfeitable benefits insured by the Pension Benefit Guaranty Corporation ("PBGC").
- D. All other nonforfeitable benefits not insured by the PBGC.
- E. All other benefits not previously addressed.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most nonforfeitable normal age retirement benefits, early retirement benefits, and certain survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Nonforfeitable benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. The ceiling is based on the age of the annuitant, the form of payment elected by the annuitant, and Plan amendments that improve benefits.

## TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

March 31, 2020

#### **NOTE 4 PLAN TERMINATION** - continued

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the level of benefits guaranteed by the PBGC.

#### **NOTE 5 DISCLOSURES ABOUT SIGNIFICANT CONCENTRATIONS AND RISKS**

##### Cash

The Plan maintains a checking account at a reputable financial institution. The balance in this account may occasionally exceed federally insured limits. To date, there have been no losses on such accounts.

##### Investments

All U.S. Government securities, mortgage-backed securities, state and municipal bonds, corporate bonds and debentures, mutual funds, common and commingled trust funds, common and preferred stocks and other investment funds are held in trust accounts administered by Charles Schwab Trust Bank, the Plan's custodian.

Investments in U.S. Government securities consist primarily of treasury notes, treasury bonds and Government National Mortgage Association ("GNMA") guaranteed pass-through securities which are fully guaranteed by the United States government.

Investments in mortgage-backed securities consist of pass-through securities issued by the Federal National Mortgage Association ("Fannie Mae") and the Federal Home Loan Mortgage Corporation ("Freddie Mac"). Fannie Mae and Freddie Mac securities are not fully guaranteed by the United States Government.

Investments in corporate bonds and debentures, common stock, common and convertible preferred stock and bonds, municipal bonds, mutual funds and bank common and commingled trust funds consist of high-grade debt instruments and equity stocks issued by well-known U.S. and international companies. Those securities are not guaranteed in the event of nonperformance by the issuing companies.

##### Employer Contributions

The Plan's union membership is concentrated in concrete and construction related industries located primarily in central Indiana. Revenues are derived principally from monthly dues collected from the member companies, based on collectively bargained agreements.

At March 31, 2020 and 2019, the Plan's largest consolidated member company accounted for approximately 30% and 31% of employer contributions, respectively. Another member company accounted for 13% of employer contributions for the March 31, 2020 plan year.

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

March 31, 2020

**NOTE 6 NOTES RECEIVABLE**

The Plan has executed unsecured promissory notes with a collectively bargained employer for delinquent pension contributions, interest and late fees. The note require monthly or annual payments to the Plan with the final payment due on or before April 1, 2021, though payments have been accelerated. During the Plan years ended March 31, 2020 and 2019, the Plan collected \$62,297 and \$79,560 in payments under the terms of these agreements, respectively.

Future repayment terms under the agreements as of March 31, 2020:

<u>Plan Year End</u>	<u>Amount</u>
March 31, 2021	\$ 47,216
Total	<u>\$ 47,216</u>

**NOTE 7 INFORMATION PREPARED AND CERTIFIED BY CUSTODIANS**

The following is a summary of the Plan's asset information as of March 31, 2020 and 2019, and for the years ended March 31, 2020 and 2019, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the custodians and furnished to the Plan Administrator. The Plan Administrator has obtained a certification from the custodian, Bank of America N.A., as of March 31, 2019, and for the year then ended and for the period of April 1, 2019 through February 29, 2020. The Plan Administrator has obtained a certification from the custodian, Charles Schwab Trust Bank, as of March 31, 2020, and for the period of March 31, 2019 through March 31, 2020. The Plan Administrator has obtained certifications from the custodians that the information provided to the Plan Administrator related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets:

	<u>2020</u>	<u>2019</u>
Investments at fair value	\$ 74,328,611	\$ 84,880,125
Accrued interest	-	325,552
Net appreciation (depreciation) in value of assets	(14,328,229)	2,345,219
Interest and dividend income (loss)	2,303,449	2,431,185
Trustee fees and expenses	(412,575)	(444,428)

The difference between certain information summarized above and in the accompanying financial statements and schedules is attributable to adjustments made by the Plan Administrator to reflect the Plan's financial statements on the accrual basis of accounting, to restate and properly report investment activity following a system conversion by the Plan custodian, and due to transfers between custodians during the year.

## TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

March 31, 2020

#### **NOTE 8 FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board Statement ASC 820, Fair Value Measurements, establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2020 and 2019.

*Mortgage backed securities, municipal bonds and certain U.S. government securities*: Valued at the closing price reported on the active market on which the individual securities are traded.

*Common stocks, exchange traded funds (ETFs) and alternative investments*: Valued at the closing price reported on the active market on which the individual securities are traded.

*Mutual funds*: Valued at the net asset value ("NAV") of share held by the Plan at year end on the active market on which the funds are traded.

**TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

March 31, 2020

**NOTE 8 FAIR VALUE MEASUREMENTS** - continued

*Certain U.S. government securities, preferred stocks, convertible securities and other debt instruments:* Valued at estimated fair value by the Plan at year end based on yields of comparable securities of issuers with similar credit ratings.

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

The following tables set forth by level, with the fair value hierarchy, the Plan's assets at fair value as of March 31, 2020 and 2019:

	<b><u>Assets at Fair Value as of March 31, 2020</u></b>			
	<b><u>Level 1</u></b>	<b><u>Level 2</u></b>	<b><u>Level 3</u></b>	<b><u>Total</u></b>
Common stocks and ETFs	\$ 49,566,861	\$ -	\$ -	\$ 49,566,861
Preferred stocks	-	704,576	-	704,576
US government and Mortgage backed securities	-	608,583	-	608,583
Mutual funds	4,142,432	-	-	4,142,432
Municipal bonds	-	1,174,240	-	1,174,240
Corporate and other debt	-	15,569,510	-	15,569,510
Alternative investments	901,858	-	-	901,858
Total assets at fair value	<b><u>\$ 54,611,151</u></b>	<b><u>\$ 18,056,909</u></b>	<b><u>\$ -</u></b>	<b><u>\$ 72,668,060</u></b>

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN

**NOTES TO FINANCIAL STATEMENTS**

March 31, 2020

**NOTE 8 FAIR VALUE MEASUREMENTS** - continued

	<b>Assets at Fair Value as of March 31, 2019</b>			
	<b><u>Level 1</u></b>	<b><u>Level 2</u></b>	<b><u>Level 3</u></b>	<b><u>Total</u></b>
Common stock	\$ 49,495,600	\$ -	\$ -	\$ 49,495,600
Preferred stocks	-	3,178,920	-	3,178,920
US government and Mortgage backed securities	824,939	2,085,636	-	2,910,575
Mutual funds	4,080,188	-	-	4,080,188
Money market fund	-	2,063,783	-	2,063,783
Municipal bonds	-	3,265,887	-	3,265,887
Corporate and other debt	-	15,890,492	-	15,890,492
Convertible securities	-	716,995	-	716,995
Alternative investments	3,259,421	-	-	3,259,421
Total assets at fair value	<b><u>\$ 57,660,148</u></b>	<b><u>\$ 27,201,713</u></b>	<b><u>\$ -</u></b>	<b><u>\$ 84,861,861</u></b>

**Changes in Fair Value Levels**

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

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended March 31, 2020 there were no significant transfers in or out of Levels 1, 2, or 3.



# TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS

March 31, 2020

### NOTE 9 RELATED PARTY TRANSACTIONS

The Plan leases storage space from Indiana Teamsters Health Benefits Fund under an agreement through December 31, 2020 and is based on the square feet used by the Plan. Rent expense for 2020 and 2019 was \$2,698 each year.

On January 1, 2020, a new lease went into effect with the Indiana Teamsters Health Benefits Fund through December 31, 2022. The lease was later terminated in April 2020 due to the sale of the building. The Plan moved into a new building purchased by the Indiana Teamsters Health Benefits Fund and a new lease was signed effective May 1, 2020 through December 31, 2022, and is based on the square footage used by the Plan.

