

<b>Form 5500</b> Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210 - 0110 1210 - 0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2020</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>	
For calendar plan year 2020 or fiscal plan year beginning <u>04/01/2020</u> and ending <u>03/31/2021</u>		
<b>A</b>	This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (filers checking this box must attach a list of participating employer information in accordance with the form instr.)
<b>B</b>	This return/report is:	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> the first return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the final return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
	<b>C</b>	If the plan is a collectively-bargained plan, check here <input checked="" type="checkbox"/>
	<b>D</b>	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)	

<b>Part II</b>	<b>Basic Plan Information</b> - enter all requested information	
<b>1a</b>	Name of plan <b>TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>002</b>
		<b>1c</b> Effective date of plan <b>04/01/1975</b>
<b>2a</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>JT BOARD OF TRUSTEES TEAMSTERS</b>  <b>6007 S. HARDING STREET</b>  <b>INDIANAPOLIS IN 462179597</b>	<b>2b</b> Employer Identification Number (EIN) <b>51-0175810</b>  <b>2c</b> Plan Sponsor's telephone number <b>317-639-3573</b>  <b>2d</b> Business code (see instructions) <b>813930</b>

**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.

<b>SIGN HERE</b>		<u>1/11/22</u>	<b>MIKE LARSON</b> Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		<u>1-11-22</u>	<b>JEFF COMBS</b> Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2020) v. 200204

## Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits

This form is required to be filed under section 6057 of the Internal Revenue Code.  
▶ Go to [www.irs.gov/Form8955SSA](http://www.irs.gov/Form8955SSA) for instructions and the latest information.

# 2020

This Form Is NOT Open  
to Public Inspection

### PART I Annual Statement Identification Information

For the plan year beginning 04/01/2020 , and ending 03/31/2021

**A**  Check here if plan is a government, church, or other plan that elects to voluntarily file Form 8955-SSA. (See instructions.)

**B**  Check here if this is an amended registration statement.

**C** Check the appropriate box if filing under:  Form 5558  Automatic extension  
 Special extension (enter description)

### PART II Basic Plan Information - enter all requested information

<b>1a</b> Name of plan <b>TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN</b>	<b>1b</b> Plan Number (PN) <b>002</b>
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#### Plan Sponsor Information

<b>2a</b> Plan sponsor's name <b>JT BOARD OF TRUSTEES TEAMSTERS</b>	<b>2b</b> Employer Identification Number (EIN) <b>51-0175810</b>
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<b>2c</b> Trade name (if different from plan sponsor name)	<b>2d</b> Plan sponsor's phone number <b>317-639-3573</b>
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**2e** In care of name

<b>2f</b> Mailing address (room, apt., suite no. and street, or P.O. box) <b>6007 S. HARDING STREET</b>	<b>2g</b> City <b>INDIANAPOLIS</b>	<b>2h</b> State <b>IN</b>	<b>2i</b> ZIP code <b>462179597</b>
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<b>2j</b> Foreign province (or state)	<b>2k</b> Foreign country	<b>2l</b> Foreign postal code
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#### Plan Administrator Information

<b>3a</b> Plan administrator's name (if other than plan sponsor) <b>JT BOARD OF TRUSTEES TEAMSTERS</b>	<b>3b</b> Employer Identification Number (EIN) <b>51-0175810</b>
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<b>3c</b> In care of name	<b>3d</b> Plan administrator's phone number <b>317-639-3573</b>
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<b>3e</b> Mailing address (room, apt., suite no. and street, or P.O. box) <b>6007 S. HARDING STREET</b>	<b>3f</b> City <b>INDIANAPOLIS</b>	<b>3g</b> State <b>IN</b>	<b>3h</b> ZIP code <b>462179597</b>
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<b>3i</b> Foreign province (or state)	<b>3j</b> Foreign country	<b>3k</b> Foreign postal code
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**4** If the name or EIN of the **plan administrator** has changed since the last return filed for this plan, enter the name and EIN from the last filed return:

Plan administrator's name	EIN
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**5** If the name or EIN of the **plan sponsor** has changed since the last return filed for this plan, enter the name, EIN, and plan number from that return:

Plan sponsor's name	EIN	Plan Number (PN)
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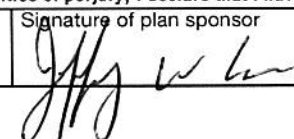
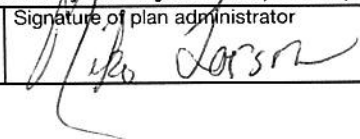
<b>6a</b> Participants who separated with a deferred vested benefit required to be reported on this Form 8955-SSA .....	<b>6a</b> <b>55</b>
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<b>b</b> Participants who separated with a deferred vested benefit voluntarily reported on this Form 8955-SSA in the same year as the separation occurred .....	<b>6b</b>
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<b>7</b> Total number of participants reported on lines 6a and 6b .....	<b>7</b> <b>55</b>
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<b>8</b> Did the plan administrator provide an individual statement to each participant required to receive a statement? .....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>Sign Here</b>	<b>Signature of plan sponsor</b> 	<b>Date signed</b> <u>1-11-22</u>	<b>Signature of plan administrator</b> 	<b>Date signed</b> <u>1/11/22</u>
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## Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.  
 ▶ Go to [www.irs.gov/Form5558](http://www.irs.gov/Form5558) for the latest information.

**File With IRS Only**

**Part I Identification**

<p><b>A Name of filer, plan administrator, or plan sponsor (see instructions)</b></p> <p><b>JT BOARD OF TRUSTEES TEAMSTERS</b></p> <p>Number, street, and room or suite no. (If a P.O. box, see instructions)  <b>6007 S. HARDING STREET</b></p> <p>City or town, state, and ZIP code  <b>INDIANAPOLIS, IN 462179597</b></p>	<p><b>B Filer's identifying number (see instructions)</b></p> <p>Employer identification number (EIN) (9 digits XX-XXXXXXX)  <b>51-0175810</b></p> <hr/> <p>Social security number (SSN) (9 digits XXX-XX-XXXX)</p>											
<p><b>C Plan name</b></p> <p><b>TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN</b></p>	<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Plan number</th> <th colspan="3">Plan year ending -</th> </tr> <tr> <th>MM</th> <th>DD</th> <th>YYYY</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">002</td> <td style="text-align: center;">3</td> <td style="text-align: center;">31</td> <td style="text-align: center;">2021</td> </tr> </tbody> </table>	Plan number	Plan year ending -			MM	DD	YYYY	002	3	31	2021
Plan number	Plan year ending -											
	MM	DD	YYYY									
002	3	31	2021									

**Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA**

- 1  Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 01/18/2022 to file Form 5500 series. See instructions.  
**Note:** A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 01/18/2022 to file Form 8955-SSA. See instructions.  
**Note:** A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.
- The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

**Part III Extension of Time To File Form 5330 (see instructions)**

- 4 I request an extension of time until \_\_\_\_\_ to file Form 5330.  
 You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.
- a Enter the Code section(s) imposing the tax ..... ▶ a
- |   |  |
|---|--|
| b |  |
| c |  |
- c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date .....
- 5 **State in detail why you need the extension:**
- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ Date ▶ 1-11-22

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN	Plan Number 002	EIN 51-0175810
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**PART III Participant Information - enter all requested information**

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

**Code A** - has not previously been reported.

**Code B** - has previously been reported under the above plan number, but whose previously reported information requires revisions.

**Code C** - has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.

**Code D** - has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

(a) Entry Code	(b) Full Social Security Number (or "FOREIGN")	Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"			Entry code "C" only		
		(c) Name of Participant				Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan - periodic payment	(g) Defined contribution plan - total value of account			
A	***-**-5164	ALTO		BANICH	C	E	226				
A	***-**-5074	MICHAEL		BOHANNON	C	E	222				
A	***-**-7988	MAXWELL		BOLEN	C	E	503				
A	***-**-1685	CHRIS		BOLTZ	C	E	2,417				
A	***-**-0922	PAUL	T	BUMGARDNER	C	E	5,644				
A	***-**-8688	ALVIN		BURKE	C	E	524				
A	***-**-6400	JAMES	R	BURNELL	C	E	3,017				
A	***-**-6399	JEFFREY		CLEMONS	C	E	965				
A	***-**-5961	BRYAN	K	CLEVELAND	C	E	1,814				
A	***-**-9028	TIM	W	COLE	C	E	2,289				

Plan Number	EIN
002	51-0175810

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN

**PART III Participant Information - enter all requested information**

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(a) Entry Code	(b) Full Social Security Number (or "FOREIGN")	Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"				Entry code "C" only	
		(c) Name of Participant				Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan - periodic payment	(g) Defined contribution plan - total value of account		
A	***-**-7065	THOMAS		COMBS		C	E	385			
A	***-**-6498	BRYAN		DAVIDSON		C	E	277			
A	***-**-4299	RUSSELL		DAVIS		C	E	2,006			
A	***-**-8559	ALAN	R	DODDS		C	E	475			
A	***-**-7820	HAROLD	W	ELGAR		C	E	1,138			
A	***-**-3648	SHARON		EVERSON		C	E	92			
A	***-**-9686	RODNEY		FERRAN		C	E	1,507			
A	***-**-7033	STEVEN		FISHER		C	E	351			
A	***-**-6487	MICHAEL		GARRINGER		C	E	291			
A	***-**-1712	GERALD		GOODE		C	E	418			

Name of plan TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN	Plan Number 002	EIN 51-0175810
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**PART III Participant Information - enter all requested information**

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Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"			Entry code "C" only		
(a) Entry Code	(b) Full Social Security Number (or "FOREIGN")	(c) Name of Participant		Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
				(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan - periodic payment	(g) Defined contribution plan - total value of account		
A	***-**-9044	EUGENE		GRAVES	C	E	47		
A	***-**-9778	DANIEL		HAMPTON	C	E	293		
A	***-**-3680	JAMES		HARDEN	C	E	976		
A	***-**-3839	TRACY		HASTINGS	C	E	911		
A	***-**-3160	ERNEST		HAWS	C	E	871		
A	***-**-9840	RON		HERSBERGER	C	E	2,650		
A	***-**-4381	JOHN		HOWARD	C	E	248		
A	***-**-5131	PHILLIP		IRVINE	C	E	1,389		
A	***-**-3457	WILL		KNIGHT	C	E	204		
A	***-**-2980	SCOTT	D	MANLEY	C	E	1,373		

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN	Plan Number 002	EIN 51-0175810
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Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"				Entry code "C" only		
(a) Entry Code	(b) Full Social Security Number (or 'FOREIGN')	(c) Name of Participant		Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number	
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency			(f) Defined benefit plan - periodic payment
A	***-**-8887	BRADLEY		MATTHEW		C	E	456		
A	***-**-0067	JOHN	E	MCELFRESH		C	E	290		
A	***-**-4096	JONATHON		MESSICK		C	E	588		
A	***-**-2868	JEFFREY	A	MULLIS		C	E	443		
A	***-**-9041	WILLIAM		NEUMAN		C	E	3,906		
A	***-**-4423	GEORGE		PABELLON		C	E	702		
A	***-**-0801	BILL	M	PADGET		C	E	197		
A	***-**-4807	JAMES	L	PARKS		C	E	1,498		
A	***-**-1844	DAVID		PASSEHL		C	E	522		
A	***-**-9942	WILLIAM		POWELL		C	E	210		

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN	Plan Number 002	EIN 51-0175810
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**PART III Participant Information - enter all requested information**

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Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"				Entry code "C" only	
(a) Entry Code	(b) Full Social Security Number (or 'FOREIGN')	(c) Name of Participant		Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan - periodic payment		
A	***-**-3322	TONY		PULLEN	C	E	1,180		
A	***-**-9286	BRUCE		RANDOLPH	C	E	56		
A	***-**-0844	KEVIN		RICKETTS	C	E	1,628		
A	***-**-3107	JOHN	P	RICKLEMAN	C	E	994		
A	***-**-0046	BRETT		ROSE	C	E	848		
A	***-**-1865	JAMES		SEAGRAVES	C	E	839		
A	***-**-3980	JAMES		SMITH	C	E	600		
A	***-**-3833	ZACHARY		SWEET	C	E	478		
A	***-**-2644	RICKY	J	THOMPSON	C	E	1,878		
A	***-**-2729	NORMAN	D	TINCHER	C	E	1,553		



Name of plan <b>TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN</b>	Plan Number <b>002</b>	EIN <b>51-0175810</b>
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**PART III Participant Information - enter all requested information**

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

- Code A** - has not previously been reported.
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(a) Entry Code	(b) Full Social Security Number (or 'FOREIGN')	Use with entry code "A", "B", "C", or "D"			Use with entry code "A" or "B"			Entry code "C" only		
		(c) Name of Participant			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan - periodic payment	(g) Defined contribution plan - total value of account		
A	***-**-3720	DEVONNA	K	UTTERBACK	C	E	172			
A	***-**-2367	LANCE	A	WAINWRIGHT	C	E	412			
A	***-**-6205	EUGENE		WALKER	C	E	504			
A	***-**-2532	DUANE	C	WATSON	C	E	330			
A	***-**-7452	RANDY	K	WATSON	C	E	1,783			

**3a** Plan administrator's name and address  Same as Plan Sponsor  
**JT BOARD OF TRUSTEES TEAMSTERS**

**6007 S. HARDING STREET**  
**INDIANAPOLIS IN 462179597**

**3b** Administrator's EIN  
**51-0175810**

**3c** Administrator's telephone number  
**317-639-3573**

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

- a** Sponsor's name
- c** Plan Name

**4b** EIN

**4d** PN

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	<b>2,124</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	<b>716</b>
<b>a(2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	<b>700</b>
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	<b>753</b>
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	<b>656</b>
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c	<b>6d</b>	<b>2,109</b>
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>	<b>135</b>
<b>f</b> Total. Add lines 6d and 6e	<b>6f</b>	<b>2,244</b>
<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>	<b>31</b>

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
**1B**

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

<b>SCHEDULE C (Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<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>	OMB No. 1210-0110  <b>2020</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2020 or fiscal plan year beginning **04/01/2020** and ending **03/31/2021**

<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**

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

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

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

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

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

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

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(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 on page 1, 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)

**SEE STATEMENT 1**

CHARLES SCHWAB TRUST BANK  
2360 CORPORATE CIRCLE STE 400  
HENDERSON NV 89074

82-3967259

(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 28 51	CUSTODIAN	437,182.	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)

UNITED ACTUARIAL  
11590 NORTH MERIDIAN ST., STE 610  
CARMEL IN 46032

35-2156428

(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	42,500.	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  
ONE INDIANA SQUARE, STE. 1200  
INDIANAPOLIS IN 46204

35-0865680

(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	27,300.	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 on page 1, 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)

**SEE STATEMENT 1**

PARAMOUNT CONSULTING  
5235 ASHFORD RD.  
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 ADMINISTRATOR	24,140.	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)

ALATEK, LLC  
P.O. BOX 834  
CROSSVILLE

62-1782185

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	16,425.	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)

