#### Form 5500 Annual Return/Report of Employee Benefit Plan OMB Nos. 1210 - 0110 This form is required to be filed for employee benefit plans under sections 104 Ospertment of the Treesury Internal Revolue Service and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). 2021 Department of Labor Employee Bonetia Security Advantations Complete all entries in accordance with the instructions to the Form 5500. This Form is Open to con Baneda Guaranty Corporation Public Inspection Part I Annual Report Identification Information For calendar plan your 2021 or fiscal plan your beginning 10/01/2021 and ending 09/30/2022 This return/report is for: B multiamployer plan a multiple-employer plan (Filere checking this box must attach a list of participating employer information in accordance with the form instr.) a single-employer plan a DFE (apacify) B This return/report is: the first return/report the final return/report an amonded return/report a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here ........ D Check box if filing under. Form 5558 special exte automatic extension the DFVC program special extension (enter description) E if this is a retroactively adopted plan permitted by SECURE Act section 201, check here Part II Basic Plan Information - enter all requested information 18 Name of plan Three-digit NEW ENGLAND TEAMSTERS PENSION FUND plan number (PN) 001 1c Effective date of plan 04/11/1958 2a Plan sponsor's name (employer, if for a single-employer plan) Employer Identification Number (EIN) \*\*-\*\*\*2430 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) 2c Plan Sponsor's telephone number NEW ENGLAND TRAMSTERS PENSION FUND 781-345-4400 2d Business code (see instructions) 484120 1 WALL STREET BURLINGTON MA 01803-4768 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under pensions of porjury and other pensities set forth in the instructions, I declare that I have examined this return/report, including accompanying acheduses, abstraction and ettachments, as well as the efection to various of this return/report, and to the best of my knowledge and bodd, it is true, correct, and complete. SEAN OBRIEN (UNION TRUSTEE) 6/22/2022 Dute SIGN KERE Signature/of pla Enter name of individual eigning as plan administrator

12023

Date

Date

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

omployer/plan sponsor

Form 5500 (2021)

CHRISTOPHER LANGAN (EMP TRUSTEE)

Enter name of individual signing as employer or plan sponsor

Enter name of individual signing as DFE

v. 210824

SIGN

HERE

SIGN

Signature of DFE

_	Form 5500 (2021)				Page <b>2</b>		
3a	Plan administrator's name and address 🛮 Same as Plan Sponsor	3b Administrator's EIN					
					3c Adminis	strator's	telephone number
_							
4	If the name and/or EIN of the plan sponsor or the plan name has chan- enter the plan sponsor's name, EIN, the plan name and the plan numb	_				plan,	4b EIN **-***2430
C	Sponsor's name Plan NameNEW ENGLAND TEAMSTERS & TRUCK DUSTRY PENSION FUND	ING					<b>4d</b> PN 001
5	Total number of participants at the beginning of the plan year					5	72,141
6	Number of participants as of the end of the plan year unless otherwise 6a(1), 6a(2), 6b, 6c, and 6d).					6a(1)	21,608
2	(1) Total number of active participants at the beginning of the plan yea	5558	000000			6a(2)	
a h	(2) Total number of active participants at the end of the plan year	**********				6b	25,775
C	Retired or separated participants receiving benefits					6c	17,289
Ч	Other retired or separated participants entitled to future benefits			****		6d	64,821
e	Subtotal. Add lines <b>6a(2), 6b,</b> and <b>6c</b> Deceased participants whose beneficiaries are receiving or are entitled.	to roo	iva k		ofite	6e	7,210
			6f	72,031			
a	Total. Add lines <b>6d</b> and <b>6e</b> Number of participants with account balances as of the end of the plain	- UI	12,031				
9	complete this item)	6g					
h	Number of participants who terminated employment during the plan ye					Ug	
_	less than 100% vested					6h	0
7	Enter the total number of employers obligated to contribute to the planthis item)					7	387
1B b	If the plan provides pension benefits, enter the applicable pension feat						
9a	Plan funding arrangement (check all that apply)	9b	Plan	be	nefit arrangement (check all	that ap	ply)
	(1) Insurance		(1)	Н	Insurance		
	(2) Code section 412(e)(3) insurance contracts	1	(2)	Ц	Code section 412(e)(3) ins	urance o	contracts
	(3) X Trust		(3)	X	Trust		
40	(4) General assets of the sponsor		(4)	Ш	General assets of the spor		
10	Check all applicable boxes in 10a and 10b to indicate which schedules (See instructions)	are att	ache	d, a	and, where indicated, enter t	the num	ber attached.
а	Pension Schedules	b	Gen	era	l Schedules		
	(1) X R (Retirement Plan Information)		(1)	X	H (Financial Inf	formatio	n)
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money		(2)		·		n - Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan		(3)	П	A (Insurance Ir		
	actuary		(4)	X	C (Service Pro		•
	(3) SB (Single-Employer Defined Benefit Plan Actuarial		(5)	X			lan Information)
	Information) - signed by the plan actuary		(6)	H			on Schedules)
	, , , , , , , , , , , , , , , , , , , ,		/	_	_ (		555 559