The remaining commitment under the lease agreement is as follows:

<u>Plan Year Ending</u>	<u>Amount</u>
March 31, 2021	\$ 4,629
March 31, 2022	6,599
March 31, 2023	6,599
Total	<u>\$ 17,827</u>

The Plan utilizes employees of the Teamsters Local Union No. 135 to perform administrative services for the Plan under the terms of a cost sharing arrangement. The Plan pays the Union based on the amount of time each employee works on the Plan. The Plan paid the Union \$2,830 and \$2,910 for the employees' services for the years ended March 31, 2020 and 2019, respectively.

The plan sponsor has employees that are participants in the plan and therefore make contributions to the Plan on their behalf. The plan sponsor made contributions of \$17,864 and \$14,308 for the years ended March 31, 2020 and 2019, respectively. The Plan had a contribution receivable from the plan sponsor in the amount of \$1,372 and \$1,740 for the years ended March 31, 2020 and 2019, respectively.

### NOTE 10 TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated December 13, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The plan document has been amended since receiving the opinion letter. However, the Plan Administrator and Plan's tax counsel believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and will make any changes necessary to ensure the Plan maintains its tax-exempt status.

Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

**TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

March 31, 2020

**NOTE 11 RECONCILIATION OF FINANCIAL STATEMENT TO FORM 5500**

There were no reconciling items between the financial statements and Form 5500.

**NOTE 12 PLAN CHANGES**

During the 2020 plan year, the Plan changed custodians from Bank of America Merrill Lynch to Charles Schwab & Co., and also changed the Plan's investment advisor to Sanctuary OCIO Solutions.

The Plan was amended December 3, 2019, with the following changes and effective dates:

Effective April 1, 2020, for Plan years beginning on or after April 1, 2020, a one year break in service shall occur at the end of each Plan year during which employer contributions for less than 500 hours were required to be made to the trust on their behalf, unless the lack of such contributions was due to the reasons in Article 1 section 1.07 subsection b. or c. of the Plan document.

Effective April 1, 2020, the plan changed how the vesting is calculated. Participants will need 1,000 hours in the fiscal year to earn a full year of vesting credit, 500 to 749 hours to earn 1/2 of a vesting credit, and 750 to 999 hours will earn 3/4 of a vesting credit.

Effective January 1, 2020, the future service crediting rate for contributions earned will be reduced from 1.3% to 1.0%.

Effective January 1, 2020, individuals who become a participant on or after January 1, 2020 shall be eligible for a monthly benefit equal to the normal retirement benefit upon reaching age 62 and earning 30 years of service. The option to receive a normal retirement benefit at age 55 and with 30 years of service is not available to these participants.

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN

EIN: 51-0175810

PLAN: 002

See Independent Auditor's Report

STATEMENT 1

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

ATTACHMENT TO 2019 FORM 5500, SCHEDULE H, LINE 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<b>COMMON STOCKS AND EXCHANGE TRADED FUNDS:</b>				
	3M COMPANY		541 \$ 85,168	\$ 73,852
	A T & T INC		2,074 67,821	60,457
	AARON RENTS INC CL A		937 54,337	21,345
	ABBOTT LABORATORIES		2,060 173,961	162,555
	ABENGOA YIELD PLC F		1,114 30,103	24,842
	ACCENTURE PLC CL A		1,200 232,077	195,912
	ADOBE SYSTEMS INC		215 68,542	68,422
	ADVANCE AUTO PARTS INC		268 36,606	25,010
	AIR PRODS & CHEMS INC		152 34,355	30,341
	AKAMAI TECHNOLOGIES		596 52,197	54,528
	ALEXION PHARMA INC		336 33,470	30,169
	ALGONQUIN POWER & UTILITIES		6,335 83,306	84,889
	ALIBABA GROUP HLDG A		236 46,109	45,897
	ALLEGHANY CORP DEL		116 88,239	64,073
	ALLEGIAN TRAVEL CO		315 45,707	25,767
	ALLETE INC NEW		616 51,155	37,379
	ALLSTATE CORP		430 45,960	39,444
	ALPHABET INC.		67 84,806	77,908
	ALPHABET INC.		45 56,809	52,288
	AMAZON COM INC		91 174,535	177,425
	AMEREN CORP		330 25,041	24,034
	AMERICAN ELEC PWR INC		1,168 105,508	93,417
	AMERICAN EXPRESS CO		432 50,964	36,984
	AMERICAN TOWER CORP REIT		551 115,044	119,980
	AMGEN INCORPORATED		181 35,841	36,694
	ANALOG DEVICES		1,501 169,623	134,565
	ANHEUSER BUSCH INBEV SA/NV		545 39,862	24,045
	APPLE INC		1,355 277,275	344,563
	APPLIED MATERIALS		1,629 76,395	74,641
	APTIV PLC		100 7,999	4,924
	ARGO GROUP INTL HLDGS		718 46,660	26,609
	ARMSTRONG WORLD INDS		1,377 134,747	109,361
	AUTO DATA PROCESSING		748 123,464	102,237
	AVALONBAY CMNTYS INC		307 63,975	45,181
	AXALTA COATING SYS LTD		3,863 111,561	66,714
	AXIS CAPITAL HLDG LTD		1,047 62,785	40,467
	B C E INC NEW		1,733 83,369	70,810
	BANCO SANTANDER SA F		16,124 65,193	37,891
	BANK MONTREAL QUEBEC		1,147 79,233	57,648
	BANK OF AMERICA CORP		2,658 73,905	56,429
	BANK OF NOVA SCOTIA		913 46,483	37,068
	BARRETT BUSINESS SVCS		333 28,505	13,200
	BAXTER INTERNATIONAL		279 23,856	22,652
	BECTON DICKINSON & CO		271 68,202	62,268
	BIOMARIN PHARMACEUTICAL INC		329 27,880	27,801
	BLACK HILLS CORP		381 20,549	24,395
	BLACKROCK INC		51 21,171	22,438
	BOEING CO		234 81,332	34,899
	BOSTON PROPERTIES INC		174 22,581	16,048
	BOYD GAMING CORP		1,574 45,115	22,697
	BRISTOL-MYERS SQUIBB		1,329 71,569	74,078
	BROADCOM LIMITED		190 56,598	45,049
	C H ROBINSON WORLDWIDE NEW		244 18,254	16,153

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN

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STATEMENT 1

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

ATTACHMENT TO 2019 FORM 5500, SCHEDULE H, LINE 4(i)