HEALTH BENEFITS FUND  
6007 S. HARDING ST.  
INDIANAPOLIS

35-1074113

IN 46203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	6,638.	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"/>

<b>SCHEDULE H (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>2020</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2020 or fiscal plan year beginning <b>04/01/2020</b> and ending <b>03/31/2021</b>	
<b>A</b> Name of plan	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN</b>	
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500	<b>D</b> Employer Identification Number (EIN)
<b>JT BOARD OF TRUSTEES TEAMSTERS</b>	
<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	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash	1,821,066	4,755,719
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions	181,712	196,293
<b>(2)</b> Participant contributions		
<b>(3)</b> Other	48,588	53,566
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (incl. money market accounts & certificates of deposit)	0	
<b>(2)</b> U.S. Government securities	608,583	3,159,671
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred		
<b>(B)</b> All other	16,743,750	18,924,711
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred	704,576	1,522,546
<b>(B)</b> Common	49,566,861	68,423,696
<b>(5)</b> Partnership/joint venture interests		
<b>(6)</b> Real estate (other than employer real property)		
<b>(7)</b> Loans (other than to participants)		
<b>(8)</b> Participant loans		
<b>(9)</b> Value of interest in common/collective trusts		
<b>(10)</b> Value of interest in pooled separate accounts		
<b>(11)</b> Value of interest in master trust investment accounts		
<b>(12)</b> Value of interest in 103-12 investment entities		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds)	5,044,290	852,230
<b>(14)</b> Value of funds held in insurance co. general account (unallocated contracts)		
<b>(15)</b> Other		



		(a) Beginning of Year	(b) End of Year
<b>1 d</b>	Employer-related investments:		
	(1) Employer securities .....	1d(1)	
	(2) Employer real property .....	1d(2)	
<b>e</b>	Buildings and other property used in plan operation .....	1e	
<b>f</b>	Total assets (add all amounts in lines 1a through 1e) .....	1f	74,719,426      97,888,432
<b>Liabilities</b>			
<b>g</b>	Benefit claims payable .....	1g	
<b>h</b>	Operating payables .....	1h	5,394      1,458
<b>i</b>	Acquisition indebtedness .....	1i	
<b>j</b>	Other liabilities .....	1j	
<b>k</b>	Total liabilities (add all amounts in lines 1g through 1j) .....	1k	5,394      1,458
<b>Net Assets</b>			
<b>l</b>	Net assets (subtract line 1k from line 1f) .....	1l	74,714,032      97,886,974

**Part II Income and Expense Statement**

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

		(a) Amount	(b) Total
<b>Income</b>			
<b>a</b>	<b>Contributions:</b>		
	(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	3,866,040
	(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)	3,866,040
<b>b</b>	<b>Earnings on investments:</b>		
	(1) Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	
	(B) U.S. Government securities .....	2b(1)(B)	132,301
	(C) Corporate debt instruments .....	2b(1)(C)	705,718
	(D) Loans (other than to participants) .....	2b(1)(D)	
	(E) Participant loans .....	2b(1)(E)	
	(F) Other .....	2b(1)(F)	86,692
	(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)	924,711
	(2) Dividends: (A) Preferred stock .....	2b(2)(A)	87,030
	(B) Common stock .....	2b(2)(B)	1,208,387
	(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)	2,741
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)	1,298,158
	(3) Rents .....	2b(3)	
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....	2b(4)(A)	152,608,287
	(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)	146,765,415
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)	5,842,872
	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....	2b(5)(A)	
	(B) Other .....	2b(5)(B)	18,384,530
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)	18,384,530

	(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	30,316,311

**Expenses**

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	6,502,326
(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)	6,502,326
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)	74,561
(2) Contract administrator fees .....	2i(2)	
(3) Investment advisory and management fees .....	2i(3)	438,924
(4) Other <b>SEE STATEMENT 2</b> .....	2i(4)	127,558
(5) Total administrative expenses. Add lines 2i(1) through (4) .....	2i(5)	641,043
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	7,143,369

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k	23,172,942
l Transfers of assets:		
(1) To this plan .....	2l(1)	
(2) From this plan .....	2l(2)	

**Part III Accountant's Opinion**

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

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):  
 (1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.  
 (1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:  
 (1) Name: **PILE, CPAS** (2) EIN: **35-8865680**

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:

	Yes	No	Amount
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.) ...		X	

		Yes	No	Amount
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
<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.)	4c		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.)	4d		X	
<b>e</b> Was this plan covered by a fidelity bond?	4e	X		500,000
<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?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	4l		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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	4n		X	
<b>5 a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>5 b</b> 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.)				
<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)		<b>5b(3)</b> PN(s)	
<b>5 c</b> Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not determined
				4343962

<b>SCHEDULE MB (Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<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  <b>2020</b>  This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 04/01/2020 and ending 03/31/2021.

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

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

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

**1 a** Enter the valuation date: Month 04 Day 01 Year 2020

<b>b</b> Assets		
(1) Current value of assets	<b>1b(1)</b>	74,714,032
(2) Actuarial value of assets for funding standard account	<b>1b(2)</b>	86,464,822
<b>c</b> (1) Accrued liability for plan using immediate gain methods	<b>1c(1)</b>	108,914,371
(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>	108,914,371
<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>	191,767,464
(b) Expected increase in current liability due to benefits accruing during the plan year	<b>1d(2)(b)</b>	2,962,141
(c) Expected release from "RPA '94" current liability for the plan year	<b>1d(2)(c)</b>	7,430,768
(3) Expected plan disbursements for the plan year	<b>1d(3)</b>	7,535,913

**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>	<u>01/05/2022</u>
Signature of actuary	Date
<u>ERIKA L. CREAGER, EA, MAAA</u>	<u>2007288</u>
Type or print name of actuary	Most recent enrollment number
<u>UNITED ACTUARIAL SERVICES, INC.</u>	<u>317-580-8631</u>
Firm name	Telephone number (including area code)
<u>11590 N. MERIDIAN STREET, SUITE 610</u>	
<u>CARMEL IN 46032</u>	
Address of the firm	

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

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	74,714,032
<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 .....	753	84,575,891
<b>(2)</b> For terminated vested participants .....	656	42,864,384
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		2,427,191
<b>(b)</b> Vested benefits .....		61,899,998
<b>(c)</b> Total active .....	700	64,327,189
<b>(4)</b> Total .....	2,109	191,767,464
<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>	38.9600 %

**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
03-31-2021	3,866,040				
<b>Totals ▶</b>			<b>3(b)</b>	3,866,040	<b>3(c)</b>

**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>	79.40 %
<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>	E
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....	Yes	No
<b>d</b> If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? .....	Yes	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 <input type="checkbox"/>	<b>4f</b>	

**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? .....	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? .....	Yes	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:**

**6a** 283.00 %

<b>a</b> Interest rate for "RPA '94" current liability .....	Pre-retirement		Post-retirement	
	Yes	No	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A
<b>b</b> Rates specified in insurance or annuity contracts .....				
<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>	12.2 %	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>	1.9 %		
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	-9.4 %		

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

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	4,302,906	447,481
4	-72,307	-7,520

**8 Miscellaneous information:**

**a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval **8a**

**b (1)** Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule  Yes  No

**b (2)** Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule  Yes  No

**c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?  Yes  No

**d** If line c is "Yes," provide the following additional information:

**(1)** Was an extension granted automatic approval under section 431(d)(1) of the Code?  Yes  No

**(2)** If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended **8d(2)**

**(3)** Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?  Yes  No

**(4)** If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) **8d(4)**

**(5)** If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**

**(6)** If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?  Yes  No

**e** If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) **8e**

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

**Charges to funding standard account:**

<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>	1,465,646
<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>	49,466,559
<b>(2)</b> Funding waivers .....	<b>9c(2)</b>	5,863,167
<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>	531,334
<b>e</b> Total charges. Add lines 9a through 9d .....	<b>9e</b>	7,860,147

Credits to funding standard account:			
<b>f</b>	Prior year credit balance, if any .....	9f	22,460,614
<b>g</b>	Employer contributions. Total from column (b) of line 3 .....	9g	3,866,040
		Outstanding balance	
<b>h</b>	Amortization credits as of valuation date .....	9h	4,556,396
<b>i</b>	Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	9i	615,294
			1,813,147
<b>j</b>	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL) .....	9j(1)	62,341,013
(2)	"RPA '94" override (90% current liability FFL) .....	9j(2)	88,605,390
(3)	FFL credit .....	9j(3)	
<b>k</b>	(1) Waived funding deficiency .....	9k(1)	
	(2) Other credits .....	9k(2)	
<b>l</b>	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	9l	28,755,095
<b>m</b>	Credit balance: If line 9l is greater than line 9e, enter the difference .....	9m	20,894,948
<b>n</b>	Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	9n	
<b>9o</b>	Current year's accumulated reconciliation account:		
(1)	Due to waived funding deficiency accumulated prior to the 2020 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)	
<b>10</b>	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) .....	10	
<b>11</b>	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

<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>2020</b>  This Form is Open to Public Inspection.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

For calendar plan year 2020 or fiscal plan year beginning **04/01/2020** and ending **03/31/2021**

<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 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): \_\_\_\_\_

**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

**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.

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

<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	Yes	No
<b>11 a</b> Does the ESOP hold any preferred stock?	Yes	No
<b>b</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
<b>12</b> 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.*

**a** Name of contributing employer **MS TRANSPORT, LLC**

**b** EIN **35-2099051**

**c** Dollar amount contributed by employer

**221,557.**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2022**

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

(1) Contribution rate (in dollars and cents)

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): **13% OF GROSS WAGES**

**a** Name of contributing employer **MARTIN MARIETTA**

**b** EIN **31-7060001**

**c** Dollar amount contributed by employer

**230,795.**

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

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

(1) Contribution rate (in dollars and cents) **1.85**

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

**a** Name of contributing employer **DWD COMPANY, LLC**

**b** EIN **81-4047892**

**c** Dollar amount contributed by employer

**187,053.**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2022**

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

(1) Contribution rate (in dollars and cents)

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): **13% OF GROSS WAGES**

**a** Name of contributing employer **CMG TRUCKING, INC.**

**b** EIN **26-3348631**

**c** Dollar amount contributed by employer

**368,419.**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2022**

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

(1) Contribution rate (in dollars and cents)

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): **13% OF GROSS WAGES**

**a** Name of contributing employer **D TRANSPORT**

**b** EIN **35-2042612**

**c** Dollar amount contributed by employer

**477,674.**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2022**

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

(1) Contribution rate (in dollars and cents)

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): **13% OF GROSS WAGES**

**a** Name of contributing employer **IRVING MATERIALS, INC.**

**b** EIN **35-0817664**

**c** Dollar amount contributed by employer

**1,082,130.**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2022**

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

(1) Contribution rate (in dollars and cents) **3.50**

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

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

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....	<b>14a</b>
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....	<b>14b</b>
<b>c</b> The second preceding plan year <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....	<b>14c</b>

**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:

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

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>
<b>b</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 .....	<b>16b</b>

**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: 71.0 % Investment-Grade Debt: 24.0 % High-Yield Debt: .0 % Real Estate: .0 % Other: 5.0 %

**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 equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation \_\_\_\_\_

SCHEDULE C		OTHER SERVICE PROVIDER SERVICE CODES	STATEMENT 1
NAME	SERVICE CODES		
CHARLES SCHWAB TRUST BANK	19		
CHARLES SCHWAB TRUST BANK	28		
CHARLES SCHWAB TRUST BANK	51		
CHARLES SCHWAB TRUST BANK	52		

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H		OTHER ADMINISTRATIVE EXPENSES	STATEMENT 2
DESCRIPTION	AMOUNT		
ADMIN. SERVICE PROVIDERS (SALARIES, FEES AND COMMISSIONS)	127,558.		
TOTAL TO SCHEDULE H, LINE 2I(4)	127,558.		



June 29, 2020

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

**Re: 2020 Actuarial Certification Under the Pension Protection Act**

Dear Trustees:

The following information is intended to comply with the annual certification requirements of IRC section 432, with respect to the funded status of the Teamsters Local Union No. 716 Pension Plan.

**Identifying Information**

Plan Name: Teamsters Local Union No. 716 Pension Plan  
 EIN/Plan #: 51-0175810/002  
 Plan year of Certification: year beginning April 1, 2020  
 Plan Sponsor: Board of Trustees of Teamsters Local Union No. 716 Pension Plan  
 Sponsor Address: 1233 Shelby Street, Indianapolis, Indiana 46203  
 Sponsor Telephone: (317) 639-3573, ext. 144  
 Enrolled Actuary Name: Erika L. Creager  
 Enrollment Number: 20-07288  
 Actuary Address: 11590 N. Meridian St., Suite 610, Carmel, IN 46032  
 Actuary Telephone: (317) 580-8631

**Certification of Plan Status**

I certify that the above-named Plan is in the following status(es) as of April 1, 2020 (all that apply are checked):

Safe--Neither Endangered nor Critical Status	_____
Safe--Neither Endangered nor Critical Status Due to Special Rule	_____
Endangered Status	<u>  X  </u>
Seriously Endangered Status	_____
Projected to be in Critical Status within 5 years	<u>  X  </u>
Critical Status	_____
Critical and Declining Status	_____

These certifications are based on the following results:

- Projected funded ratio as of April 1, 2020: 79.2%
- Previously emerged from critical status using IRC Section 432(e)(4)(B)(ii)(I) special emergence rule?: No
- First projected deficiency : March 31, 2028
- At least 8 years of benefit payments in plan assets?: Yes

**Note: This document does not include an election to be in Critical status under IRC Section 432(b)(4).** If the Trustees wish to elect to be in Critical status, they will submit a separate election within the next 30 days.

#### **Certification of Scheduled Progress**

No certification of scheduled progress is required because the funding improvement period does not start until April 1, 2023.

#### **Basis for Result**

The certifications utilize the assumptions, methods, plan provisions and demographic data as disclosed in the April 1, 2019 actuarial valuation report with the following exceptions:

- Based on the March 31, 2020 unaudited financial statements provided by the plan administrator, the asset return for the 2019-20 plan year is assumed to be -9.43%. We also updated the contributions, benefit payments, and expenses for the 2019-20 plan year based on these financial statements.
- Contributions have been increased to reflect all known negotiated increases through June 2022.
- Based on information provided by the Trustees regarding projection of future industry activity, the following percentage of assumed 2019 valuation work units were assumed: 105% for the plan year ending 2021 and 110.25% for the plan year ending 2022 and for each plan year thereafter. For the plan year ending 2020, 100% of the assumed 2019 valuation work units was assumed.

I am a member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. These certifications are intended to be in good faith compliance with the necessary disclosures for certification and represent my best estimate of the Plan's funded position. We are available to answer questions regarding these certifications.