For	orm 5500 (2021)	Page 3						
Part III	Form M-1 Compliance Information (to	be completed by welfare benefit plans)						
CFR	e plan provides welfare benefits, was the plan subject 2520.101-2.) Yes N es" is checked, complete lines 11b and 11c.	to the Form M-1 filing requirements during the plan year? (See instructions a	and 29					
11b Is the	e plan currently in compliance with the Form M-1 filing	requirements? (See instructions and 29 CFR 2520.101-2.) Yes	No					
11c Enter enter	r the Receipt Confirmation Code for the 2021 Form M	-1 annual report. If the plan was not required to file the 2021 Form M-1 annu form M-1 that was required to be filed under the Form M-1 filing requirement						
Recei	eipt Confirmation Code							

#### SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

**Service Provider Information** 

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA),

2021

OMB No. 1210-0110

Pension Benefit Guaranty Corporation

File as an attachment to Form 5500.

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022	
A Name of plan  NEW ENGLAND TEAMSTERS PENSION FUND  B Three-digit plan number (PN) ▶ 001	535
C Plan sponsor's name as shown on line 2a of Form 5500  NEW ENGLAND TEAMSTERS PENSION FUND  D Employer Identification Number **-***2430	(EIN)
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 pla	ın 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
h If you are word line to "Voo" and with more and CIN and discontinuous for the control of the c	
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	
ABS ALPHA GLOBAL EQUITIES **-***4028	
55 RAILROAD AVE GREENWICH CT 06830	
GREENWICH CI 00050	
	1-1
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
INTERCONTINENTAL US REAL ESTATE FUN **-***6306	_
1270 SOLDER FIELD ROAD BOSTON MA 02135	
BOSTON MA 02135	
	JPOI
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ALINDA INFRASTRUCTURE FUND II **-***2089	
100 WEST PUTNAM AVENUE, 3RD FLOOR	
GREENWICH CT 06830	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ABS INVESTMENT MANAGEMENT, LLC **-**5457	_
537 STEAMBOAT RD	
GREENWICH CT 06830	

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Schedule C (Form 5500) 2021

v. 201209

Page 2 -

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

BBH CAPITAL PARTNERS V

\*\*-\*\*\*4837

140 BROADWAY

NEW YORK

NY 10005

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

CRESCENT MEZZANINE PARTNERS

\*\*-\*\*\*0681

11100 SANTA MONICA BLVD, SUITE 2000

LOS ANGELES

CA 90025

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP \*\*-\*\*\*4478

375 PARK AVENUE, 24TH FLOOR

NEW YORK

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

LEVINE LEICHTMAN PTR II

\*\*-\*\*\*6690

335 NORTH MAPLE DRIVE, SUITE 130

BEVERLY HILLS

CA 90210

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation IGH INCOME FUND \*\*-\*\*7411

CRESCENT HIGH INCOME FUND

11100 SANTA MONICA BLVD, SUITE 2000

LOS ANGELES

CA 90025

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

\*\*-\*\*\*5573

RREEF AMERICAN REIT II

222 S. RIVERSIDE PLAZA

CHICAGO

IL 60606

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation ZZANINE FUND IV \*\*-\*\*\*4894

OAKTREE MEZZANINE FUND IV

333 SOUTH GRAND AVE, 28TH FLOOR

LOS ANGELES

CA 90007

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation RASTRUCTURE FD III \*\*-\*\*\*0428

ALINDA INFRASTRUCTURE FD III

100 WEST PUTNAM AVENUE, 3RD FLOOR

GREENWICH

CT 06830

#### SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

# **Service Provider Information**

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

File as an attachment to Form 5500.

2021

This Form is Open to

OMB No. 1210-0110

Pension Benefit Guaranty Corporation

10/01/2021

Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 09/30/2022 and ending A Name of plan Three-digit NEW ENGLAND TEAMSTERS PENSION FUND plan number (PN) ь 001 C Plan sponsor's name as shown on line 2a of Form 5500 Employer Identification Number (EIN) NEW ENGLAND TEAMSTERS PENSION FUND \*\*-\*\*\*2430 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) 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 \*\*-\*\*\*8901 AFL-CIO BIT ONE EAST PRATT STREET 5TH FLOOR EAS BALTIMORE MD 21202 (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation \*\*-\*\*\*8589 BLACKSTONE REAL ESTATE PARTNER 345 PARK AVENUE NEW YORK NY 10154 (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation \*\*-\*\*\*8198 PRINCIPAL ENHANCED 711 HIGH STREET DES MOINES IA 50392 (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