<u>(a)</u>	<u>(b) Identity of issue, borrower, lessor, or similar party</u>	<u>(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value</u>	<u>(d) Cost</u>	<u>(e) Current value</u>
	C M S ENERGY CORP	336	\$ 20,550	\$ 19,740
	C R H PLC COMPANY F	2,028	64,604	54,432
	CANON INC SPN ADR	2,287	63,240	49,491
	CARMAX INC	1,352	119,040	72,778
	CARNIVAL PLC ADR	604	24,854	7,206
	CDN IMPERIAL BK OF COMMERCE	730	53,940	42,318
	CHARLES SCHWAB CORPORATION	1,057	42,774	35,536
	CHEVRON CORPORATION	1,238	149,530	89,705
	CHINA PETE & CHEM ADR	664	38,607	32,337
	CHUBB LTD	393	58,206	43,894
	CISCO SYSTEMS INC	6,112	326,824	240,263
	CITRIX SYSTEMS INC	825	80,694	116,779
	CLOROX CO	184	29,142	31,878
	CME GROUP INC CL A	220	46,335	38,040
	CNO FINANCIAL GROUP INC	3,276	54,371	40,590
	COMCAST CORP NEW CL A	7,162	306,123	246,230
	CONOCOPHILLIPS	823	48,365	25,348
	COPART INC	1,463	120,041	100,245
	CORESITE REALTY CORP	78	8,369	9,040
	CORNING INC	1,583	38,501	32,515
	COSTCO WHSL CORP NEW	155	44,535	44,195
	COUSINS PROPERTIES	450	18,403	13,172
	CRANE COMPANY	480	38,303	23,606
	CROWN CASTLE INTL CO REIT	546	75,717	78,842
	CUMMINS ENGINE INC	583	85,620	78,892
	DANA HOLDING CORPORATION	2,534	42,415	19,791
	DECKERS OUTDOOR CORP	459	73,451	61,506
	DEERE & CO	117	19,253	16,165
	DELTA AIR LINES INC	719	40,232	20,513
	DIGITAL REALTY TRUST	437	53,308	60,704
	DOLLAR TREE INC	629	66,869	46,213
	DOMINION RES INC VA	210	16,200	15,160
	DOW HOLDINGS INC	375	16,164	10,965
	DTE ENERGY CO	288	34,450	27,351
	DUKE ENERGY CORP	1,235	110,110	99,887
	DUNKIN BRANDS GROUP	794	64,327	42,161
	EAGLE MATERIALS INC	310	28,712	18,110
	EASTMAN CHEMICAL CO	557	43,555	25,945
	EATON VANCE CP NON VTG	447	19,691	14,416
	ECOLAB INC	208	40,151	32,413
	ELI LILLY & COMPANY	694	76,058	96,272
	ENBRIDGE INC	1,817	60,355	52,857
	ENCOMPASS HEALTH COR	1,029	63,370	65,887
	ENERGIZER HOLDINGS I	1,934	82,004	58,504
	ENERPLUS CORP F	12,174	78,007	18,018
	ENERSYS	684	44,711	33,872
	ENSIGN GROUP INC	1,772	93,466	66,645
	ENTEGRIS INC	2,338	108,589	104,672
	EPR PROPERTIES	813	60,629	19,691
	EQUITY RESIDL PPTY TRUST	101	8,154	6,233
	ESSENTIAL PROPERTIES	381	10,055	4,976
	EVERSOURCE ENERGY	295	23,567	23,072
	EVERTEC INC F	1,840	58,046	41,823
	EXTRA SPACE STORAGE INC	193	21,331	18,482

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STATEMENT 1

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

ATTACHMENT TO 2019 FORM 5500, SCHEDULE H, LINE 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral,		(e) Current value
		par or maturity value	(d) Cost	
	EXXON MOBIL CORPORATION	1,657	\$ 123,324	\$ 62,916
	F N B CORPORATION PA	5,693	65,856	41,957
	FACEBOOK INC	683	133,190	113,924
	FIDELITY NATL INFORMATION SVCS	286	39,449	34,789
	FIRST INTST BANCYSYST	1,067	41,221	30,772
	FORWARD AIR CORP	594	35,964	30,086
	GENERAL MLS INC	1,796	97,430	94,775
	GENPACT LIMITED	363	8,919	10,600
	GENUINE PARTS CO	539	48,074	36,291
	GILEAD SCIENCES INC	245	15,554	18,316
	GLACIER BANCORP INC NEW	1,237	49,605	42,064
	GLAXOSMITHKLINE PLC ADRF	1,647	65,939	62,405
	GRAHAM HOLDINGS CO	58	41,304	19,788
	GRAINGER W W INC	166	46,039	41,251
	GRAPHIC PACKAGING HL	1,436	21,060	17,519
	GRIFOLS SA NEW ADR F	2,979	65,519	59,997
	H R G GROUP INC	731	36,554	26,586
	HASBRO	504	53,929	36,061
	HEALTHPEAK PPTYS INC	489	17,196	11,663
	HILTON WORLDWIDE HLD	71	6,568	4,845
	HOME DEPOT INC	1,292	266,255	241,229
	HONDA MTR CO LTDADR REP	2,831	71,698	63,584
	HONEYWELL INTERNATIONAL	1,076	184,390	143,958
	HORACE MANN EDUCATORS CORP	690	28,964	25,247
	HOST MARRIOTT CORP REIT	725	12,604	8,004
	HP INC	3,908	77,749	67,843
	HUNTINGTON BANC SHS	3,772	47,264	30,968
	HUNTSMAN CORP	2,170	44,841	31,313
	IBM CORP	490	64,646	54,356
	IHS MARKIT LTD F	662	46,060	39,720
	ILLINOIS TOOL WKS INC	310	45,681	44,057
	INDEPENDENT BANK COR	715	52,998	46,025
	INDEPENDENT BK GROUP INC	682	37,780	16,150
	INFOSYS TECH SPON ADR	7,804	84,017	64,071
	INGERSOLL RAND INC	269	8,833	6,671
	INTEL CORP	2,884	146,470	156,082
	INTERCONTINENTAL EXCHANGE INC.	748	70,586	60,401
	INTERDIGITAL INC	1,126	70,308	50,253
	INTERPUBLIC GROUP COS INC	2,670	52,670	43,227
	INVITATION HOMES INC	1,503	42,299	32,119
	J P MORGAN CHASE & CO	2,508	302,072	225,795
	JOHNSON & JOHNSON	1,446	187,760	189,614
	K L A TENCOR CORP	680	94,422	97,743
	KELLOGG COMPANY	901	57,224	54,051
	KIMBERLY-CLARK CORP	260	36,003	33,246
	KON PHILIPS ELEC NV NEWF	1,390	62,947	55,822
	LAKELAND FINL CORP	631	27,751	23,189
	LAM RESH CORP	180	37,113	43,200
	LAMB WESTON HOLDINGS	1,523	120,767	86,963
	LA-Z-BOY INC	786	24,507	16,152
	LEGGETT & PLATT INC	995	38,828	26,547
	LEMAITRE VASCULAR INC	1,054	33,536	26,266
	LINDE PLC F	73	13,722	12,629
	LLOYDS BANKING GROUP	22,388	52,158	33,806

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ATTACHMENT TO 2019 FORM 5500, SCHEDULE H, LINE 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current	
			(d) Cost	value
	LOCKHEED MARTIN CORP	790	\$ 286,394	\$ 267,771
	LOGITECH INTL S A NEW	1,677	63,847	73,028
	LOWES COMPANIES	824	85,966	70,905
	M D C HOLDING INC	437	16,509	10,138
	M K S INSTRUMENTS INC	371	33,379	30,218
	MAGNA INTL INC	1,041	49,853	33,229
	MARATHON PETE CORP	597	32,813	14,101
	MARSH & MCLENNAN COS INC	501	50,728	43,316
	MARTIN MARIETTA MATLS INC	527	132,184	99,724
	MASTERCARD INC	148	39,201	35,751
	MAXIM INTEGRATED PRO	1,100	68,762	53,471
	MAXIMUS INC	701	50,862	40,798
	MBIA INC	5,424	50,676	38,727
	MC DONALDS CORP	1,004	213,028	166,011
	MEDTRONIC PLC	1,846	188,650	166,472
	MERCK & CO INC	3,115	254,191	239,668
	MICROSOFT CORP	3,692	509,031	582,265
	MOHAWK INDS INC	314	39,244	23,939
	MONDELEZ INTL INC	439	23,849	21,985
	MONSTER BEVERAGE COR	398	23,400	22,391
	MOODYS CORP	104	22,350	21,996
	MSC INDUSTRIAL DIRECT CLASS A	828	57,333	45,515
	MTS SYSTEM CORP	732	37,407	16,470
	MUELLER WATER PRODUCTS	4,570	52,344	36,606
	NATIONAL INSTRS CORP	1,365	58,901	45,154
	NEWMARKET CORPORATION	277	127,416	106,055
	NEXTERA ENERGY INC	118	25,963	28,393
	NIC INC	938	15,507	21,574
	NORTHERN TR CORP	218	23,355	16,450
	NORTHROP GRUMMAN CORP	261	88,805	78,966
	NOVARTIS AG	728	64,346	60,024
	NUTANIX INC	826	17,953	13,051
	NVIDIA CORP	212	48,684	55,883
	OCEANFIRST FINL CORP	902	19,004	14,351
	OLD DOMINION FREIGHT LNS	1,230	144,007	161,450
	ORACLE CORPORATION	1,009	56,158	48,765
	ORIX CORPORATION ADR	998	70,499	58,982
	OUTFRONT MEDIA INC	2,250	59,829	30,330
	PACKAGING CORP OF AMER	80	7,930	6,946
	PALO ALTO NETWORKS	165	33,046	27,053
	PARK HOTELS & RESORT	379	9,096	2,998
	PARKER HANNIFIN CORP	130	20,672	16,865
	PAYCHEX INC	1,028	82,171	64,682
	PBF ENERGY INC	1,845	54,149	13,063
	PENSKE AUTOMOTIVE GROUP	1,345	61,507	37,660
	PEOPLES UNITED FINANCIAL INC	2,498	35,552	27,603
	PEPSICO INC	1,626	213,165	195,283
	PERRIGO CO PCL	1,001	50,269	48,138
	PFIZER INCORPORATED	2,579	109,128	84,179
	PHIBRO ANIMAL HEALTH	697	19,931	16,846
	PHILIP MORRIS INTL INC	452	36,852	32,978
	PIONEER NATURAL RES CO	202	25,106	14,170
	PNC FINANCIAL SERVICES GP INC	921	114,535	88,158
	POST HOLDINGS INC	1,344	134,988	111,512