Sincerely,



Erika L. Creager, EA, MAAA  
Consulting Actuary  
Enrollment Number: 20-07288

Date of Signature: 6/29/2020

cc: Secretary of the Treasury  
Mr. Mike Larson, Administrator  
Mr. Jeffrey A. Macey, Fund Counsel  
Mr. Scott Shoemaker, Auditor

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**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 2020 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 STOCK AND EXCHANGE TRADED FUNDS</b>				
	A S M L HOLDING NV NEW FMONTH END PRICE 617.3600	115.00 \$	42,529 \$	70,996
	A T & T INCMONTH END PRICE 30.2700	934.84	29,275	28,298
	ABBOTT LABORATORIESMONTH END PRICE 119.8400	1,496.56	136,927	179,348
	ABBVIE INCMONTH END PRICE 108.2200	226.22	21,296	24,481
	ABIOMED INCMONTH END PRICE 318.7300	27.00	7,485	8,606
	ACCENTURE PLC CLAMONTH END PRICE 276.2500	536.00	109,171	148,070
	ADECCO SAMONTH END PRICE 33.5800	1,004.00	27,092	33,714
	ADIDAS AG ADRMONTH END PRICE 157.0100	470.00	76,541	73,795
	ADOBE SYSTEMS INCMONTH END PRICE 475.3700	103.00	37,728	48,963
	ADVANCED MICRO DEVICESMONTH END PRICE 78.5000	340.00	28,436	26,690
	AIA GROUP LTD NEWADR FMONTH END PRICE 49.0900	2,401.00	98,660	117,865
	AIR PRODS & CHEMS INCMONTH END PRICE 281.3400	214.59	54,389	60,372
	ALBANY INTL CORP NEWMONTH END PRICE 83.4700	709.50	37,116	59,222
	ALIBABA GROUP HOLDINMONTH END PRICE 226.7300	296.00	67,687	67,112
	ALIGN TECHNOLOGY INCMONTH END PRICE 541.5300	63.00	31,475	34,116
	ALLEGHANY CORP DELMONTH END PRICE 626.2900	66.00	44,794	41,335
	ALLSTATE CORPMONTH END PRICE 114.9000	608.08	62,051	69,868
	ALPHABET INC.MONTH END PRICE 2,068.6300	96.00	156,338	198,588
	ALTRIA GROUP INCMONTH END PRICE 51.1600	464.43	17,857	23,760
	AMAZON COM INCMONTH END PRICE 3,094.0800	79.00	170,322	244,432
	AMEREN CORPMONTH END PRICE 81.3600	379.40	28,304	30,868
	AMERICAN ELEC PWR INCMONTH END PRICE 84.7000	373.05	32,202	31,597
	AMERICAN EXPRESS COMONTH END PRICE 141.4400	1,159.90	138,796	164,056
	AMERICAN TOWER CORP REITMONTH END PRICE 239.0600	577.23	127,113	137,992
	AMPHENOL CORP CLAMONTH END PRICE 65.9700	363.43	21,276	23,976
	ANALOG DEVICESMONTH END PRICE 155.0800	1,163.00	139,088	180,358
	ANHEUSER BUSCH INBEV SA/NVMONTH END PRICE 62.8500	935.00	61,354	58,765
	ANIKA THERAPEUTICS INCMONTH END PRICE 40.7900	658.00	22,652	26,840
	APPLE INCMONTH END PRICE 122.1500	3,849.69	240,474	470,240
	ARCELOR MITTAL NYMONTH END PRICE 29.1700	2,089.00	39,299	60,936
	ARMSTRONG WORLD INDSMONTH END PRICE 90.0900	1,397.43	116,090	125,894
	AUTO DATA PROCESSINGMONTH END PRICE 188.4700	356.33	56,482	67,157
	AUTOZONE INCMONTH END PRICE 1,404.3000	10.00	14,374	14,043
	AVALONBAY CMNTYS INCMONTH END PRICE 184.5100	95.91	18,291	17,697
	AVERY DENNISON CORPMONTH END PRICE 183.6500	146.12	18,860	26,835
	AXALTA COATING SYS LTDMONTH END PRICE 29.5800	2,184.00	58,626	64,603
	BADGER METER INCMONTH END PRICE 93.0700	277.72	18,730	25,847
	BAE SYSTEMS PLC ADRMONTH END PRICE 28.3000	3,608.00	91,622	102,106
	BANK OF AMERICA CORPMONTH END PRICE 38.6900	3,447.77	92,378	133,394
	BANK OF HAWAII CORPMONTH END PRICE 89.4900	875.93	58,498	78,387
	BARRICK GOLD CORP FMONTH END PRICE 19.8000	2,372.00	65,055	46,966
	BAXTER INTERNATIONALMONTH END PRICE 84.3400	315.15	26,524	26,580
	BEST BUY INCMONTH END PRICE 114.8100	208.00	22,149	23,880
	BIOGEN INCMONTH END PRICE 279.7500	65.00	17,264	18,184
	BIOMARIN PHARMACEUTICAL INCMONTH END PRICE 75.5100	131.00	11,938	9,892
	BLACKROCK INCMONTH END PRICE 753.9600	142.08	74,586	107,120
	BLACKSTONE GROUP INCMONTH END PRICE 74.5300	501.71	30,453	37,392
	BOOKING HOLDINGS INCMONTH END PRICE 2,329.8400	17.00	32,153	39,607
	BOSTON BEER CLASS AMONTH END PRICE 1,206.2800	18.00	16,995	21,713
	BP PLC FMONTH END PRICE 24.3500	3,822.99	79,726	93,090
	BRISTOL-MYERS SQUIBBMONTH END PRICE 63.1300	1,016.75	57,723	64,187
	BROADCOM LIMITEDMONTH END PRICE 463.6600	568.16	187,108	263,431
	BROADRIDGE FINL SOLUTIONMONTH END PRICE 153.1000	602.57	67,514	92,253

**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 2020 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>
	BROOKS AUTOMATION NEWMONTH END PRICE 81.6500	1,155.66	\$ 56,798	\$ 94,359
	BURBERRY GROUP PLC ADR FMONTH END PRICE 26.5200	1,988.00	41,159	52,722
	C K HUTCHISON HOLDINMONTH END PRICE 7.9700	7,226.00	44,679	57,591
	C M S ENERGY CORPMONTH END PRICE 61.2200	390.16	23,388	23,886
	C R H PLC COMPANY FMONTH END PRICE 46.9800	2,706.00	105,151	127,128
	CANADIAN PAC RAILWAYMONTH END PRICE 379.2900	67.00	20,325	25,412
	CANNAE HOLDINGS INCMONTH END PRICE 39.6200	1,304.00	57,467	51,664
	CARMAX INCMONTH END PRICE 132.6600	612.00	55,360	81,188
	CARVANA COMONTH END PRICE 262.4000	102.00	23,534	26,765
	CDW CORPMONTH END PRICE 165.7500	272.46	31,194	45,160
	CHARLES SCHWAB CORPORATIONMONTH END PRICE 65.1800	702.88	34,838	45,814
	CHEESECAKE FACTORY INCMONTH END PRICE 58.5100	1,675.00	43,577	98,004
	CHEVRON CORPORATIONMONTH END PRICE 104.7900	1,221.73	132,064	128,025
	CHIPOTLE MEXICAN GRILLMONTH END PRICE 1,420.8200	27.00	33,461	38,362
	CHUBB LTDMONTH END PRICE 157.9700	607.00	81,502	95,888
	CHURCHILL DOWNS INCMONTH END PRICE 227.4200	504.21	63,899	114,667
	CISCO SYSTEMS INCMONTH END PRICE 51.7100	3,733.57	189,149	193,063
	CITRIX SYSTEMS INCMONTH END PRICE 140.3600	733.12	90,587	102,901
	CME GROUP INC CL AMONTH END PRICE 204.2300	268.01	52,563	54,735
	COCA COLA COMPANYMONTH END PRICE 52.7100	928.19	45,527	48,925
	COGNIZANT TECH SOL CL AMONTH END PRICE 78.1200	301.12	23,140	23,523
	COMCAST CORP NEW CL AMONTH END PRICE 54.1100	4,444.59	202,292	240,497
	COMPASS GROUPMONTH END PRICE 20.4000	2,292.00	35,749	46,757
	CONOCOPHILLIPSMONTH END PRICE 52.9700	526.30	27,136	27,878
	CONSTRUCTION PARTNERMONTH END PRICE 29.8800	1,087.00	21,074	32,480
	CONTINENTAL AG ADRMONTH END PRICE 13.3600	3,990.00	57,697	53,306
	COPART INCMONTH END PRICE 108.6100	419.00	37,549	45,508
	CORELOGIC INCMONTH END PRICE 79.2500	807.10	54,903	63,962
	COVESTRO A GMONTH END PRICE 33.7000	2,450.00	65,581	82,565
	CREE INCMONTH END PRICE 108.1300	108.00	13,322	11,678
	CROWN CASTLE INTL CO REITMONTH END PRICE 172.1300	716.58	109,487	123,345
	CUMMINS ENGINE INCMONTH END PRICE 259.1100	163.75	28,346	42,430
	DANONE SPON ADRMONTH END PRICE 13.7500	2,487.00	35,227	34,196
	DECKERS OUTDOOR CORPMONTH END PRICE 330.4200	253.00	47,112	83,596
	DEERE & COMONTH END PRICE 374.1400	354.85	93,652	132,764
	DEUTSCHE TELEKOM AG SPONSORED ADRMONTH END PRICE 20.2400	9,069.00	154,347	183,557
	DEXCOM INCMONTH END PRICE 359.3900	63.00	25,813	22,642
	DIGITAL REALTY TRUSTMONTH END PRICE 140.8400	337.92	43,026	47,592
	DTE ENERGY COMONTH END PRICE 133.1400	175.57	19,434	23,376
	DUKE ENERGY CORPMONTH END PRICE 96.5300	125.40	11,265	12,105
	E.ON AG ADRMONTH END PRICE 11.7100	12,123.00	133,792	141,960
	EATON CORP PLC FMONTH END PRICE 138.2800	308.00	26,013	42,590
	EBAY INCMONTH END PRICE 61.2400	1,200.51	60,707	73,519
	ELI LILLY & COMPANYMONTH END PRICE 186.8200	822.74	110,402	153,704
	ENPHASE ENERGY INCMONTH END PRICE 162.1600	51.00	5,683	8,270
	ENTEGRIS INCMONTH END PRICE 111.8000	1,322.32	76,556	147,835
	EOG RESOURCES INCMONTH END PRICE 72.5300	485.06	25,797	35,181
	EQUINOR A S AMONTH END PRICE 19.4600	2,481.00	36,090	48,280
	ETSY INCMONTH END PRICE 201.6700	36.00	8,702	7,260
	EVERSOURCE ENERGYMONTH END PRICE 86.5900	339.96	27,959	29,437
	EVERTEC INC FMONTH END PRICE 37.2200	1,309.00	46,698	48,721
	EXACT SCIENCES CORPMONTH END PRICE 131.7800	123.00	13,997	16,209
	EXTRA SPACE STORAGE INCMONTH END PRICE 132.5500	204.79	21,258	27,145
	FACEBOOK INCMONTH END PRICE 294.5300	746.00	155,567	219,719



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 2020 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
	FEDEX CORPORATIONMONTH END PRICE 284.0400	115.00	\$ 32,180	\$ 32,665
	FIDELITY NATL INFORMATION SVCSMONTH END PRICE 140.6100	331.00	45,714	46,542
	FIRST FINL BANKSHARESMONTH END PRICE 46.7300	1,328.45	41,831	62,078
	FLEXTRONICS INTL LTDMONTH END PRICE 18.3100	4,634.00	56,329	84,849
	FREEMPORT MCMORAN INCMONTH END PRICE 32.9300	1,066.00	36,707	35,103
	FRESENIUS MED CARE ADRMONTH END PRICE 36.8800	2,300.00	97,136	84,824
	G C P APPLIED TECHNOMONTH END PRICE 24.5400	2,320.00	58,284	56,933
	GILEAD SCIENCES INCMONTH END PRICE 64.6300	289.58	19,178	18,715
	GRACO INCORPORATEDMONTH END PRICE 71.6200	888.31	48,680	63,621
	HANOVER INSURANCE GROUPEMONTH END PRICE 129.4600	489.63	57,520	63,387
	HASBROMONTH END PRICE 96.1200	284.33	27,882	27,330
	HCA HOLDINGS INCMONTH END PRICE 188.3400	195.00	33,663	36,726
	HENRY JACK & ASSOCIATESMONTH END PRICE 151.7200	556.21	91,191	84,388
	HITACHI LTDMONTH END PRICE 92.4500	1,591.00	111,698	147,088
	HOME DEPOT INCMONTH END PRICE 305.2500	682.55	154,198	208,348
	HONDA MTR CO LTDADR REPMONTH END PRICE 30.2000	2,938.00	70,874	88,728
	HONEYWELL INTERNATIONALMONTH END PRICE 217.0700	1,193.49	215,121	259,070
	HOULIHAN LOKEY INCMONTH END PRICE 66.5100	1,034.59	58,172	68,811
	HUBSPOT INCMONTH END PRICE 454.2100	12.00	6,075	5,451
	IBM CORPMONTH END PRICE 133.2600	646.17	79,669	86,108
	IHS MARKIT LTD FMONTH END PRICE 96.7800	250.00	17,651	24,195
	INFINEON TECH AG ADRMONTH END PRICE 42.5900	1,015.00	30,343	43,229
	INFORMA P L CMONTH END PRICE 15.5300	1,806.00	19,159	28,047
	INTERCONTINENTAL EXCHANGE INC.MONTH END PRICE 111.6800	1,449.92	139,584	161,927
	INTL CONS AIRLS GP ADR FMONTH END PRICE 5.5500	12,095.00	50,931	67,127
	INTUITMONTH END PRICE 383.0600	124.45	40,328	47,673
	INTUITIVE SURGICALMONTH END PRICE 738.9400	115.00	81,171	84,978
	ISUZU MOTORS LTDMONTH END PRICE 10.8100	8,041.00	73,615	86,923
	J P MORGAN CHASE & COMONTH END PRICE 152.2300	2,478.47	286,011	377,298
	JOHN BEAN TECHNOLOGIES CORPMONTH END PRICE 133.3400	337.68	30,837	45,026
	JOHNSON & JOHNSONMONTH END PRICE 164.3500	963.78	133,942	158,397
	JUST EAT TAKEAWAY COM FMONTH END PRICE 9.4300	5,318.00	58,654	50,149
	K L A TENCOR CORPMONTH END PRICE 330.4000	747.65	130,804	247,022
	KB FINANCIAL GROUP ADRMONTH END PRICE 49.4300	906.00	24,859	44,784
	KIMBERLY-CLARK CORPMONTH END PRICE 139.0500	296.76	40,630	41,264
	KIRIN HOLDINGS COMONTH END PRICE 19.3900	1,980.00	38,359	38,392
	KOMATSU LTDMONTH END PRICE 31.2300	3,673.00	85,228	114,708
	KYOCERA LTD ADRMONTH END PRICE 64.0800	1,532.00	89,729	98,171
	LAM RESH CORPMONTH END PRICE 595.2400	235.57	61,167	140,221
	LAMB WESTON HOLDINGSMONTH END PRICE 77.4800	860.74	64,318	66,690
	LANDSTAR SYSTEM INCMONTH END PRICE 165.0600	369.36	46,846	60,967
	LAUDER ESTEE COS INCMONTH END PRICE 290.8500	246.97	55,638	71,831
	LESRIES INCMONTH END PRICE 24.4900	2,560.00	71,111	62,694
	LINDE PLC FMONTH END PRICE 280.1400	133.00	36,026	37,259
	LOCKHEED MARTIN CORPMONTH END PRICE 369.5000	510.21	185,207	188,523
	LOWES COMPANIESMONTH END PRICE 190.1800	1,116.20	141,038	212,278
	LULULEMON ATHLETICA INCMONTH END PRICE 306.7100	32.00	10,530	9,815
	MARKETAXESS HOLDINGS INCMONTH END PRICE 497.9200	45.19	21,718	22,502
	MARRIOTT INTL INC CL AMONTH END PRICE 148.1100	165.00	24,108	24,438
	MARSH & MCLENNAN COS INCMONTH END PRICE 121.8000	575.55	59,387	70,102
	MARTIN MARIETTA MATLS INCMONTH END PRICE 335.8200	261.57	63,657	87,841
	MASIMO CORPMONTH END PRICE 229.6600	104.00	24,566	23,885
	MASTERCARD INCMONTH END PRICE 356.0500	399.31	125,238	142,175
	MATCH GROUP INC NEWMONTH END PRICE 137.3800	251.00	29,892	34,482

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN

EIN: 51-0175810

PLAN: 002

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STATEMENT 1

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

ATTACHMENT TO 2020 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
	MBIA INCMONTH END PRICE 9.6200	3,091.00	\$ 25,968	\$ 29,735
	MC DONALDS CORPMONTH END PRICE 224.1400	386.72	81,085	86,679
	MCKESSON CORPORATIONMONTH END PRICE 195.0400	205.50	34,877	40,082
	MEDTRONIC PLCMONTH END PRICE 118.1300	533.00	54,508	62,963
	MERCADOLIBRE INCMONTH END PRICE 1,472.1400	13.00	14,061	19,138
	MERCK & CO INCMONTH END PRICE 77.0900	2,261.31	180,110	174,324
	MGM GROWTH PPTYS LLCMONTH END PRICE 32.6200	2,114.87	59,730	68,987
	MICROSOFT CORPMONTH END PRICE 235.7700	2,755.61	430,510	649,691
	MITSUBISHI ELEC CORPMONTH END PRICE 30.6200	2,532.00	70,018	77,530
	MODERNA INCMONTH END PRICE 130.9500	53.00	3,742	6,940
	MONDELEZ INTL INCMONTH END PRICE 58.5300	436.22	23,351	25,532
	MONSTER BEVERAGE CORMONTH END PRICE 91.0900	427.00	29,484	38,895
	MOODYS CORPMONTH END PRICE 298.6100	253.59	63,352	75,724
	MORGAN STANLEYMONTH END PRICE 77.6600	541.29	34,639	42,036
	MSCI INC CLASS AMONTH END PRICE 419.2800	20.11	7,143	8,432
	NATIONAL BEVERAGE CORPMONTH END PRICE 48.9100	1,149.00	36,366	56,198
	NESTLE S AMONTH END PRICE 111.5100	426.00	50,233	47,503
	NETFLIX INCMONTH END PRICE 521.6600	35.00	17,385	18,258
	NEWMARKET CORPORATIONMONTH END PRICE 380.1600	156.36	65,665	59,440
	NEXTERA ENERGY INCMONTH END PRICE 75.6100	540.21	32,318	40,846
	NIKE INCMONTH END PRICE 132.8900	213.45	26,884	28,365
	NORFOLK SOUTHN CORPMONTH END PRICE 268.5200	145.91	33,059	39,181
	NORTHERN TR CORPMONTH END PRICE 105.1100	511.07	45,763	53,719
	NORTHROP GRUMMAN CORPMONTH END PRICE 323.6400	366.07	119,748	118,473
	NOVO-NORDISK A-S FMONTH END PRICE 67.4200	517.00	33,497	34,856
	NVIDIA CORPMONTH END PRICE 533.9300	36.10	9,680	19,274
	NXP SEMICONDUCTORSMONTH END PRICE 201.3400	548.00	69,750	110,334
	OLD DOMINION FREIGHT LNSMONTH END PRICE 240.4100	177.67	25,188	42,713
	OTIS WORLDWIDE CORPMONTH END PRICE 68.4500	177.18	11,021	12,128
	PACKAGING CORP OF AMERMONTH END PRICE 134.4800	130.81	13,306	17,592
	PARKER HANNIFIN CORPMONTH END PRICE 315.4300	152.72	26,915	48,173
	PAYPAL HLDGS INCMONTH END PRICE 242.8400	363.00	71,280	88,151
	PEPSICO INCMONTH END PRICE 141.4500	751.48	98,807	106,297
	PERRIGO CO PCLMONTH END PRICE 40.4700	957.00	47,317	38,730
	PHILIP MORRIS INTL INCMONTH END PRICE 88.7400	1,068.49	81,885	94,817
	PHILLIPS 66MONTH END PRICE 81.5400	295.40	20,195	24,087
	PINNACLE WEST CAP CORPMONTH END PRICE 81.3500	143.77	11,190	11,696
	PINTEREST INCMONTH END PRICE 74.0300	203.00	13,200	15,028
	PNC FINANCIAL SERVICES GP INCMONTH END PRICE 175.4100	425.66	50,750	74,665
	POST HOLDINGS INCMONTH END PRICE 105.7200	759.00	72,894	80,241
	PRIMERICA INCMONTH END PRICE 147.8200	331.19	43,422	48,957
	PROCTER & GAMBLEMONTH END PRICE 135.4300	623.53	73,531	84,444
	PROGRESSIVE CO OHIOMONTH END PRICE 95.6100	524.10	48,762	50,109
	PRUDENTIAL CORP PLC ADRMONTH END PRICE 42.6900	1,517.00	44,493	64,761
	QUALCOMM INCMONTH END PRICE 132.5900	191.21	22,960	25,352
	R B C BEARINGS INCMONTH END PRICE 196.7700	349.00	46,072	68,673
	R L I CORPMONTH END PRICE 111.5700	452.89	41,548	50,529
	RAYTHEON TECHNOLOGIES COMONTH END PRICE 77.2700	2,426.97	189,540	187,532
	RED ELECTRICA CORPORAC FMONTH END PRICE 8.8050	5,977.00	56,878	52,627
	REGENERON PHARMACEUTICALS INCMONTH END PRICE 473.1400	51.00	28,144	24,130
	REGIONS FINANCIAL CP NEWMONTH END PRICE 20.6600	3,663.00	79,597	75,678
	RESTAURANT BRANDS INTLMONTH END PRICE 65.0000	543.00	35,049	35,295
	REYNOLDS CONSUMER PRMONTH END PRICE 29.7800	1,667.69	50,367	49,664
	ROCHE HLDG LTD SPON ADRMONTH END PRICE 40.5600	2,938.00	116,838	119,165

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN

EIN: 51-0175810

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STATEMENT 1

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

ATTACHMENT TO 2020 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
	ROCKWELL AUTOMATION INC.MONTH END PRICE 265.4400	136.14	\$ 31,177	\$ 36,136
	ROKU INC CL AMONTH END PRICE 325.7700	9.00	3,696	2,932
	ROWE T PRICE GROUP INCMONTH END PRICE 171.6000	321.36	39,262	55,145
	S & P GLOBAL INCMONTH END PRICE 352.8700	250.58	78,922	88,422
	SANOFI ADRMONTH END PRICE 49.4600	815.00	40,550	40,310
	SCOTTS MIRACLE GRO COMONTH END PRICE 244.9700	610.32	95,994	149,509
	SEAGEN INCMONTH END PRICE 138.8600	219.00	42,481	30,410
	SENSATA TECHMONTH END PRICE 57.9500	936.00	41,126	54,241
	SHERWIN WILLIAMS COMONTH END PRICE 738.0100	59.29	41,064	43,754
	SHINHAN FINL GROUP ADRMONTH END PRICE 33.5400	1,288.00	37,993	43,200
	SIEMENS A G ADRMONTH END PRICE 82.2960	393.00	27,794	32,342
	SITONE LANDSCAPE SUMONTH END PRICE 170.7400	508.00	62,418	86,736
	SKYWORKS SOLUTIONS INCMONTH END PRICE 183.4800	310.97	55,944	57,058
	SMURFIT KAPPA GROUPMONTH END PRICE 47.7200	896.00	38,488	42,757
	SNAP INC CL AMONTH END PRICE 52.2900	1,079.00	33,838	56,421
	SONOCO PRODS COMONTH END PRICE 63.3000	374.01	20,850	23,675
	SONY CORP ADRMONTH END PRICE 106.0100	1,127.00	89,375	119,473
	SPOTIFY TECHNOLOGY SMONTH END PRICE 267.9500	62.00	16,995	16,613
	SQUARE INCMONTH END PRICE 227.0500	131.00	21,657	29,744
	SS&C TECHNOLOGIES HLMONTH END PRICE 69.8700	343.96	22,201	24,032
	STORE CAPITAL CORPMONTH END PRICE 33.5000	2,378.12	73,227	79,667
	STRYKER CORPMONTH END PRICE 243.5800	625.92	127,067	152,461
	SUMITOMO METAL MNGMONTH END PRICE 10.8200	7,435.00	61,194	80,447
	SUMITOMO MITSUI NEWADRFMONTH END PRICE 7.2500	17,122.00	99,994	124,135
	SUNTORY BEV & FOODMONTH END PRICE 18.7150	2,223.00	41,276	41,603
	SVB FINANCIAL GROUP INCMONTH END PRICE 493.6600	49.00	26,386	24,189
	SYNOPSIS INCMONTH END PRICE 247.7800	103.00	21,899	25,521
	T J X COS INCMONTH END PRICE 66.1500	176.00	11,580	11,642
	TAIWAN SEMICONDUCTOR MFG CO ADRMONTH END PRICE 118.2800	1,609.00	112,409	190,313
	TAKEDA PHARMA CO ADR FMONTH END PRICE 18.2600	4,878.00	87,140	89,072
	TAPESTRY INCMONTH END PRICE 41.2100	585.00	24,199	24,108
	TARGET CORPORATIONMONTH END PRICE 198.0700	613.09	80,050	121,435
	TE CONNECTIVITY LTDMONTH END PRICE 129.1100	1,426.71	133,446	184,202
	TERMINIX GLOBAL HLDGMONTH END PRICE 47.6700	1,376.00	57,940	65,594
	TESLA MOTORS INCMONTH END PRICE 667.9300	103.00	44,246	68,797
	TEXAS INSTRUMENTS INCMONTH END PRICE 188.9900	1,875.75	232,202	354,498
	THE HERSHEY COMPANYMONTH END PRICE 158.1600	148.59	21,659	23,502
	THE TRADE DESK INCMONTH END PRICE 651.6600	12.00	7,324	7,820
	THERMO FISHER SCIENTIFIC CORP COMMONTH END PRICE 456.3800	15.27	4,747	6,970
	THOR INDUSTRIES INCMONTH END PRICE 134.7400	762.75	86,306	102,773
	TOTAL FINA S A ADR FMONTH END PRICE 46.5400	1,886.00	72,235	87,774
	TRANE TECHNOLOGIES PMONTH END PRICE 165.5600	472.00	50,421	78,144
	TWITTER INCMONTH END PRICE 63.6300	351.00	22,169	22,334
	UBER TECHNOLOGIES INMONTH END PRICE 54.5100	413.00	25,363	22,513
	UNIFIRST CORPMONTH END PRICE 223.7100	393.44	76,921	88,017
	UNION PACIFIC CORPMONTH END PRICE 220.4100	770.48	128,697	169,821
	UNITED PARCEL SERVICE BMONTH END PRICE 169.9900	260.33	29,960	44,254
	UNITEDHEALTH GROUP INCMONTH END PRICE 372.0700	851.21	234,331	316,709
	US BANCORP DEL NEWMONTH END PRICE 55.3100	1,187.48	53,003	65,680
	VARIAN MEDICAL SYSTEMSMONTH END PRICE 176.5300	297.00	40,248	52,429
	VEOLIA ENVIRON ADRMONTH END PRICE 25.7200	3,883.00	91,079	99,871
	VERISK ANALYTICS INCMONTH END PRICE 176.6900	134.16	24,698	23,705
	VERIZON COMMUNICATNMONTH END PRICE 58.1500	988.09	57,981	57,458
	VISA INC CL AMONTH END PRICE 211.7300	1,004.32	187,324	212,645