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	PRINCIPAL FINANCIAL	1,353	\$ 70,251	\$ 42,403
	PROCTER & GAMBLE	543	63,245	59,730
	PUBLIC STORAGE INC	57	13,481	11,321
	QUALCOMM INC	579	44,476	39,169
	QUEST DIAGNOSTICS INC	806	79,663	64,722
	RADIAN GROUP INC	2,552	59,250	33,048
	RAYONIER INC	988	27,945	23,267
	RAYTHEON COMPANY NEW	1,475	266,423	193,446
	ROCHE HLDG LTD SPON ADR	1,922	66,770	77,976
	ROWE T PRICE GROUP INC	243	27,341	23,729
	ROYAL BK CDA MONTREAL QUE	744	59,350	45,793
	S & P GLOBAL INC	96	22,303	23,525
	SABRA HLTH CARE	413	8,624	4,510
	SALESFORCE COM	269	45,872	38,731
	SANDY SPRING BANCORP INC	902	29,967	20,421
	SANFILIPPO JOHN B & SON INC	209	15,824	18,685
	SCORPIO TANKERS INC	1,178	36,028	22,523
	SENSATA TECH	1,314	61,809	38,014
	SIMON PPTY GROUP INC NEW	170	25,763	9,326
	SLM CORPORATION	4,028	37,237	28,961
	SMITH & NEPHEW ADR NEW	2,154	98,414	77,264
	SNAP ON INC	354	54,357	38,522
	SOLARIS OILFIELD	3,535	46,404	18,559
	SONOCO PRODS CO	328	19,214	15,203
	SOUTHWEST GAS CORP	1,154	97,288	80,272
	SPLUNK INC	300	41,915	37,869
	STAG INDUSTRIAL INC	2,264	67,717	50,985
	STARBUCKS CORP	1,625	150,470	106,828
	STORE CAPITAL CORP	3,403	126,517	61,662
	STRYKER CORP	400	82,837	66,596
	SUNCOR ENERGY INC	877	24,268	13,857
	T J X COS INC	353	19,561	16,877
	T T E C HOLDINGS INC	1,134	49,056	41,640
	TAIWAN SEMICONDUCTOR MFG CO ADR	2,085	90,998	99,642
	TARGET CORPORATION	320	33,445	29,750
	TE CONNECTIVITY LTD	1,608	142,615	101,272
	TELEFONICA BRASIL ADR F	3,581	43,107	34,127
	TELUS CORP NEW F	3,130	56,452	49,391
	TERNIUM SA F	1,850	30,941	22,015
	TEXAS INSTRUMENTS INC	3,201	380,524	319,876
	TEXAS ROADHOUSE INC	766	47,649	31,636
	THE HERSHEY COMPANY	126	19,393	16,695
	THERMO FISHER SCIENTIFIC CORP COM	218	64,963	61,825
	TOTAL FINA S A ADR F	1,196	57,710	44,539
	TRANE TECHNOLOGIES P	307	35,759	25,355
	TRUIST FINL CORP	4,686	229,152	144,516
	U S PHYSICAL THERAPY INC	140	8,777	9,660
	UBER TECHNOLOGIES IN	1,124	36,299	31,382
	UMPQUA HOLDINGS CORP	2,739	45,477	29,855
	UNIFIRST CORP	396	77,246	59,832
	UNILEVER N V NY SHS NEW	1,560	91,040	76,112
	UNION BANKSHARES CO	2,166	76,527	47,435
	UNION PACIFIC CORP	732	118,058	103,241
	UNITED PARCEL SERVICE B	1,322	143,638	123,501

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	UNITED TECHNOLOGIES CORP		1,215	\$ 158,008	\$ 114,611
	UNITEDHEALTH GROUP INC		821	208,428	204,741
	US BANCORP DEL NEW		699	35,602	24,081
	VALERO ENERGY CORP NEW		385	29,379	17,464
	VERIZON COMMUNICATN		781	47,103	41,963
	VERMILION ENERGY INC		3,288	51,257	10,226
	VICI PROPERTIES INC		501	10,988	8,337
	VISA INC CL A		1,203	217,928	193,827
	VMWARE INC CL A		258	36,316	31,244
	W E C ENERGY GROUP I		331	28,953	29,171
	WAL-MART STORES INC		1,359	153,574	154,410
	WALT DISNEY CO		2,241	300,584	216,481
	WASHINGTON FEDERAL SEATTLE		857	29,724	22,248
	WASTE MANAGEMENT INC DEL		339	39,561	31,378
	WELLS FARGO & CO		3,849	166,286	110,466
	WEYERHAEUSER CO		171	4,360	2,898
	WHITE MOUNTAIN INSR NEW		113	122,086	102,830
	WILEY JOHN & SON CL A		1,165	51,059	43,676
	WINMARK CORPORATION		68	9,058	8,665
	WINTRUST FINANCIAL		664	42,981	21,819
	XCEL ENERGY INC		436	26,872	26,291
	ZOETIS INC		508	65,379	59,787
	CHARLES SCHWAB US MC ETF		23,144	1,286,311	975,751
	DETSCH X TRCKR MSCI		192,421	4,281,670	3,546,319
	ISHARES CORE MSCI EMERGING ETF		34,578	1,737,446	1,399,372
	ISHARES CORE S&P 500 ETF		5,585	1,692,075	1,443,164
	ISHARES CORE US GROWTH ETF		25,846	1,680,655	1,475,548
	SCHWAB EMERGING MARKETS EQUITY ETF		33,981	849,790	703,067
	SCHWAB INTERMEDIATE TERM US TRS ETF		14,775	838,022	868,475
	SCHWAB INTERNATIONAL EQUITY ETF		83,767	2,693,225	2,164,539
	SCHWAB US BROAD MARKET ETF		11,774	852,175	711,503
	SCHWAB US LARGE CAP VALUE ETF		23,508	1,336,335	1,040,699
	SCHWAB US SMALL CAP ETF		18,746	1,291,932	965,794
	SPDR AGGREGATE BOND ETF		139,129	4,198,736	4,204,478
	SPDR S&P 500 GROWTH ETF		31,147	1,227,249	1,113,194
	VANGUARD GROWTH ETF		5,891	998,311	923,061
	VANGUARD HIGH DIVIDEND YIELD ETF		30,141	2,561,071	2,132,476
	VANGUARD LONG TERM TREASURY ETF		22,468	2,088,176	2,269,493
	VANGUARD MID CAP GROWTH ETF		5,574	848,259	706,170
	VANGUARD MID CAP VALUE ETF		15,835	1,712,516	1,287,227
	VANGUARD S&P 500 ETF		4,585	1,267,681	1,085,820
	VANGUARD SMALL CAP GROWTH ETF		4,551	864,114	684,015
	VANGUARD SMALL CAP VALUE ETF		14,071	1,821,818	1,249,505
	VANGUARD VALUE ETF		9,857	1,111,143	877,864
	XTRACKERS USD HIGH YLD CORP BND ETF		17,219	847,003	758,841
<u>PREFERRED STOCKS:</u>					
	A T & T INC 5.35		586	15,254	14,650
	A T & T INC 5.625		82	2,227	2,091
	AFFILIATED MAN 5.875		163	4,309	3,783
	ALABAMA PWR CO 5%		217	5,807	5,544
	ALGONQUIN POWE 6.875		76	2,095	1,878
	ALGONQUIN POWER 6.2		158	4,281	3,713
	ALLSTATE COR 5.625%		160	4,370	4,027
	ALLSTATE CORP 5.10%01/15/53		516	13,830	12,570