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN

EIN: 51-0175810

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STATEMENT 1

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

ATTACHMENT TO 2020 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
	W E C ENERGY GROUP IMONTH END PRICE 93.5900	384.99	\$ 34,180	\$ 36,032
	WAL-MART STORES INCMONTH END PRICE 135.8300	371.83	43,991	50,506
	WASTE MANAGEMENT INC DELMONTH END PRICE 129.0200	437.17	49,115	56,404
	WATSCO INCMONTH END PRICE 260.7500	289.05	68,561	75,370
	WAYFAIR INCMONTH END PRICE 314.7500	75.00	21,299	23,606
	WD 40 COMONTH END PRICE 306.1800	206.61	40,402	63,258
	WHEATON PRECIOUS METMONTH END PRICE 38.2100	1,529.00	73,094	58,423
	WHITE MOUNTAIN INSR NEWMONTH END PRICE 1,114.9000	64.06	63,896	71,416
	WORKDAY INCMONTH END PRICE 248.4300	68.00	14,571	16,893
	XCEL ENERGY INCMONTH END PRICE 66.5100	495.57	31,039	32,960
	YARA INTL ASA ADRMONTH END PRICE 26.1300	2,976.00	58,555	77,763
	YUM CHINA HOLDINGS IMONTH END PRICE 59.2100	1,295.40	69,007	76,700
	ZILLOW GROUP INCMONTH END PRICE 129.6400	296.00	36,567	38,373
	ZOETIS INCMONTH END PRICE 157.4800	152.00	24,455	23,937
	<b>CORPORATE OBLIGATIONS</b>			
	3.2220 3.222% 8/15/24MONTH END PRICE 106.1746	225,000.00	236,836	238,893
	AIR LEASE CORP 2.3% 2/01/25MONTH END PRICE 101.5837	225,000.00	222,667	228,563
	AIR LEASE CORP 3% 9/15/23MONTH END PRICE 104.4971	55,000.00	55,275	57,473
	AIRCASTLE LIM I 4.125% 5/01/24MONTH END PRICE 105.6250	70,000.00	73,888	73,938
	ALLY FINL IN 3.875% 5/21/24MONTH END PRICE 107.8750	300,000.00	313,935	323,625
	ALPHABET INC. 2.05% 8/15/50MONTH END PRICE 82.2459	50,000.00	49,578	41,123
	ALTRIA GROUP, INC 3.8% 2/14/24MONTH END PRICE 107.9843	50,000.00	54,203	53,992
	ALTRIA GROUP, INC 4.4% 2/14/26MONTH END PRICE 112.4135	70,000.00	79,055	78,689
	AMAZON.COM, INC. 1.5%30MONTH END PRICE 95.2204	50,000.00	49,945	47,610
	AMAZON.COM, INC. 2.5% 6/03/50MONTH END PRICE 89.5303	45,000.00	44,540	40,289
	AMC NETWORKS INC 4.75% 8/01/25MONTH END PRICE 102.5000	136,000.00	140,407	139,400
	AMERIGAS PARTNE 5.875% 8/20/26MONTH END PRICE 110.0000	120,000.00	130,063	132,000
	APACHE CORP 3.25% 4/15/22MONTH END PRICE 100.6250	100,000.00	102,346	100,625
	APACHE CORP 5.35% 7/01/49MONTH END PRICE 95.5000	55,000.00	55,545	52,525
	APPLE IN 1.6500% 02/08/31MONTH END PRICE 95.1739	65,000.00	64,982	61,863
	APPLE IN 2.6500% 02/08/51MONTH END PRICE 91.0285	50,000.00	49,672	45,514
	ARES CAPITAL CORP 3.5% 2/10/23MONTH END PRICE 104.2589	35,000.00	36,385	36,491
	ARES CAPITAL MANA 4.2% 6/10/24MONTH END PRICE 107.8750	150,000.00	159,352	161,813
	B & G FOODS INC 5.25% 4/01/25MONTH END PRICE 102.5000	119,000.00	121,720	121,975
	BALL CORP 2.875% 8/15/30MONTH END PRICE 95.2500	139,000.00	137,816	132,398
	BALL CORPORATION 5.25% 7/01/25MONTH END PRICE 113.0000	100,000.00	110,570	113,000
	BANK AMER CORP 2.496% 2/13/31MONTH END PRICE 98.7460	70,000.00	70,000	69,122
	BANK AMER CORP 3.3% 1/11/23MONTH END PRICE 105.0730	70,000.00	71,840	73,551
	BARCLAYS PLC 3.564% 9/23/35MONTH END PRICE 99.8310	200,000.00	211,978	199,662
	BAYER US FIN II L 2.2000% 07/15/22MONTH END PRICE 101.4821	100,000.00	98,336	101,482
	BEAM IN 3.25% 6/15/23MONTH END PRICE 104.9370	100,000.00	103,424	104,937
	BEAZER HOMES US 5.875% 10/15/27MONTH END PRICE 103.5000	172,000.00	182,985	178,020
	BED BATH & BEYO 4.915% 8/01/34MONTH END PRICE 93.8750	114,000.00	101,813	107,018
	BNSF RAILWAY CO 4.96 4.967% 4/01/23MONTH END PRICE 105.0728	7,819.82	40,456	8,217
	BOYD GAMING CORP 4.75% 12/01/27MONTH END PRICE 101.5000	91,000.00	91,845	92,365
	BP CAPITAL MKT 3.224% 4/14/24MONTH END PRICE 107.1998	100,000.00	96,900	107,200
	BRIGHTHOUSE FINL 3.7000% 06/22/27MONTH END PRICE 105.8060	85,000.00	92,780	89,935
	BROADCOM CORP 3.1250% 01/15/25MONTH END PRICE 106.5261	100,000.00	107,349	106,526
	BUCKEYE PARTNER 4.125% 12/01/27MONTH END PRICE 98.6250	134,000.00	124,770	132,158
	BUNGE LIMITED FI 1.63%25MONTH END PRICE 99.9339	70,000.00	70,487	69,954
	BUNGE LIMITED FI 4.35% 3/15/24MONTH END PRICE 109.3851	50,000.00	54,864	54,693
	BURLINGTN NO SAN 3.45% 9/15/21MONTH END PRICE 100.6712	50,000.00	50,956	50,336
	C I T GROUP INC 5% 8/15/22MONTH END PRICE 105.0000	55,000.00	58,395	57,750
	CALERES, IN 6.2500% 08/15/23MONTH END PRICE 100.5000	123,000.00	124,164	123,615

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 2020 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
	CARE CAPITAL PR 5.125% 8/15/26MONTH END PRICE 111.2463	143,000.00	\$ 160,955	\$ 159,082
	CARRIZO OIL & GA 6.2500% 04/15/23MONTH END PRICE 89.0000	79,000.00	77,074	70,310
	CENTRAL GARDEN 5.125% 2/01/28MONTH END PRICE 105.0000	141,000.00	146,991	148,050
	CENTURYLINK INC 5.625% 4/01/25MONTH END PRICE 107.8750	5,000.00	5,375	5,394
	CENTURYLINK INCMONTH END PRICE 114.5000	127,000.00	156,534	145,415
	CIGNA CORP 2.375% 3/15/31MONTH END PRICE 97.9012	50,000.00	49,942	48,951
	CIT GROUP IN 6/19/24MONTH END PRICE 105.2500	125,000.00	124,004	131,563
	CITIGROUP INC NEW 2.312% 11/04/22MONTH END PRICE 101.0023	100,000.00	100,000	101,002
	CITIGROUP INC NEWMONTH END PRICE 103.3272	60,000.00	61,830	61,996
	CON-WAY 6.7000% 05/01/34MONTH END PRICE 116.5000	118,000.00	117,969	137,470
	COVANTA HOLDING COR 5% 9/01/30MONTH END PRICE 101.0000	149,000.00	151,653	150,490
	CROWN AMERICAS L 4.75% 2/01/26MONTH END PRICE 103.2500	5,000.00	5,181	5,163
	CTR PARTNERSHIP LP/ C 5.25% 6/01/25MONTH END PRICE 102.8750	102,000.00	105,611	104,933
	DANA INC 5.375% 11/15/27MONTH END PRICE 104.7500	18,000.00	19,169	18,855
	DANA INC 5.5% 12/15/24MONTH END PRICE 102.0000	97,000.00	98,848	98,940
	DELTA AIR LINES 3.625% 3/15/22MONTH END PRICE 100.8750	100,000.00	101,947	100,875
	DELTA AIR LINES, 3.75% 10/28/29MONTH END PRICE 97.6250	65,000.00	64,596	63,456
	DELTA AIR LINES, 3.8% 4/19/23MONTH END PRICE 102.6250	20,000.00	20,475	20,525
	DEUTSCHE BANK 3.7000% 05/30/24MONTH END PRICE 106.8748	85,000.00	87,968	90,844
	DEUTSCHE BANK 5/24/28MONTH END PRICE 102.5000	205,000.00	214,173	210,125
	DEUTSCHE BANK AK 4.1% 1/13/26MONTH END PRICE 109.3448	140,000.00	138,226	153,083
	DIAMONDBACK ENERG .9000% 03/24/23MONTH END PRICE 100.0671	50,000.00	49,995	50,034
	DISCOVER FINL SE 3.85% 11/21/22MONTH END PRICE 105.0526	85,000.00	88,429	89,295
	DUKE ENERGY CORP 3.55% 9/15/21MONTH END PRICE 100.6185	50,000.00	51,305	50,309
	DUPONT DE NEMOU 2.169%23MONTH END PRICE 100.3756	245,000.00	250,427	245,920
	ECOLAB INC. 2.125% 8/15/50MONTH END PRICE 81.8334	45,000.00	43,407	36,825
	EDISON INTERNATIO 2.4000% 09/15/22MONTH END PRICE 102.0160	100,000.00	97,607	102,016
	EDISON INTERNTN 3.1250% 11/15/22MONTH END PRICE 103.3707	95,000.00	95,345	98,202
	EDISON INTERNTN 4.875% 3/01/49MONTH END PRICE 116.0014	50,000.00	61,900	58,001
	EDISON INTERNTNL 2.95% 3/15/23MONTH END PRICE 103.3698	150,000.00	147,750	155,055
	EDISON INTERNTNL 3.55% 11/15/24MONTH END PRICE 107.0329	200,000.00	206,573	214,066
	ELANCO ANIMAL HEA 4.9%28MONTH END PRICE 112.8750	29,000.00	33,942	32,734
	ENCOMPASS HEALT 4.625% 4/01/31MONTH END PRICE 103.2500	35,000.00	37,721	36,138
	ENCOMPASS HEALTH 4.75% 2/01/30MONTH END PRICE 102.6250	155,000.00	166,673	159,069
	ENERGY TRANSFER 4.25% 3/15/23MONTH END PRICE 105.5000	45,000.00	47,761	47,475
	ENERGY TRANSFER P 2.9000% 05/15/25MONTH END PRICE 104.0000	110,000.00	114,747	114,400
	ENLINK MIDSTREAM 4.85% 7/15/26MONTH END PRICE 96.5000	158,000.00	159,384	152,470
	EPR PROPERTIES 3.75% 8/15/29MONTH END PRICE 94.7500	167,000.00	161,906	158,233
	EQM MIDSTREAM PA 4.75% 7/15/23MONTH END PRICE 103.5000	69,000.00	68,525	71,415
	EQUIFAX INC. 2.6%25MONTH END PRICE 104.9101	250,000.00	249,720	262,275
	EXPEDIA IN 4.5% 8/15/24MONTH END PRICE 109.0945	50,000.00	54,250	54,547
	FELCOR LODGING LTD PARTN 6% 6/01/25MONTH END PRICE 102.3750	109,000.00	111,921	111,589
	FIAT CHRYSLER 5.25% 4/15/23MONTH END PRICE 108.2500	200,000.00	216,425	216,500
	FIDELITY NTNL INF 3.1000% 03/01/41MONTH END PRICE 97.8486	25,000.00	24,849	24,462
	FORD MOTOR CO 3.339% 3/28/22MONTH END PRICE 101.3705	75,000.00	76,303	76,028
	FORD MOTOR CO 5.584% 3/18/24MONTH END PRICE 108.1007	102,000.00	108,186	110,263
	FORD MOTOR COMP 4.346% 12/08/26MONTH END PRICE 105.3750	141,000.00	143,017	148,579
	FORD MOTOR CRED 4.375% 8/06/23MONTH END PRICE 104.6158	45,000.00	46,346	47,077
	FREDDIE MAC 2.5% 5/15/43MONTH END PRICE 103.2159	29,391.99	86,964	30,337
	FREDDIE MAC 4% 12/15/24MONTH END PRICE 100.8946	2.18	2	2
	FREDDIE MAC 4% 2/15/42MONTH END PRICE 109.6702	58,242.31	88,536	63,874
	FS/KKR ADVISOR, 4.75% 5/15/22MONTH END PRICE 103.3750	95,000.00	99,953	98,206
	GEN ELEC CAP CP 3.1500% 09/07/22MONTH END PRICE 103.7485	45,000.00	45,984	46,687
	GEN MOTORS FINL C 3.5% 11/07/24MONTH END PRICE 107.3480	45,000.00	48,560	48,307

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STATEMENT 1

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

ATTACHMENT TO 2020 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
	GEN MOTORS FINL C 3.7000% 05/09/23MONTH END PRICE 105.3358	45,000.00	\$ 47,445	\$ 47,401
	GENERAL MILLS IN 3.1500% 12/15/21MONTH END PRICE 101.2563	45,000.00	46,010	45,565
	GENL ELEC CAP CP 5.55% 3/15/23MONTH END PRICE 108.2149	107,000.00	115,152	115,790
	GLP CAPITAL, 5.375% 4/15/26MONTH END PRICE 112.2626	80,000.00	86,404	89,810
	GNMA 2.5% 5/20/40MONTH END PRICE 103.5307	11,412.03	136,166	11,815
	GNMA REMIC TRUST 2010-11 4% 4/20/40MONTH END PRICE 104.4074	41,464.02	91,580	43,292
	HALLIBURTON COMPA 3.5% 8/01/23MONTH END PRICE 105.8750	85,000.00	91,085	89,994
	HEWLETT PACKARD 1.75% 4/01/26MONTH END PRICE 99.9990	50,000.00	51,593	50,000
	HILLENBRAND, IN 4.5% 9/15/26MONTH END PRICE 109.3750	80,000.00	80,400	87,500
	HILTON WORLDWID 4.875% 4/01/27MONTH END PRICE 104.3750	100,000.00	102,975	104,375
	HOLLYFRONTIER C 2.625% 10/01/23MONTH END PRICE 102.9849	95,000.00	94,747	97,836
	HOSPITALITY PROP 4.5% 6/15/23MONTH END PRICE 100.8796	75,000.00	79,073	75,660
	HOSPITALITY PROP 4.9500% 02/15/27MONTH END PRICE 98.8650	3,000.00	2,948	2,966
	HUGHES SATELLITE 5.25% 8/01/26MONTH END PRICE 110.2500	110,000.00	121,134	121,275
	HUNTSMAN INTERNTN 4.5% 5/01/29MONTH END PRICE 110.3636	28,000.00	29,831	30,902
	HYATT HOTELS CO 3.375% 7/15/23MONTH END PRICE 104.4652	70,000.00	73,340	73,126
	INTL LEASE FIN 5.875% 8/15/22MONTH END PRICE 106.6902	100,000.00	108,825	106,690
	INTUIT INC. 1.65%30MONTH END PRICE 93.9391	45,000.00	44,892	42,273
	IPALCO ENTERPRISE 3.7% 9/01/24MONTH END PRICE 108.0000	55,000.00	58,501	59,400
	JOHNSON CTLS INCMONTH END PRICE 101.3464	50,000.00	51,404	50,673
	JPMORGAN CHASE 2.9720% 01/15/23MONTH END PRICE 102.0111	50,000.00	51,110	51,006
	KRAFT HEINZ FOO 4.375% 6/01/46MONTH END PRICE 104.5868	141,000.00	143,372	147,467
	KRAFT HEINZ FOODS C 3% 6/01/26MONTH END PRICE 105.2241	47,000.00	49,287	49,455
	LAMAR ADVERTISING C 4% 2/15/30MONTH END PRICE 99.6250	150,000.00	155,123	149,438
	LENNAR CORP 4.75% 11/15/22MONTH END PRICE 105.1968	45,000.00	47,588	47,339
	LIBERTY MEDIA CORPMONTH END PRICE 114.3750	135,000.00	142,169	154,406
	LIMITED BRANDS I 6.9500% 03/01/33MONTH END PRICE 111.7500	143,000.00	145,039	159,803
	LOCKHEED MARTIN CORP 2.8% 6/15/50MONTH END PRICE 94.3832	45,000.00	44,610	42,472
	MACK-CALI REALTY 4.5% 4/18/22MONTH END PRICE 101.3784	100,000.00	99,939	101,378
	MARRIOTT INTERN 2.125% 10/03/22MONTH END PRICE 101.4894	50,000.00	50,854	50,745
	MATTEL INCORPORA 3.1500% 03/15/23MONTH END PRICE 101.5000	105,000.00	100,595	106,575
	MCDONALD'S CORP 2.125% 3/01/30MONTH END PRICE 97.2930	20,000.00	19,989	19,459
	MCDONALD'S CORP 4.2% 4/01/50MONTH END PRICE 113.6055	50,000.00	63,641	56,803
	MGM GROWTH PROPER 4.5% 9/01/26MONTH END PRICE 104.3750	141,000.00	147,165	147,169
	MGM RESORTS INT 4.625% 9/01/26MONTH END PRICE 104.2500	134,000.00	134,952	139,695
	MONSANTO CO 2.75% 7/15/21MONTH END PRICE 100.2606	100,000.00	99,758	100,261
	MORGAN STANLEY VA 4/28/32MONTH END PRICE 94.4372	50,000.00	50,000	47,219
	MPT OPERATING P 4.625% 8/01/29MONTH END PRICE 104.5000	125,000.00	135,210	130,625
	MPT OPERATING PAR 3.5% 3/15/31MONTH END PRICE 98.1250	5,000.00	4,987	4,906
	MURPHY OIL USA, 5.625% 5/01/27MONTH END PRICE 104.7500	5,000.00	5,289	5,238
	NETFLIX, IN 5.5% 2/15/22MONTH END PRICE 103.5000	25,000.00	26,438	77,625
	NORDSTROM, IN 4.375% 4/01/30MONTH END PRICE 102.1250	28,000.00	28,234	28,595
	OCCIDENTAL PETROL 2.7000% 02/15/23MONTH END PRICE 99.3750	5,000.00	4,982	4,969
	ONEOK INC 4.25% 2/01/22MONTH END PRICE 102.2106	180,000.00	185,981	183,979
	ORACLE CORP SR NT 3.6% 4/01/50MONTH END PRICE 96.6159	50,000.00	52,609	48,308
	P B F LOGISTICS 6.8750% 05/15/23MONTH END PRICE 99.5000	125,000.00	126,270	124,375
	PACIFIC GAS AND 1.75% 6/16/22MONTH END PRICE 100.1597	160,000.00	160,373	160,256
	PARK-OHIO HOLDI 6.6250% 04/15/27MONTH END PRICE 100.7500	126,000.00	121,454	126,945
	PAYPAL HOLDINGS, 3.25% 6/01/50MONTH END PRICE 99.4545	50,000.00	50,094	49,727
	PDC ENERGY, INC. 5.75% 5/15/26MONTH END PRICE 103.6250	129,000.00	129,113	133,676
	PETROLEOS MEXI 4.875% 1/18/24MONTH END PRICE 102.8186	45,000.00	46,976	46,268
	PROASSURANCE CORP 5.3% 11/15/23MONTH END PRICE 107.9743	100,000.00	107,875	107,974
	QVC, IN 4.85% 4/01/24MONTH END PRICE 107.7500	150,000.00	159,056	161,625
	QVC, INC. 4.375% 9/01/28MONTH END PRICE 100.3750	161,000.00	168,344	161,604

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SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

ATTACHMENT TO 2020 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
	SAFEWAY INC 7.25% DEB DUE 2/1/31MONTH END PRICE 116.0000	115,000.00	\$ 123,671	\$ 133,400
	SALLY HLDGS LLC 5.625% 12/01/25MONTH END PRICE 102.7500	103,000.00	104,029	105,833
	SANTANDER HOLDING 3.5% 6/07/24MONTH END PRICE 106.5424	70,000.00	72,613	74,580
	SANTANDER UK G 3.5710% 01/10/23MONTH END PRICE 102.0872	200,000.00	208,380	204,174
	SERVICE INTL 7.5000% 04/01/27MONTH END PRICE 120.1250	10,000.00	12,401	12,013
	SERVICE PROPRTI 4.75% 10/01/26MONTH END PRICE 97.4576	142,000.00	138,689	138,390
	SNTANDER HLDGS US 3.4% 1/18/23MONTH END PRICE 104.2833	50,000.00	51,210	52,142
	SNTANDER HLDGS US 4.5% 7/17/25MONTH END PRICE 109.7498	200,000.00	216,733	219,500
	SOUTHWESTERN ELE 1.6500% 03/15/26MONTH END PRICE 100.2382	90,000.00	90,471	90,214
	SOUTHWESTERN ELE 3.55% 2/15/22MONTH END PRICE 101.9774	25,000.00	25,735	30,593
	SOUTHWSTN ENERGY 4.1% 3/15/22MONTH END PRICE 100.2200	115,000.00	115,751	115,253
	SPECTRUM BRANDS 5.75% 7/15/25MONTH END PRICE 103.0000	7,000.00	6,996	7,210
	STARBUCKS CORP 4.4500% 08/15/49MONTH END PRICE 116.0939	50,000.00	60,822	58,047
	TEGNA IN 5% 9/15/29MONTH END PRICE 103.2500	163,000.00	170,827	168,298
	TEMPUR SEALY INTL 5.5% 6/15/26MONTH END PRICE 104.0000	31,000.00	32,273	32,240
	TENET HEALTHCAR 4.625% 7/15/24MONTH END PRICE 101.6250	107,000.00	109,134	108,739
	TENNECO INC. 7.95%25MONTH END PRICE 111.0000	117,000.00	133,381	129,870
	TEVA PHARMACEUT 3.1500% 10/01/26MONTH END PRICE 95.6250	165,000.00	156,044	157,781
	THE ADT SECURIT 4.125% 6/15/23MONTH END PRICE 103.7500	100,000.00	105,894	103,750
	THE BOEING CO 2.196% 2/04/26MONTH END PRICE 99.4960	90,000.00	90,000	89,546
	THE BOEING CO 3.1000% 05/01/26MONTH END PRICE 104.1963	50,000.00	51,262	52,098
	THE INTERPUBLIC G 2.4000% 03/01/31MONTH END PRICE 97.5711	50,000.00	49,916	48,786
	TIME WARNER CABLE 4% 9/01/21MONTH END PRICE 100.6698	150,000.00	151,130	150,855
	T-MOBILE USA INC 2.25% 2/15/26MONTH END PRICE 100.6890	125,000.00	125,158	125,861
	TOLL BROTHERS F 5.875% 2/15/22MONTH END PRICE 102.5000	107,000.00	113,554	109,675
	TRANSDIGM IN 6.375% 6/15/26MONTH END PRICE 103.3750	136,000.00	140,804	140,590
	UNDER ARMOUR INC 3.25% 6/15/26MONTH END PRICE 100.0000	119,000.00	112,649	119,000
	UNION PACIFIC RR CO 4.698% 1/02/24MONTH END PRICE 103.8777	641.60	576	666
	UNITED RENTALS ( 5.25% 1/15/30MONTH END PRICE 108.2500	99,000.00	109,345	107,168
	UNUM GROUP 4% 3/15/24MONTH END PRICE 108.5955	50,000.00	54,535	54,298
	US AIRWAYS GROU 7.12MONTH END PRICE 101.9428	10,794.63	12,093	11,004
	WELLS FARGO BK N 2.1000% 07/26/21MONTH END PRICE 100.6233	50,000.00	49,764	50,312
	YUM! BRANDS, IN 3.625% 3/15/31MONTH END PRICE 96.0000	139,000.00	137,232	133,440
	<u>GOV'T AND AGENCY OBLIGATIONS</u>			
	FEDERAL NATL MTG ASSN 5.5% 4/01/34MONTH END PRICE 116.9187	8,840.00	589,370	10,336
	FNMA 725425 5.5% 4/01/34MONTH END PRICE 116.8984	7,406.77	523,768	8,658
	FNMA PL 255190 5. 5.5% 5/01/34MONTH END PRICE 116.3878	8,455.81	13,764	9,842
	FNMA PL 464400 5.9 5.97% 1/01/40MONTH END PRICE 115.5628	16,824.44	19,687	19,443
	FNMA PL 725946 5. 5.5% 11/01/34MONTH END PRICE 116.4467	16,855.24	24,041	19,627
	FNMA PL 735046 5. 5.5% 12/01/34MONTH END PRICE 116.1810	9,286.80	13,324	10,790
	FNMA PL AB2822 2. 2.5% 3/01/26MONTH END PRICE 104.0250	5,165.16	13,605	5,373
	FNMA PL AM2182 2.1MONTH END PRICE 102.8803	152,111.32	152,086	156,493
	FNMA PL MA0115 4. 4.5% 7/01/29MONTH END PRICE 110.1061	27,666.11	38,648	30,462
	GNMA PL AB2583 2.1MONTH END PRICE 100.9460	19,719.50	40,782	19,906
	GNMA PL AD0091 2.7 2.73% 6/15/32MONTH END PRICE 102.5320	105,062.98	104,899	107,723
	UNITED STS NT 0.25% 7/31/25MONTH END PRICE 97.7969	50,000.00	49,999	48,898
	US TREASU NT 0.125%1MONTH END PRICE 99.9531	230,000.00	229,921	229,892
	US TREASU NT 0.125%10/23MONTH END PRICE 99.6719	15,000.00	14,947	14,951
	US TREASU NT 0.375% 12/31/25MONTH END PRICE 97.6563	45,000.00	44,856	43,945
	US TREASU NT 1.125%0MONTH END PRICE 94.4844	255,000.00	244,051	240,935
	US TREASU NT 2.625% 12/31/25MONTH END PRICE 108.1875	340,000.00	381,585	367,838
	US TREASUR NT 0.25%0MONTH END PRICE 99.7344	750,000.00	748,874	748,008
	US TREASUR NT 0.5%0MONTH END PRICE 98.0313	920,000.00	905,709	901,888
	US TREASURY 1.875% 2/15/41MONTH END PRICE 93.1250	60,000.00	55,774	55,875

TEAMSTERS LOCAL UNION NO. 716 PENSION PLAN

EIN: 51-0175810

PLAN: 002

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STATEMENT 1

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

ATTACHMENT TO 2020 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
	US TREASURY 1.875% 2/15/51MONTH END PRICE 88.7500	80,000.00	\$ 71,295	\$ 71,000
	US TREASURYMONTH END PRICE 75.5781	50,000.00	45,379	37,789
	<b>MUNICIPAL OBLIGATIONS</b>			
	ALIEF TX ISD 5% 2/15/27MONTH END PRICE 124.3880	40,000.00	50,691	49,755
	BAY CNTY FLA WTR SYS REV 5% 9/01/23MONTH END PRICE 111.1130	45,000.00	51,926	50,001
	DELAWARE CNTY OHIO SALES 5% 12/01/26MONTH END PRICE 118.0650	35,000.00	42,408	41,323
	EAST CENT REGL WASTEWATE 5% 10/01/27MONTH END PRICE 125.2050	40,000.00	51,424	50,082
	ERIE CNTY PA GEN 4.7 4.75% 4/01/22MONTH END PRICE 100.0000	25,000.00	25,400	25,000
	ERIE CNTY PA GEN 4.75% 4/01/22MONTH END PRICE 102.0010	15,000.00	15,600	30,600
	FLORIDA ST BRD ED PUB ED 5% 6/01/28MONTH END PRICE 117.8840	40,000.00	48,789	47,154
	HONOLULU HI CITY & 4% 10/01/23MONTH END PRICE 109.3590	50,000.00	54,867	54,680
	ID HSG&FIN ASSN 5% 7/15/22MONTH END PRICE 105.6710	45,000.00	49,975	47,552
	IN FIN AUTH HWY REV 5% 6/01/27MONTH END PRICE 123.9450	80,000.00	99,330	99,156
	JEA FLORIDA WATER & 5% 10/01/25MONTH END PRICE 119.5840	60,000.00	71,704	71,750
	JOHNSTON IO 5% 6/01/26MONTH END PRICE 121.9440	45,000.00	56,253	54,875
	LEE CNTY FL SB COP 5% 8/01/25MONTH END PRICE 118.4700	50,000.00	60,786	59,235
	LEXINGTON COUNTY SO 5% 2/01/22MONTH END PRICE 104.0260	55,000.00	60,210	57,214
	MA ST SCH BLDG AUTH 5% 8/15/32MONTH END PRICE 133.0090	50,000.00	67,711	66,505
	MARYLAND ST 5% 8/01/29MONTH END PRICE 125.2800	55,000.00	71,757	68,904
	MEMPHIS TN SEW SYS 5% 10/01/23MONTH END PRICE 111.8660	45,000.00	52,362	50,340
	NEBO UTAH SCH DIST 5% 7/01/22MONTH END PRICE 106.0130	20,000.00	21,654	21,203
	NEVADA ST 5% 4/01/22MONTH END PRICE 104.8110	40,000.00	44,216	41,924
	NEW JERSEY INFRASTR 3% 9/01/24MONTH END PRICE 108.7450	60,000.00	66,393	65,247
	NEW YORK N Y 5% 8/01/29MONTH END PRICE 129.6400	55,000.00	70,595	71,302
	NEW YORK N Y CITY TRANSI 5% 7/15/25MONTH END PRICE 118.8790	40,000.00	49,215	47,552
	NJ SPT & EX AUT 5.976% 3/01/24MONTH END PRICE 105.0890	20,000.00	21,885	21,018
	NM FAMONTH END PRICE 105.6210	55,000.00	61,091	58,092
	NORTHVILLE MI PSD 5% 5/01/22MONTH END PRICE 105.1610	40,000.00	44,266	42,064
	NY N Y CITY TRA FIN 5% 5/01/35MONTH END PRICE 125.2480	60,000.00	77,698	75,149
	NY ST DORM AUTH S/T 5% 3/15/30MONTH END PRICE 127.4980	45,000.00	58,743	57,374
	ODESSA TX 5% 3/01/26MONTH END PRICE 119.6590	45,000.00	55,279	53,847
	PHILADELPHIA PA AUTH FOR 5% 4/01/27MONTH END PRICE 115.9210	30,000.00	35,899	34,776
	PIERCE CNTY WASH SCH DIS 5% 12/01/32MONTH END PRICE 123.1590	40,000.00	49,768	49,264
	QUEEN CRK AZ EXC TA 5% 8/01/22MONTH END PRICE 106.1970	60,000.00	65,714	63,718
	RENO NV CAP IMP 3.75% 6/01/24MONTH END PRICE 104.5830	25,000.00	25,212	67,979
	ROCKWALL TX 5% 8/01/26MONTH END PRICE 119.6350	40,000.00	49,163	47,854
	SOUTHSIDE ARKANS 3.22% 3/01/50MONTH END PRICE 100.8560	75,000.00	78,150	75,642
	UNIV AL 5% 7/01/26MONTH END PRICE 113.8380	45,000.00	52,292	51,227
	UNIV N TX 5% 4/15/24MONTH END PRICE 113.8090	45,000.00	52,511	51,214
	VIRGINIA COMMLTH TRANSN 5% 9/15/27MONTH END PRICE 123.2380	45,000.00	56,562	55,457
	WACO TX 5% 2/01/23MONTH END PRICE 108.7650	25,000.00	28,337	27,191
	WYLIE TX ISD 5% 8/15/26MONTH END PRICE 122.1820	55,000.00	69,178	67,200
	<b>MUTUAL FUNDS</b>			
	PRINCIPAL CAPITAL SEC FD CL SMONTH END PRICE 10.5300	75,458.21	745,447	794,575
	PUBLIC STORAGE MONTH END PRICE 26.8600	361.32	9,321	9,705
	<b>OTHER ASSETS</b>			
	FIRST INDUSTRIAL RLTY TRMONTH END PRICE 45.7900	1,047.17	40,929	47,950
	<b>PREFERRED STOCK</b>			
	A T & T INC 5.35MONTH END PRICE 26.1800	425.00	11,206	11,127
	A T & T INC 5.625MONTH END PRICE 26.9200	684.00	18,321	18,413
	AFFILIATED MAN 5.875MONTH END PRICE 27.3900	769.00	20,093	21,063
	ALABAMA PWR CO 5%MONTH END PRICE 26.4400	236.39	6,482	6,250
	ALGONQUIN POWE 6.875MONTH END PRICE 26.9000	609.00	16,372	16,382
	ALGONQUIN POWER 6.2MONTH END PRICE 27.4300	343.00	9,369	9,408