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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AMERICAN FINL 5.125	77	\$ 1,957	\$ 1,703
	AMERICAN FINL 5.875	78	2,113	1,888
	AMERICAN FINL GROUP INC OHIO	282	7,201	6,853
	AMERICAN INTE 5.85%	158	4,286	3,702
	ARCH CAPITAL 5.25%	80	1,990	1,835
	ARCH CAPITAL 5.45%	305	7,887	6,786
	AT&T INC. 4.75%	334	8,271	7,081
	AT&T INC. 5%	322	8,222	7,338
	AXA EQUITABLE 5.25%	81	2,029	1,371
	AXIS CAPITAL H 5.5%	163	4,153	3,562
	BANK AMER CORP	555	14,495	13,958
	BANK AMER CORP	539	14,105	13,502
	BANK AMER CORP 5%	133	3,420	3,123
	BANK OF AMER 5.375%	162	4,233	3,929
	BERKLEY W R CORP	368	9,703	8,100
	CAPITAL ONE FI 4.8%	83	2,041	1,560
	CAPITAL ONE FI 5.2%	482	12,467	10,561
	CAPITAL ONE FINL	346	8,947	8,311
	CAPITAL ONE FINL 5%	252	6,315	5,053
	CITIGROUP IN 6.875% PFD	301	8,526	7,760
	CITIGROUP INC 6.3%	412	10,730	10,428
	CITIGROUP INC 7.125% PFD	228	6,508	5,903
	CITIZENS FINL 6.35%	152	4,174	3,625
	CITIZENS FINL GR 5%	329	8,182	6,804
	CMS ENERGY COR 5.625	162	4,215	3,953
	CMS ENERGY COR 5.875	157	4,189	3,964
	DIGITAL REALT 5.85%	81	2,175	2,022
	DIGITAL REALT 6.35%	136	3,496	3,388
	DIGITAL REALTY 5.2%	163	4,131	3,757
	DOMINION RES INC VA NEW	771	19,722	19,021
	DTE ENERGY COM 5.375	469	12,165	11,195
	DTE ENERGY COMP 5.25	298	8,010	7,143
	DUKE ENERGY C 5.75%	158	4,286	4,105
	ENBRIDGE INC 6.375	158	4,111	2,884
	ENTERGY ARKANS 4.875	308	8,010	7,589
	ENTERGY LOUISI 4.875	312	8,079	7,734
	ENTERGY NEW ORLE 5.5	142	3,695	3,547
	FEDERAL REALTY I 5%	84	2,140	1,889
	FIFTH THIRD B 4.95%	336	8,483	6,747
	FIRST REPubL 5.125%	85	2,213	1,971
	FIRST REPUBLIC 4.7%	166	4,202	3,732
	GATX CORP	142	3,834	3,380
	GEORGIA PWR CO	229	5,872	5,702
	GLOBE LIFE INC 6.125	133	3,538	3,094
	GOLDMAN SACH 6.375%	376	10,539	9,787
	GOLDMAN SACHS 5.50%	533	14,122	12,952
	GOLDMAN SACHS GROUP INC	211	5,651	5,364
	GOLDMAN SACHS SER D PFD	245	5,581	4,699
	HARTFORD FINL SVCS GROUP INC	338	9,788	8,832
	JPMORGAN CHAS 4.75%	166	4,251	3,866
	JPMORGAN CHAS 6.15% PFD	408	10,392	10,261
	JPMORGAN CHASE 6.1%	409	10,595	10,250
	KEYCORP 5.625%	239	6,345	5,772
	KEYCORP INC 5.65%	81	2,136	1,964

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		par or maturity value	(d) Cost	
	KEYCORP INC 6.125%	323	\$ 9,382	\$ 8,075
	KIMCO REALTY 5.125%	148	3,732	3,212
	KIMCO REALTY 5.25%	201	5,131	4,402
	METLIFE INC 5.625%	161	4,348	4,017
	METLIFE, INC. 4.75%	166	4,155	3,546
	MORGAN STANL 4.875%	82	2,056	1,933
	MORGAN STANLE 5.85%	295	8,225	7,263
	MORGAN STANLEY 7.125	346	9,967	9,058
	MORGAN STANLEY A DEP SH	311	7,134	5,956
	MORGAN STANLEY D 0% PFD	300	8,490	7,695
	NEW YORK CMN 6.375%	318	8,714	6,958
	NEXTERA ENERGY 5.25	555	14,116	13,564
	NEXTERA ENERGY 5.65	318	8,531	8,099
	NORTHERN TRUST 4.7%	162	4,166	3,875
	NTNL RURAL UTILI 5.5	77	2,136	1,937
	PEOPLE'S UNI 5.625%	348	9,499	8,164
	PNC FINL SVCS 6.125%	854	23,348	21,965
	PRUDENTIAL FIN 5.625	81	2,144	2,036
	PS BUSINESS P 5.25%	144	3,791	3,311
	PS BUSINESS PA 5.2%	82	2,123	1,884
	PUBLIC STORA 4.875%	164	4,260	3,869
	PUBLIC STORAG 4.95%	400	10,075	9,444
	PUBLIC STORAG 5.15%	294	7,729	7,144
	PUBLIC STORAGE 5.4%	319	8,411	7,819
	PUBLIC STORAGE 5.6%	157	4,281	4,004
	REGIONS FINL 6.375%	417	11,697	9,995
	REGIONS FINL C 5.7%	157	4,195	3,690
	REINSURANCE GP A 6.2	71	1,929	1,672
	REINSURANCE GRO 5.75	237	6,764	5,465
	RENAISSANCERE 5.375% F	215	5,372	4,960
	RENAISSANCERE 5.75%	78	2,065	1,931
	REPUBLIC 1ST B 5.5%	82	2,168	2,036
	SITE CENTERS 6.375%	222	5,854	4,138
	SOUTHERN COMPAN 5.25	146	3,727	3,593
	SOUTHERN COMPANY 5.2	150	3,829	3,690
	SPIRE INC. 5.9%	78	2,119	1,947
	STATE STREET 5.35%	517	14,154	12,692
	STATE STREET C 5.9%	268	7,239	6,523
	STIFEL FINANCIAL 5.2	81	2,095	1,796
	SVB FINL GROU 5.25%	80	2,056	1,858
	SYNOVUS FINL 5.875%	160	4,171	3,288
	THE ALLSTATE 4.75%	166	4,258	3,820
	THE ALLSTATE C 5.1%	318	8,298	7,346
	THE HARTFORD FIN 6%	77	2,074	1,964
	TRUIST FINL 5.625%	415	11,054	10,055
	TRUIST FINL CO 5.2%	146	3,675	3,427
	US BANCORP 6.50% PFD	575	15,670	14,812
	US BANCORP DEP SHS B	308	6,657	5,575
	VORNADO REALT 5.25%	82	2,116	1,604
	VOYA FINL, IN 5.35%	321	8,323	7,386
	W. R. BERKLEY CO 5.1	83	2,124	1,789
	W. R. BERKLEY CO 5.9	208	5,321	4,846
	WEBSTER FINL 5.25%	78	2,025	1,663
	WELLS FARGO & 5.5%	388	9,954	9,428