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 2020 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
	ALLSTATE COR 5.625%MONTH END PRICE 27.2600	1,079.42	\$ 29,196	\$ 29,425
	ALLSTATE CORP 5.10%01/15/53MONTH END PRICE 26.2500	431.00	11,396	11,314
	AMERICAN FINL 5.875MONTH END PRICE 27.4500	405.00	10,799	11,117
	AMERICAN INTE 5.85%MONTH END PRICE 27.6000	695.22	18,787	19,188
	ARCH CAPITAL 5.25%MONTH END PRICE 25.6200	459.00	11,209	11,760
	ARCH CAPITAL 5.45%MONTH END PRICE 26.2400	548.00	14,210	14,380
	ASSOCIATED B 5.625% PFDMONTH END PRICE 28.1800	430.62	11,359	12,135
	AT&T INC. 5%MONTH END PRICE 26.3700	228.99	5,937	6,039
	AXA EQUITABLE 5.25%MONTH END PRICE 26.2800	366.16	9,334	9,623
	BANK AMER CORP 5%MONTH END PRICE 26.4700	450.05	11,897	11,913
	BANK OF AMER 4.125%MONTH END PRICE 24.7800	242.00	6,058	5,997
	BANK OF AMER 4.375%MONTH END PRICE 25.0000	239.48	6,051	5,987
	BANK OF AMER 5.375%MONTH END PRICE 27.0800	1,326.49	34,715	35,921
	BANK OF AMER 5.875%MONTH END PRICE 27.2900	804.44	21,336	21,953
	BERKLEY W R CORPMONTH END PRICE 25.3200	618.00	15,959	15,648
	CAPITAL ONE FINL 5%MONTH END PRICE 25.7500	389.53	9,827	10,030
	CAPITAL ONE FINL 6%MONTH END PRICE 25.9000	1,059.44	25,902	27,439
	CITIGROUP IN 6.875% PFDMONTH END PRICE 28.3400	765.36	21,220	21,690
	CITIGROUP INC 7.125% PFDMONTH END PRICE 28.1300	1,219.88	33,848	34,315
	CITIZENS FINL 6.35%MONTH END PRICE 28.1000	188.55	5,175	5,298
	CITIZENS FINL GR 5%MONTH END PRICE 26.4400	192.23	4,844	5,083
	CMS ENERGY COR 5.625MONTH END PRICE 26.4800	417.00	10,995	11,042
	CMS ENERGY COR 5.875MONTH END PRICE 27.1600	679.00	18,176	18,442
	CULLEN/FROST 4.45% PFDMONTH END PRICE 25.0500	237.60	6,002	5,952
	DIGITAL REALT 5.85%MONTH END PRICE 27.7700	216.79	5,926	6,020
	DIGITAL REALTY 5.2%MONTH END PRICE 26.6500	224.51	5,928	5,983
	DOMINION RES INC VA NEWMONTH END PRICE 25.5500	1,273.00	32,649	32,525
	DTE ENERGY CO 4.375%PFDMONTH END PRICE 25.1300	238.00	6,178	5,981
	DTE ENERGY CO 6MONTH END PRICE 25.9100	442.00	11,401	11,452
	DTE ENERGY COM 5.375MONTH END PRICE 25.4900	225.00	5,773	5,735
	DTE ENERGY COMP 5.25MONTH END PRICE 26.0900	218.00	5,799	5,688
	DUKE ENERGY C 5.75%MONTH END PRICE 27.6500	343.60	9,343	9,501
	DUKE ENERGY CO 5.625MONTH END PRICE 26.8400	222.00	5,971	5,958
	ENBRIDGE INC 6.375MONTH END PRICE 26.3600	531.00	13,479	13,997
	ENTERGY ARKANS 4.875MONTH END PRICE 25.4200	648.00	16,779	16,472
	ENTERGY LOUISI 4.875MONTH END PRICE 25.4500	375.00	9,754	9,544
	ENTERGY MISSISSI 4.9MONTH END PRICE 25.5500	231.00	5,828	5,902
	EQUITABLE HLDG 4.3%MONTH END PRICE 24.9000	383.00	9,447	9,537
	FIFTH THIRD 6.625%MONTH END PRICE 28.1500	502.62	13,163	14,149
	FIFTH THIRD B 4.95%MONTH END PRICE 26.5200	389.97	10,072	10,342
	FIRST REPUB 5.125%MONTH END PRICE 25.9500	371.87	9,638	9,650
	FIRST REPUB 4.125% PFDMONTH END PRICE 25.0000	241.32	6,122	6,033
	FIRST REPUBLIC 4.7%MONTH END PRICE 25.6100	375.85	9,525	9,625
	GOLDMAN SACH 6.375%MONTH END PRICE 28.5800	1,147.26	32,078	32,789
	GOLDMAN SACHS 5.50%MONTH END PRICE 27.0200	1,035.68	27,324	27,984
	GOLDMAN SACHS GROUP INCMONTH END PRICE 25.4100	620.17	16,168	15,758
	HARTFORD FINL SVCS GROUP INCMONTH END PRICE 26.8400	619.00	17,384	16,614
	HUNTINGTON BAN 4.5%MONTH END PRICE 25.2900	471.00	11,468	11,912
	J P MORGAN CHAS 5.75MONTH END PRICE 27.1100	350.73	9,460	9,508
	JPMORGAN CHASE & 6%MONTH END PRICE 27.4800	1,629.43	44,198	44,777
	KEYCORP 5.625%MONTH END PRICE 27.8800	649.06	17,419	18,096
	KEYCORP INC 6.125%MONTH END PRICE 29.7800	369.88	10,648	11,015
	KIMCO REALTY 5.125%MONTH END PRICE 26.2900	421.98	10,831	11,094
	KIMCO REALTY 5.25%MONTH END PRICE 26.3300	623.32	16,069	16,412

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ATTACHMENT TO 2020 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
	METLIFE INC 5.625%MONTH END PRICE 27.3200	264.23	\$ 7,165	\$ 7,219
	METLIFE, INC. 4.75%MONTH END PRICE 26.4600	456.00	11,597	12,066
	MORGAN STANLE 5.85%MONTH END PRICE 28.4800	575.44	15,895	16,388
	MORGAN STANLEY 7.125MONTH END PRICE 28.8600	981.49	27,540	28,326
	MORGAN STANLEY D 0% PFDMONTH END PRICE 28.1500	792.92	21,898	22,321
	NATL RETAIL PP 5.2%MONTH END PRICE 25.6000	468.91	11,255	12,004
	NEW YORK CMN 6.375%MONTH END PRICE 28.4000	328.40	9,012	9,326
	NEXTERA ENERGY 5.65MONTH END PRICE 28.0100	832.00	22,721	23,304
	NORTHERN TRUST 4.7%MONTH END PRICE 26.8000	233.00	6,167	6,244
	PEOPLE'S UNI 5.625%MONTH END PRICE 27.7100	340.53	9,259	9,436
	PNC FINL SVCS 6.125%MONTH END PRICE 26.6500	1,571.80	42,063	41,888
	PRUDENTIAL FIN 5.625MONTH END PRICE 27.5000	429.00	11,543	11,798
	PRUDENTIAL FINL INCMONTH END PRICE 25.3300	237.00	6,076	6,003
	PS BUSINESS P 5.25%MONTH END PRICE 26.0900	441.01	11,618	11,506
	PS BUSINESS PA 5.2%MONTH END PRICE 25.9800	456.42	11,379	11,858
	PS BUSINESS PA 5.2%MONTH END PRICE 26.3000	449.15	11,565	11,813
	PUBLIC STORA 5.125%MONTH END PRICE 25.6100	236.75	5,904	6,063
	PUBLIC STORAG 4.95%MONTH END PRICE 25.2400	236.64	6,058	5,973
	PUBLIC STORAG 5.05%MONTH END PRICE 26.2800	228.41	5,849	6,003
	PUBLIC STORAG 5.15%MONTH END PRICE 25.9900	678.68	17,947	17,639
	PUBLIC STORAGE 3.9%MONTH END PRICE 26.0300	235.00	5,925	6,117
	PUBLIC STORAGE 5.6%MONTH END PRICE 27.7900	433.84	12,085	12,056
	REGIONS FINL 6.375%MONTH END PRICE 28.2400	369.87	10,222	10,445
	REGIONS FINL C 5.7%MONTH END PRICE 27.6800	207.25	5,584	5,737
	RENAISSANCERE 5.75%MONTH END PRICE 27.0900	436.00	11,582	11,811
	REPUBLIC 1ST B 5.5%MONTH END PRICE 27.0600	223.76	5,991	6,055
	SPIRE INC. 5.9%MONTH END PRICE 27.4400	219.49	6,011	6,023
	STATE STREET 5.35%MONTH END PRICE 28.8700	1,186.87	32,972	34,265
	STATE STREET C 5.9%MONTH END PRICE 28.1500	590.74	16,202	16,629
	STIFEL FINL 6.125%MONTH END PRICE 27.5500	438.89	11,761	12,091
	SVB FINL GROU 5.25%MONTH END PRICE 26.1900	365.75	9,450	9,579
	SYNOVUS FINL 5.875%MONTH END PRICE 26.8800	161.11	4,190	4,331
	THE ALLSTATE C 5.1%MONTH END PRICE 27.0100	714.00	18,896	19,285
	THE HARTFORD FIN 6%MONTH END PRICE 27.8600	516.31	14,038	14,384
	TRUIST FINL 5.625%MONTH END PRICE 25.3600	843.98	22,089	21,403
	TRUIST FINL C 4.75% PFDMONTH END PRICE 25.7500	233.88	6,094	6,022
	TRUIST FINL COR 5.25MONTH END PRICE 27.3900	437.80	11,701	11,991
	U S BANCORP 5.5%MONTH END PRICE 27.4200	440.72	11,687	12,085
	U.S. BANCORP 3.75% PFDMONTH END PRICE 23.8000	502.78	12,173	11,966
	U.S. BANCORP 4%MONTH END PRICE 24.8100	239.00	5,920	5,930
	US BANCORP 6.50% PFDMONTH END PRICE 26.0100	1,397.37	37,445	36,346
	VORNADO REALT 5.25%MONTH END PRICE 25.3700	387.41	9,884	9,829
	VORNADO REALT 5.25%MONTH END PRICE 25.6400	381.00	9,725	9,769
	VOYA FINL, IN 5.35%MONTH END PRICE 27.3700	413.71	11,277	11,323
	W R BERKLEY CORPORATIONMONTH END PRICE 26.7500	394.00	9,693	10,540
	W. R. BERKLEY CO 5.1MONTH END PRICE 26.4900	228.00	5,808	6,040
	WEBSTER FINL 5.25%MONTH END PRICE 25.5900	216.29	5,582	5,535
	WELLS FARGO 5.625%MONTH END PRICE 26.5500	612.00	15,942	16,249
	WELLS FARGO 5.85% DEMONTH END PRICE 26.8000	782.57	20,484	20,973
	WELLS FARGO 6.625%MONTH END PRICE 28.6500	913.54	25,517	26,173
	<b>UNIT INVESTMENT TRUSTS</b>			
	CHARLES SCHWAB US MC ETFMONTH END PRICE 74.4300	6,481.71	418,436	482,433
	DETSCH X TRCKR MSCIMONTH END PRICE 23.8400	202,450.87	4,855,093	4,826,429
	GLOBAL X US PREFERRED ETFMONTH END PRICE 25.5100	23,599.21	600,921	602,016