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	WELLS FARGO & CO NEW	280	\$ 7,312	\$ 7,014
	WELLS FARGO & CO NEW	82	2,038	1,722
	WELLS FARGO 5.625%	159	4,179	3,916
	WELLS FARGO 5.85% DE	364	9,646	8,863
	WELLS FARGO 6.625%	275	7,824	7,290
	<u>U.S. GOVERNMENT SECURITIES AND MORTGAGE BACKED SECURITIES:</u>			
	FARM CREDIT SYST 1.96% 4/30/25	155,000	155,211	155,119
	FEDERAL NATL MTG ASSN 5.5% 4/01/34	11,090	560,836	12,766
	FNMA 725425 5.5% 4/01/34	9,378	503,252	10,796
	FNMA PL 255190 5.5% 5/01/34	10,696	11,952	12,215
	FNMA PL 464400 5.9 5.97% 1/01/40	17,225	20,156	20,139
	FNMA PL 725946 5.5% 11/01/34	21,362	23,155	24,571
	FNMA PL 735046 5.5% 12/01/34	11,462	12,461	13,197
	FNMA PL AB2822 2.2.5% 3/01/26	7,731	7,861	8,090
	FNMA PL AM2182 2.1	156,644	156,618	160,534
	FNMA PL MA0115 4.4.5% 7/01/29	37,573	39,699	40,667
	GNMA PL AB2583 2.1	27,546	27,299	28,118
	GNMA PL AD0091 2.7 2.73% 6/15/32	112,810	112,632	122,371
	<u>MUTUAL FUNDS:</u>			
	BAIRD AGGREGATE BD INST	366,263	4,137,002	4,142,432
	<u>MUNICIPAL BONDS:</u>			
	ALIEF TX ISD 5% 2/15/27	40,000	50,691	49,264
	BAY CNTY FLA WTR SYS REV 5% 9/01/23	45,000	51,926	50,563
	DELAWARE CNTY OHIO SALES 5% 12/01/26	35,000	42,408	41,456
	EAST CENT REGL WASTEWATE 5% 10/01/27	40,000	51,424	49,355
	ERIE CNTY PA GEN 4.75% 4/01/22	55,000	88,400	56,942
	FLORIDA ST BRD ED PUB ED 5% 6/01/28	40,000	48,789	47,028
	HARTFORD CT 3.117% 7/01/20	75,000	75,435	75,437
	ID HSG&FIN ASSN 5% 7/15/22	45,000	49,975	48,682
	MADISON WI 4% 10/01/20	40,000	41,390	40,576
	MEMPHIS TN SEW SYS 5% 10/01/23	45,000	52,362	50,859
	NEVADA ST 5% 4/01/22	40,000	44,216	42,998
	NEW YORK N Y CITY TRANSI 5% 7/15/25	40,000	49,215	47,316
	NJ SPT & EX AUT 5.976% 3/01/24	55,000	106,444	58,015
	NM FA	55,000	61,091	59,540
	NORTHVILLE MI PSD 5% 5/01/22	40,000	44,266	43,145
	NY ST DORM AUTH S/T 5% 3/15/30	45,000	58,743	57,337
	ODESSA TX 5% 3/01/26	45,000	55,279	53,765
	PHILADELPHIA PA AUTH FOR 5% 4/01/27	30,000	35,899	35,101
	PIERCE CNTY WASH SCH DIS 5% 12/01/32	40,000	49,768	49,123
	PR COMWLTH 5.5% 7/01/20	10,000	10,285	10,046
	RENO NV CAP IMP 3.75% 6/01/24	75,000	75,636	77,360
	ROCKWALL TX 5% 8/01/26	40,000	49,163	47,718
	VIRGINIA COMMLTH TRANSN 5% 9/15/27	45,000	56,562	54,991
	WACO TX 5% 2/01/23	25,000	28,337	27,625
	<u>CORPORATE AND OTHER DEBT INSTRUMENTS:</u>			
	3.2220 3.222% 8/15/24	100,000	101,366	98,732
	AIR LEASE CORP 2.3% 2/01/25	225,000	222,667	179,438
	AIR LEASE CORP 3% 9/15/23	55,000	55,275	46,750
	ALCOA IN 5.125% 10/01/24	50,000	52,688	49,375
	ALLY FINL IN 3.875% 5/21/24	300,000	313,935	276,000
	ALTRIA GROUP INC 2.8500% 08/09/22	160,000	164,038	160,804
	AMERICAN AIRLINE 5.2 5.25% 7/31/22	13,018	33,084	12,931
	AMERICAN AIRLINES 3.	209,239	262,748	190,407

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN

EIN: 51-0175810

PLAN: 002

See Independent Auditor's Report

STATEMENT 1

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

ATTACHMENT TO 2019 FORM 5500, SCHEDULE H, LINE 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AMERICAN AIRLINES 5.5.9% 4/01/26		22,053	22,066
	AMERICAN AIRLS 2 4.9		94,363	88,670
	AMERIGAS PARTNE 5.875% 8/20/26		66,000	62,700
	AMGEN INCORPORAT 2.25% 8/19/23		100,000	100,046
	APPLE INC 3.75% 11/13/47		95,000	113,391
	ARES CAPITAL MANA 4.2% 6/10/24		150,000	139,500
	ASHLAND GLOBAL H 4.75% 8/15/22		8,000	7,920
	B & G FOODS INC 5.25% 4/01/25		66,000	65,010
	BANK AMER CORP 2.496% 2/13/31		150,000	145,908
	BANK AMER CORP 3.3% 1/11/23		70,000	72,542
	BAYER US FIN II L 2.2000% 07/15/22		100,000	95,083
	BEAM IN 3.25% 6/15/23		100,000	100,564
	BERKSHIRE HATHAW 1.85% 3/12/30		115,000	111,057
	BERRY PLASTICS 5.125% 7/15/23		50,000	50,000
	BNSF RAILWAY CO 4.96 4.967% 4/01/23		11,035	11,687
	BNSF RAILWAY CO 6.46		594	607
	BP CAPITAL MARKETS 3% 2/24/50		150,000	135,570
	BP CAPITAL MKT 3.224% 4/14/24		100,000	101,175
	BUCKEYE PARTNER 4.125% 12/01/27		80,000	65,600
	BUCKEYE PARTNER 4.875% 2/01/21		150,000	130,125
	CALERES, IN 6.2500% 08/15/23		100,000	90,000
	CALUMET SPECIAL 7.6250% 01/15/22		70,000	54,250
	CARRIZO OIL & GA 6.2500% 04/15/23		79,000	17,775
	CEC ENTERTAINMENT, 8.0000% 02/15/22		95,000	58,900
	CEDAR FAIR L P 5.375% 6/01/24		70,000	63,000
	CENTURYLINK INC 5.625% 4/01/25		79,000	78,605
	CENTURYLINK INC 5.8% 3/15/22		1,000	1,018
	CHENIERE CORPUS 5.875% 3/31/25		60,000	50,400
	CINEMARK USA, I 4.875% 6/01/23		63,000	47,093
	CITIGROUP IN 3.875% 10/25/23		100,000	104,370
	CITIGROUP INC NEW		160,000	158,615
	CITIGROUP INC NEW 2.312% 11/04/22		200,000	199,485
	COMMONWEALTH EDISON 3% 3/01/50		150,000	148,157
	COMMUNITY HEALTH 6.2500% 03/31/23		70,000	66,500
	CON-WAY 6.7000% 05/01/34		78,000	65,910
	CTR PARTNERSHIP LP/ C 5.25% 6/01/25		68,000	66,640
	DANA INC 5.5% 12/15/24		90,000	79,650
	DAVITA HEALTHCARE P 5% 5/01/25		8,000	8,000
	DAVITA INC 5.125% 7/15/24		63,000	62,370
	DELL INTERNTNL L 6.02% 6/15/26		100,000	103,885
	DELTA AIR LINES 3.204%25		75,000	72,322
	DELTA AIR LINES 3.625% 3/15/22		100,000	93,500
	DELTA AIR LINES 6.82		15,858	16,320
	DELTA AIR LINES, 3.75% 10/28/29		130,000	104,000
	DEUTSCHE BANK 3.7000% 05/30/24		100,000	91,125
	DEUTSCHE BANK AK 4.1% 1/13/26		240,000	217,546
	DIRECTV HOLDINGS 4.4500% 04/01/24		25,000	25,991
	DISCOVER FINL SE 3.85% 11/21/22		85,000	86,789
	DOLPHIN SUBSIDRY 7.2500% 10/15/21		22,000	21,395
	EBAY INC. 2.7%30		115,000	104,767
	EDISON INTERNATIO 2.4000% 09/15/22		100,000	95,927
	EDISON INTERNTN 3.1250% 11/15/22		95,000	98,494
	EDISON INTERNTN 4.875% 3/01/49		75,000	86,477
	EDISON INTERNTNL 2.95% 3/15/23		150,000	140,684

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN

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ATTACHMENT TO 2019 FORM 5500, SCHEDULE H, LINE 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	EDISON INTERNTNL 3.55% 11/15/24	200,000	\$ 206,573	\$ 198,650
	ELDORADO RESORTS INC 6% 4/01/25	60,000	63,000	54,000
	EMC CORP 2.6500% 06/01/20	30,000	29,813	29,775
	ENABLE MIDSTREAM 4.15%29	70,000	67,921	32,200
	ENCOMPASS HEALTH 4.75% 2/01/30	66,000	69,058	62,370
	ENERGY TRANSFER 4.65% 6/01/21	100,000	103,213	97,430
	ENTERPRISE PRODS OPER 2.8% 1/31/30	150,000	150,714	136,052
	EQM MIDSTREAM PA 4.75% 7/15/23	200,000	198,623	144,000
	EQUINIX, IN 5.375% 5/15/27	60,000	64,425	59,850
	ERIE COUNTY PA GEN 4.75% (SEE WP 5102.2)	30,000	31,200	30,000
	EXXON MOBIL COR 3.095% 8/16/49	75,000	75,661	76,245
	EXXON MOBIL COR 3.482% 3/19/30	50,000	50,000	54,885
	EXXON MOBIL COR 4.327% 3/19/50	50,000	50,000	60,666
	FEDEX CORP 4.9500% 10/17/48	75,000	81,341	73,249
	FELCOR LODGING LTD PARTN 6% 6/01/25	60,000	62,550	57,300
	FIRSTENERGY COR 3.4% 3/01/50	150,000	149,774	144,984
	FORD MOTOR CO 2.425% 6/12/20	55,000	54,883	53,900
	FORD MOTOR COMP 4.346% 12/08/26	66,000	67,411	50,820
	FORD MOTOR CRED 4.375% 8/06/23	45,000	46,346	41,384
	FREDDIE MAC 2.5% 5/15/43	54,638	54,655	56,045
	FREDDIE MAC 4% 12/15/24	82	82	82
	FREDDIE MAC 4% 2/15/42	108,246	115,309	115,326
	FREEPORT MCMORAN IN 4% 11/14/21	100,000	101,625	100,000
	GEN ELEC CAP CP 3.1500% 09/07/22	315,000	321,890	315,770
	GENERAL ELECTRIC VAR 1/20/46	70,000	66,850	56,875
	GENL ELEC CAP CP 5.55% 3/15/23	107,000	115,152	111,880
	GLP CAPITAL, 5.375% 4/15/26	60,000	64,950	53,626
	GNMA 2.5% 5/20/40	30,265	263,805	31,227
	GNMA REMIC TRUST 2010-11 4% 4/20/40	131,562	134,917	141,936
	GOLDMAN SACHS GP 5.75% 1/24/22	215,000	235,426	228,301
	GOLDMAN SACHS GROUP 4% 3/03/24	140,000	152,822	145,542
	GREAT LAKES DREDGE 8.0000% 05/15/22	60,000	62,025	58,800
	HAWAIIAN AIRLINES 3. 3.9% 7/15/27	169,278	246,919	171,537
	HEALTHSOUTH CORP 5.75% 11/01/24	36,000	36,495	36,090
	HILTON WORLDWID 4.875% 4/01/27	68,000	70,644	64,600
	HOSPITALITY PROP 4.5% 6/15/23	75,000	79,073	56,250
	HSBC HLDGS PLC 4 4% 3/30/22	100,000	103,781	102,458
	HUGHES SATELLITE 5.25% 8/01/26	66,000	73,662	64,680
	INGLES MARKETS I 5.75% 6/15/23	46,000	46,690	45,770
	INTEL CORP 3.25% 11/15/49	75,000	74,957	81,106
	INTL LEASE FIN 5.875% 8/15/22	100,000	108,825	89,984
	IPALCO ENTERPRis 3.45% 7/15/20	225,000	225,563	223,313
	IPALCO ENTERPRISE 3.7% 9/01/24	55,000	58,501	56,925
	IRON MTN INC 5.75% 8/15/24	70,000	70,613	69,650
	JABIL CIRCUIT 5.625% 12/15/20	68,000	70,455	69,747
	JOHNSON CTLS INC	50,000	51,404	51,088
	KRAFT HEINZ FOO 4.375% 6/01/46	161,000	151,391	145,321
	KRAFT HEINZ FOODS C 3% 6/01/26	50,000	49,061	48,763
	LEAR CORP 3.5% 5/30/30	150,000	149,661	129,053
	LEVEL 3 FINANCI 5.375% 5/01/25	70,000	72,013	70,350
	LIBERTY MEDIA CORP	70,000	71,663	51,100
	LIMITED BRANDS I 6.9500% 03/01/33	61,000	58,920	37,820
	LOCKHEED MARTIN C 3.8% 3/01/45	150,000	176,110	162,694
	LOUISIANA PACIF 4.875% 9/15/24	70,000	71,225	60,375