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 2020 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 value		
		(d) Cost				
	INVESCO S&P 500 EQUAL WEIGHT ETFMONTH END PRICE 141.6600	0.01	\$	1	\$	2
	ISHARES CONVERTIBLE BOND ETFMONTH END PRICE 98.2200	1,191.70		122,422		117,049
	ISHARES CORE S&P 500 ETFMONTH END PRICE 397.8200	2,419.12		754,599		962,375
	ISHARES CORE S&P SMALL-CAP ETFMONTH END PRICE 108.5300	4,436.00		471,230		481,439
	ISHARES CORE US AGGREGATE BOND ETFMONTH END PRICE 113.8300	6,299.12		738,616		717,029
	ISHARES EDGE MSCI MIN VOL USA ETFMONTH END PRICE 69.1900	0.62		41		43
	ISHARES HIGH YIELD CORPORAT BOND ETFMONTH END PRICE 45.8100	0.40		18		18
	ISHARES MSCI SOUTH KOREA ETFMONTH END PRICE 89.7000	1,072.46		73,708		96,200
	ISHARES NATIONAL MUNI BOND ETF MONTH END PRICE 116.0500	6,191.27		726,695		718,497
	ISHARES TR S&P MUNIMONTH END PRICE 107.8200	8,882.38		960,107		957,698
	SCHWAB EMERGING MARKETS EQUITY ETFMONTH END PRICE 31.7800	60,098.40		1,728,013		1,909,927
	SCHWAB US LARGE CAP ETFMONTH END PRICE 96.0300	80,171.36		7,667,835		7,698,856
	SCHWAB US LARGE CAP GROWTH ETFMONTH END PRICE 129.7800	18,377.26		1,921,859		2,385,000
	SCHWAB US TIPS ETFMONTH END PRICE 61.1600	1,953.00		121,332		119,445
	SPDR DOW JONES INDUSTRIAL AVRG ETFMONTH END PRICE 330.1800	2,927.00		962,983		966,437
	SPDR LONG TERM TREASURY ETFMONTH END PRICE 38.9800	12,175.00		525,889		474,582
	SPDR PORTFOLIO DVLPD WRLD EX-US ETFMONTH END PRICE 35.3600	135,249.00		4,758,483		4,782,405
	VANECK VECTORS AMT-FMONTH END PRICE 21.3752	22,488.63		490,921		480,699
	VANGUARD HIGH DIVIDEND YIELD ETFMONTH END PRICE 101.0900	48,399.68		4,058,599		4,892,724
	VANGUARD INTERMEDIATE TERM COR ETFMONTH END PRICE 93.0300	7,720.92		743,571		718,277
	VANGUARD INTRMDIAT TRM TRSRY ETFMONTH END PRICE 67.2300	10,625.12		744,252		714,327
	VANGUARD LONG TERM BOND ETFMONTH END PRICE 98.1400	4,892.64		518,879		480,164
	VANGUARD LONG TERM COR BD ETFMONTH END PRICE 101.2500	4,779.80		515,246		483,954
	VANGUARD MID CAP GROWTH ETFMONTH END PRICE 214.5900	0.28		44		60
	VANGUARD MID CAP VALUE ETFMONTH END PRICE 134.8700	14,288.15		1,567,270		1,927,043
	VANGUARD MORTGAGE BACKED SEC ETF IVMONTH END PRICE 53.3700	2,238.06		120,884		119,445
	VANGUARD SHORT TERM COR BD ETFMONTH END PRICE 82.5000	11,605.10		964,619		957,421
	VANGUARD SHORT TERM TREASURY ETFMONTH END PRICE 61.5200	7,770.31		478,846		478,029
	VANGUARD SHORT-TERM BOND ETFMONTH END PRICE 82.1900	11,631.81		963,236		956,018
	VANGUARD SMALL CAP GROWTH ETFMONTH END PRICE 274.6500	0.40		77		111
	VANGUARD SMALL CAP VALUE ETFMONTH END PRICE 165.6100	11,706.79		1,506,804		1,938,762
	VANGUARD VALUE ETFMONTH END PRICE 131.4600	22,134.92		2,479,697		2,909,856
	XTRACKERS USD HIGH YLD CORP BND ETFMONTH END PRICE 49.9900	38,582.92		1,920,600		1,928,760
	<b>INVESTMENTS AS REPORTED ON SCHEDULE H, LINE 4I</b>			<b>\$ 87,359,526</b>		<b>\$ 92,882,854</b>

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

**EIN: 51-0175810/PN: 002**

**ATTACHMENT TO 2020 SCHEDULE MB: LINE 11**

**STATEMENT BY ENROLLED ACTUARY**

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***Schedule MB, line 11 - Justification for Change in Actuarial Assumptions***

The assumptions and methods differ from those used the preceding year in the following respects:

- We changed the assumed contribution rates according to the schedule in Appendix A to reflect the negotiated rates.
- The mortality projection scale was updated from MP-2019 to MP-2020. This change was made in order to reflect the latest mortality improvement data available.
- The base for assumed future annual contributions increased from \$35,000 to \$37,000 for gross earnings contributions and decreased from 170 days to 130 days for daily contributions. The assumed base remains at 11 months for monthly contributions, 44 weeks for weekly contributions, and 1,900 hours for hourly contributions. This will produce our best estimate of future contributions based on recent plan experience.
- The assumed operational expenses were increased from \$180,000 to \$185,000 to reflect our best estimate of future expenses based on recent plan experience.
- The age for continuing inactive vested participants assumed to be deceased and not valued was increased from age 70 to age 74. Participants assumed deceased under age 74 prior to April 1, 2020 are still assumed to be deceased.
- The expense load on ASC 960 liabilities was changed from 3.25% to 3.00% based on recent plan experience.
- The current liability interest rate was changed from 3.08% to 2.83%. The new rate is within established statutory guidelines.

***Actuary's Statement of Reliance***

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the plan administrator.

**SCHEDULE MB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain  
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2020**

**This Form is Open to Public  
Inspection**

For calendar plan year 2020 or fiscal plan year beginning 04/01/2020 and ending 03/31/2021

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

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

<b>A</b> Name of plan Teamsters Local Union No. 716 Pension Plan	<b>B</b> Three-digit plan number (PN) ▶ 002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Joint Board of Trustees Local Union No. 716 Pension Plan	<b>D</b> Employer Identification Number (EIN) 51-0175810

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


**1a** Enter the valuation date: Month 4 Day 1 Year 2020

**b** Assets

(1) Current value of assets .....	<b>1b(1)</b>	74,714,032
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b>	86,464,822
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	108,914,371
(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>	108,914,371
<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>	191,767,464
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	2,962,141
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	7,430,768
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	7,535,913

**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>		<b>1/5/2022</b>
	Signature of actuary Erika L. Creager, EA, MAAA	Date 20-07288
	Type or print name of actuary United Actuarial Services, Inc.	Most recent enrollment number (317) 580-8631
	Firm name 11590 N. Meridian Street, Suite 610 Carmel IN 46032-4529	Telephone number (including area code)

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

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

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	74,714,032
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
(1) For retired participants and beneficiaries receiving payment .....	753	84,575,891
(2) For terminated vested participants .....	656	42,864,384
(3) For active participants:		
<b>(a)</b> Non-vested benefits .....		2,427,191
<b>(b)</b> Vested benefits .....		61,899,998
<b>(c)</b> Total active .....	700	64,327,189
<b>(4)</b> Total .....	2,109	191,767,464
<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>	38.96%

**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
03/31/2021	3,866,040				
<b>Totals ▶</b>			<b>3(b)</b>	3,866,040	<b>3(c)</b> <span style="float: right;">0</span>

**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>	79.4%
<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>	E
<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 <input type="checkbox"/> .....	<b>4f</b>	

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

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

<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>		2.83 %
<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>	12.2 %	<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>	1.9 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....			<b>6h</b>	-9.4 %

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

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	4,302,906	447,481
4	-72,307	-7,520

**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 instructions.) 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:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....		<b>9a</b>		0
<b>b</b> Employer's normal cost for plan year as of valuation date.....		<b>9b</b>		1,465,646
<b>c</b> Amortization charges as of valuation date:				
<b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended.....	<b>9c(1)</b>	49,466,559		5,863,167
<b>(2)</b> Funding waivers .....	<b>9c(2)</b>	0		0
<b>(3)</b> Certain bases for which the amortization period has been extended .....	<b>9c(3)</b>	0		0
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....			<b>9d</b>	531,334
<b>e</b> Total charges. Add lines 9a through 9d.....			<b>9e</b>	7,860,147

**Credits to funding standard account:**

<b>f</b> Prior year credit balance, if any.....	<b>9f</b>		22,460,614
<b>g</b> Employer contributions. Total from column (b) of line 3.....	<b>9g</b>		3,866,040
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	<b>9h</b>	4,556,396	615,294
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	<b>9i</b>		1,813,147
<b>j</b> Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	62,341,013	
(2) "RPA '94" override (90% current liability FFL).....	<b>9j(2)</b>	88,605,390	
(3) FFL credit.....	<b>9j(3)</b>		0
<b>k</b> (1) Waived funding deficiency.....			
(2) Other credits.....	<b>9k(1)</b>		0
	<b>9k(2)</b>		0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	<b>9l</b>		28,755,095
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference.....	<b>9m</b>		20,894,948
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	<b>9n</b>		

**9 o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2020 plan year.....	<b>9o(1)</b>		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date.....	<b>9o(2)(a)</b>		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>		0
(3) Total as of valuation date.....	<b>9o(3)</b>		0

**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.....  Yes  No



**TEAMSTERS LOCAL UNION No. 716 PENSION PLAN**  
**EIN: 51-0175810/PN: 002**  
**ATTACHMENT TO 2020 SCHEDULE MB: LINE 3**  
**STATEMENT BY ENROLLED ACTUARY**

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***Schedule MB, line 3 – Employer Contributions***

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan year.



June 29, 2020

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

**Re: 2020 Actuarial Certification Under the Pension Protection Act**

Dear Trustees:

The following information is intended to comply with the annual certification requirements of IRC section 432, with respect to the funded status of the Teamsters Local Union No. 716 Pension Plan.

**Identifying Information**

Plan Name: Teamsters Local Union No. 716 Pension Plan  
 EIN/Plan #: 51-0175810/002  
 Plan year of Certification: year beginning April 1, 2020  
 Plan Sponsor: Board of Trustees of Teamsters Local Union No. 716 Pension Plan  
 Sponsor Address: 1233 Shelby Street, Indianapolis, Indiana 46203  
 Sponsor Telephone: (317) 639-3573, ext. 144  
 Enrolled Actuary Name: Erika L. Creager  
 Enrollment Number: 20-07288  
 Actuary Address: 11590 N. Meridian St., Suite 610, Carmel, IN 46032  
 Actuary Telephone: (317) 580-8631

**Certification of Plan Status**

I certify that the above-named Plan is in the following status(es) as of April 1, 2020 (all that apply are checked):

Safe--Neither Endangered nor Critical Status	_____
Safe--Neither Endangered nor Critical Status Due to Special Rule	_____
Endangered Status	<u>  X  </u>
Seriously Endangered Status	_____
Projected to be in Critical Status within 5 years	<u>  X  </u>
Critical Status	_____
Critical and Declining Status	_____

These certifications are based on the following results:

- Projected funded ratio as of April 1, 2020: 79.2%
- Previously emerged from critical status using IRC Section 432(e)(4)(B)(ii)(I) special emergence rule?: No
- First projected deficiency : March 31, 2028
- At least 8 years of benefit payments in plan assets?: Yes

**Note:** This document does not include an election to be in Critical status under IRC Section 432(b)(4). If the Trustees wish to elect to be in Critical status, they will submit a separate election within the next 30 days.

#### **Certification of Scheduled Progress**

No certification of scheduled progress is required because the funding improvement period does not start until April 1, 2023.

#### **Basis for Result**

The certifications utilize the assumptions, methods, plan provisions and demographic data as disclosed in the April 1, 2019 actuarial valuation report with the following exceptions:

- Based on the March 31, 2020 unaudited financial statements provided by the plan administrator, the asset return for the 2019-20 plan year is assumed to be -9.43%. We also updated the contributions, benefit payments, and expenses for the 2019-20 plan year based on these financial statements.
- Contributions have been increased to reflect all known negotiated increases through June 2022.
- Based on information provided by the Trustees regarding projection of future industry activity, the following percentage of assumed 2019 valuation work units were assumed: 105% for the plan year ending 2021 and 110.25% for the plan year ending 2022 and for each plan year thereafter. For the plan year ending 2020, 100% of the assumed 2019 valuation work units was assumed.

I am a member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. These certifications are intended to be in good faith compliance with the necessary disclosures for certification and represent my best estimate of the Plan's funded position. We are available to answer questions regarding these certifications.

Sincerely,



Erika L. Creager, EA, MAAA  
Consulting Actuary  
Enrollment Number: 20-07288

Date of Signature: 6/29/2020

cc: Secretary of the Treasury  
Mr. Mike Larson, Administrator  
Mr. Jeffrey A. Macey, Fund Counsel  
Mr. Scott Shoemaker, Auditor

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**TEAMSTERS LOCAL UNION No. 716 PENSION PLAN**  
**EIN: 51-0175810/PN: 002**

**ATTACHMENT TO 2020 SCHEDULE MB: LINE 4C**  
**STATEMENT BY ENROLLED ACTUARY**

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***Schedule MB, line 4c - Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan***

This line has been left blank because the plan is no longer in Endangered status as of April 1, 2021.



June 14, 2021

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

**Re: 2021 Actuarial Certification Under the Pension Protection Act**

Dear Trustees:

The following information is intended to comply with the annual certification requirements of IRC section 432, with respect to the funded status of the Teamsters Local Union No. 716 Pension Plan.

**Identifying Information**

Plan Name: Teamsters Local Union No. 716 Pension Plan  
 EIN/Plan #: 51-0175810/002  
 Plan year of Certification: year beginning April 1, 2021  
 Plan Sponsor: Board of Trustees of Teamsters Local Union No. 716 Pension Plan  
 Sponsor Address: 6007 S. Harding Street, Indianapolis, Indiana 46217  
 Sponsor Telephone: (317) 639-3573, ext. 144  
 Enrolled Actuary Name: Erika L. Creager  
 Enrollment Number: 20-07288  
 Actuary Address: 11590 N. Meridian St., Suite 610, Carmel, IN 46032  
 Actuary Telephone: (317) 580-8631

**Certification of Plan Status**

I certify that the above-named Plan is in the following status(es) as of April 1, 2021 (all that apply are checked):

Safe--Neither Endangered nor Critical Status	<u>    X    </u>
Safe--Neither Endangered nor Critical Status Due to Special Rule	<u>          </u>
Endangered Status	<u>          </u>
Seriously Endangered Status	<u>          </u>
Projected to be in Critical Status within 5 years	<u>          </u>
Critical Status	<u>          </u>
Critical and Declining Status	<u>          </u>

I also certify that the above-named Plan has emerged from Endangered status.

This certification is based on the following results:

- Projected funded ratio as of April 1, 2021: 80.7%
- Previously emerged from critical status using IRC Section 432(e)(4)(B)(ii)(I) special emergence rule?: No
- First projected deficiency: None projected
- At least 8 years of benefit payments in plan assets?: Yes

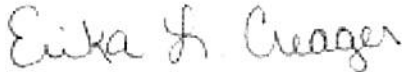
**Basis for Result**

The certification utilizes the assumptions, methods, plan provisions and demographic data as disclosed in the April 1, 2020 actuarial valuation report with the following exceptions:

- Based on the March 31, 2021 unaudited financial statements provided by the plan administrator, the asset return for the 2020-21 plan year is assumed to be 35.50%. We also updated the contributions, benefit payments, and expenses for the 2020-21 plan year based on these financial statements.
- Contributions have been increased to reflect all known negotiated increases through June 2022.
- Based on information provided by the Trustees regarding projection of future industry activity, the following percentage of assumed 2020 valuation work units were assumed: 125.2% for the plan year ending in 2022 and for 119.24% of the assumed 2020 valuation work units was assumed.

I am a member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. This certification is intended to be in good faith compliance with the necessary disclosures for certification and represents my best estimate of the Plan's funded position. We are available to answer questions regarding this certification.

Sincerely,



Erika L. Creager, EA, MAAA  
Consulting Actuary  
Enrollment Number: 20-07288

Date of Signature: 6/14/2021

cc: Secretary of the Treasury  
Mr. Mike Larson, Administrator  
Mr. Jeffrey A. Macey, Fund Counsel  
Mr. Scott Shoemaker, Auditor

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**TEAMSTERS LOCAL UNION No. 716 PENSION PLAN**  
**EIN: 51-0175810/PN: 002**  
**ATTACHMENT TO 2020 SCHEDULE MB: LINE 6**  
**STATEMENT BY ENROLLED ACTUARY**

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***Schedule MB, line 6 - Summary of Plan Provisions***

Attached is a summary of the plan provisions valued. The plan provisions are the same as those valued in the preceding year.

***Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods***

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.