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN

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ATTACHMENT TO 2019 FORM 5500, SCHEDULE H, LINE 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	MACK-CALI REALTY 4.5% 4/18/22	100,000	\$ 99,939	\$ 92,893
	MCDONALD'S CORP 2.125% 3/01/30	220,000	219,881	205,361
	MERCER INTERN TN 7.375%25	66,000	67,890	56,925
	MGM GROWTH PROPER 4.5% 9/01/26	67,000	68,871	57,620
	MGM RESORTS INT 4.625% 9/01/26	54,000	54,675	45,900
	MONSANTO CO 2.75% 7/15/21	100,000	99,758	97,576
	MPT OPERATING PAR 5.5% 5/01/24	70,000	71,788	67,988
	MURPHY OIL USA, 5.625% 5/01/27	50,000	52,481	48,750
	NABORS INDUSTRIE 5.1% 9/15/23	90,000	77,186	18,000
	NCR CORPORATION 6.375% 12/15/23	60,000	61,575	59,400
	NETFLIX, IN 5.5% 2/15/22	75,000	79,313	77,063
	NUSTAR LOGISTIC 5.625% 4/28/27	80,000	82,436	60,800
	NUSTAR LOGISTICS 4.75% 2/01/22	65,000	65,488	46,800
	OASIS PETROLEUM 6.875%23	81,000	80,396	16,200
	ONEOK INC 4.25% 2/01/22	140,000	144,201	131,952
	OPTION ONE MTG LN TR 2 5.9% 3/25/37	786	783	783
	P B F LOGISTICS 6.8750% 05/15/23	78,000	79,918	44,070
	PARK-OHIO HOLDI 6.6250% 04/15/27	78,000	77,450	62,790
	PDC ENERGY, INC. 5.75% 5/15/26	70,000	70,242	36,050
	PENSKE AUTOMOTI 5.375% 12/01/24	70,000	71,838	58,800
	PETROLEOS MEXICA 5.5% 1/21/21	150,000	153,397	144,128
	POLYONE CORP 5.25% 3/15/23	50,000	53,000	49,250
	PULTEGROUP, IN 5% 1/15/27	70,000	73,413	69,475
	QEP RESOURCES, 5.625% 3/01/26	81,000	77,545	29,565
	QUALCOMM INC 3% 5/20/22	100,000	101,418	102,060
	QVC, IN 4.4500% 02/15/25	66,000	67,668	56,100
	QVC, IN 4.85% 4/01/24	150,000	159,056	129,375
	SAFEWAY INC 7.25% DEB DUE 2/1/31	65,000	67,916	62,725
	SALLY HLDGS LLC 5.625% 12/01/25	20,000	20,891	16,300
	SANTANDER HOLDING 3.5% 6/07/24	100,000	103,733	94,764
	SERVICE INTL 7.5000% 04/01/27	8,000	9,790	8,440
	SERVICE PROPERTI 4.75% 10/01/26	70,000	71,407	58,383
	SNTANDER HLDGS US 3.4% 1/18/23	50,000	51,210	46,930
	SNTANDER HLDGS US 4.5% 7/17/25	200,000	216,733	187,500
	SOUTHWESTERN ELE 3.55% 2/15/22	30,000	30,881	30,355
	SOUTHWESTERN ENE 7.7500% 10/01/27	90,000	80,027	59,400
	SPECTRUM BRANDS 5.75% 7/15/25	70,000	69,038	65,450
	SPIRIT AIRLINES 4.4500% 10/01/25	104,112	149,322	79,125
	STANLEY BLACK & D 2.3% 3/15/30	225,000	225,511	218,978
	STARBUCKS CORP 2.25% 3/12/30	75,000	74,561	70,093
	STARBUCKS CORP 3.35%50	75,000	74,424	70,350
	STARBUCKS CORP 4.4500% 08/15/49	75,000	91,233	85,911
	TARGA RESOURCES 4.25% 11/15/23	62,000	62,114	52,700
	TEMPUR SEALY INTL 5.5% 6/15/26	85,000	88,734	75,438
	TENET HEALTHCAR 4.625% 7/15/24	50,000	50,875	47,875
	TENNECO INC. 7.95%25	70,000	81,178	72,800
	TEVA PHARMACEUT 3.1500% 10/01/26	88,000	74,255	74,800
	THE AES CORP 4% 3/15/21	75,000	76,313	74,250
	THE AES CORP 4.5% 3/15/23	150,000	153,938	146,250
	THE BOEING CO 3.9% 5/01/49	150,000	164,348	135,616
	THE HERSHEY CO 3.1250% 11/15/49	150,000	153,825	135,974
	THE RMR GROUP LLC 4.5% 2/01/25	68,000	69,733	66,914
	THE WALT DISNEY C 3.8% 3/22/30	50,000	49,860	56,060
	THE WALT DISNEY C 4.7% 3/23/50	50,000	49,658	65,334

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STATEMENT 1

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

ATTACHMENT TO 2019 FORM 5500, SCHEDULE H, LINE 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	TIME WARNER CABLE 4% 9/01/21	150,000	\$ 151,130	\$ 150,387
	TOLL BROTHERS F 5.875% 2/15/22	107,000	113,554	104,058
	TRANSDIGM IN 6.375% 6/15/26	66,000	69,992	62,700
	UNDER ARMOUR INC 3.25% 6/15/26	66,000	63,951	55,440
	UNION PACIFIC CO 2.1500% 02/05/27	150,000	149,894	146,024
	UNION PACIFIC COR 2.4000% 02/05/30	150,000	149,417	144,910
	UNION PACIFIC RR CO 4.698% 1/02/24	2,610	2,344	2,699
	UNITED AIRLINES, 3.4 3.45% 6/01/29	83,077	85,198	80,557
	UNITED RENTALS NA 5.5% 5/15/27	79,000	82,418	77,914
	US AIRWAYS GROU 7.12	12,315	13,796	13,012
	VALVOLINE IN 4.375% 8/15/25	78,000	78,457	74,198
	VERIZON COMMS 4.4% 11/01/34	50,000	55,544	58,491
	VIACOM IN 3.1250% 06/15/22	50,000	50,798	47,793
	VISTA OUTDOOR I 5.875% 10/01/23	70,000	67,036	56,525
	WELLS FARGO & CO 2.879% 10/30/30	180,000	180,000	178,426
	WELLS FARGO BK N 2.1000% 07/26/21	50,000	49,764	49,873
	WESTERN DIGITAL 4.75% 2/15/26	66,000	70,292	66,660
	<b>ALTERNATIVE INVESTMENTS - REAL ESTATE</b>			
	ALEXANDRIA REAL ESTATE EQTY	227	33,862	31,113
	AMERICAN HOMES 4RENT REIT	930	24,032	21,576
	AMERICOLD REALTY TRUST REIT	314	10,798	10,689
	APT INVT MGMT CO	415	21,011	14,587
	BRANDYWINE RLTY TR NEW	386	6,089	4,061
	CARETRUST REIT INC	1,423	29,984	21,046
	CUBESMART TRS INC. REIT	408	13,909	10,930
	DUKE REALTY CORP REIT	365	12,084	11,819
	EQUINIX INC NEW	366	196,821	228,593
	EQUITY LIFESTYLE PPT REIT	211	13,909	12,128
	ESSEX PROPERTY TRUST	123	37,457	27,090
	FIRST INDUSTRIAL RLTY TR	2,040	78,977	67,789
	HEALTHCARE REALTY TRUST	301	9,986	8,407
	HLTHCARE TR OF AMER NEW	968	28,335	23,503
	INVESTORS REALTY TR	372	27,489	20,460
	KILROY REALTY CORP	223	17,247	14,205
	LTC PPTYS INC	836	40,320	25,832
	PHYSICIANS REALTY TR	2,878	50,081	40,119
	PROLOGIS INC.REIT	1,769	145,485	142,175
	QTS REALTY TRUST INC	918	43,183	53,253
	REGENCY CENTERS CORP	358	23,440	13,758
	REXFORD INDL REALTYREIT	675	30,313	27,682
	SAUL CENTERS INC	55	2,782	1,801
	SUN COMMUNITIES INC	171	23,905	21,349
	SUNSTONE HOTEL INVESTORS	559	7,276	4,869
	TAUBMAN CENTERS INC	123	4,728	5,151
	TERRENO RLTY CORP	286	14,497	14,801
	WELLTOWER INC REIT	504	42,966	23,073
	<b>INVESTMENTS AS REPORTED ON SCHEDULE H, LINE 4I</b>		<b>\$ 85,267,575</b>	<b>\$ 72,668,060</b>

**TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN**

**EIN: 51-0175810**

**PLAN: 002**

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**STATEMENT 2**

**SCHEDULES OF REPORTING REQUIREMENTS UNDER DEPARTMENT OF LABOR'S RULES**

Year ended March 31, 2020

**No activity to report in current period for the following:**

Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Schedule of Leases In Default or Classified as Uncollectible

Schedule of Nonexempt Transactions

Schedule of Assets Held for Investment Purposes Which Were Both Acquired and Disposed Within the Plan Year

**Schedule of Reportable Transactions**

(a)	(b) Description of asset (include interest rate and maturity in case of loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net Gain or (loss)
	Baird Aggregate Bond Inst	\$ 7,000,000	\$ -	\$ -	\$ -	\$ 7,000,000	\$ 7,000,000	\$ -
	Baird Aggregate Bond Inst	\$ -	\$ 5,016,401	\$ -	\$ -	\$ 5,053,462	\$ 5,016,401	\$ (37,061)