\*\*-\*\*\*2597

NY 10154

STRATEGIC PARTNERS REAL ESTATE VII

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

Schedule C (Form 5500) 2021

v. 201209

345 PARK AVENUE

NEW YORK

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation ARTNERS IV \*\*-\*\*\*1164 TERRACAP PARTNERS IV 23421 WALDEN CENTER DR., SUITE 300 **ESTERO** FL 34134 (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation \*\*-\*\*2302 ULLICO 8403 COLESVILLE RD SILVER SPRING MD 20910 (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation FF SM BUY OPP IV \*\*-\*\*\*7311 SIGULER GUFF SM BUY OPP IV 200 PARK AVENUE, 23RD FLOOR NY 10166 NEW YORK (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation INFRASTRUCTURE \*\*-\*\*\*9684 IFM GLOBAL INFRASTRUCTURE 114 WEST 74TH STREET, 26 FLOOR NEW YORK NY 10036 (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation PARTNERS GROUP PRIVATE EQUITY II \*\*-\*\*\*3428 1114 AVENUE OF THE AMERICAS, 37 FLO NEW YORK NY 10036

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

SIGULER GUFF SM BUY OPP V

\*\*-\*\*\*8157

200 PARK AVENUE, 23RD FLOOR

NEW YORK NY 10166

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation ARTNERS V \*\*-\*\*\*9874

TERRACAP PARTNERS V

999 VANDERBILT BEACH ROAD 701

NAPLES

FL 34108

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

Schedule C (Form 5500) 2021				
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Page	3	-
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you a in tota	nswered "Yes" to line	1a on page 1, co noney or anythin	omplete as many entries	as needed to list each p	Compensation. Except for the serion receiving, directly or indiversed to the plan or their position	irectly, \$5,000 or more on with the plan during	
			(a) Enter name and Elf	N or address (see instruc	tions) SEE STAT	EMENT 1	
	JETTE ASSOCI	ATES		**-***5298			
180 N	I LASALLE						
CHICA	.GO	IL	60601				
<b>(b)</b> Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?	
27 50	NONE 1,	160,000.	Yes No 🛚	Yes No		Yes No	
			(a) Enter name and EIN	N or address (see instruc	tions)		
BOX 5	STATE STREET GLOBAL ADVISORS **-***8136 BOX 5488						
воѕто	N	MA	02284				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?	
28 51 18	NONE	776,489.	Yes X No	Yes 🛚 No 🗌	0	Yes No	
		S. 27 S. 1	H SI PERSON		P. C. L.	Day Street	
(a) Enter name and EIN or address (see instructions)							
UNION INSURANCE GROUP  **-***6088 303 W ERIE ST STE310 CHICAGO  IL 60654							
(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)	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?	
23 50	NONE	594,957.	Yes No 🗓	Yes No		Yes No	

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Schedule	C	(Form	5500)	2021

	Schedule C (Form 5	5500) 2021			Page <b>3 -</b>	
you a in tot	inswered "Yes" to line	1a on page 1, co noney or anythir	omplete as many entries	as needed to list each p	erson receiving, directly lered to the plan or their	pt for those persons for whom or indirectly, \$5,000 or more position with the plan during
			(a) Enter name and Ell	N or address (see instruc	tions) SEE S	TATEMENT 1
	HAUS CAPITAL OX 10127 AGO	MANAGEM		**-** <sup>*</sup> 4295		
011101			00010			
(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)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation receive service provider exclu eligible indirect compensation for whic answered "Yes" to ele (f). If none, enter -0	provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	544,598.	Yes No X	Yes No		Yes No
	7"\ 17 (-	The state of	Salvest-yellikanışı			
			(a) Enter name and EIN	N or address (see instruc	tions)	
	BERG, DUMONT IILK STREET ON	MA		**-***8936		
(b) Service Code(s)	(c) Relationship to employer, employer organization, or person known to be a party-in-interest	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)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation receive service provider exclu eligible indirect compensation for whic answered "Yes" to elei (f). If none, enter -0	d by ding provider give you a formula instead of an amount or estimated amount?
29 50	NONE	384,327.	Yes 📗 No 🗓	Yes No		Yes No
Kin wa				Little Bar Starte		
D0480			(a) Enter name and EIN	or address (see instruc	tions)	
	N PARTNERS ST 42ND STR ORK		TE 1550 10065	**-***2744		
(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)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation receive service provider exclu eligible indirect compensation for which answered "Yes" to elei (f). If none, enter -0	d by ding provider give you a formula instead of an amount or estimated amount?

28 51 68

NONE

346,571.

Yes 🛭 No 🗌

Yes 🛭 No 🗌

Yes 📗 No 📗

0.

Schedule C (Form 5500) 202	
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you a in tot	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 Ell	N or address (see instruc	ctions) SEE STAT	EMENT 1			
GAMCO ONE O RYE	ORPORATE CE	ENTER NY		**-***4521					
(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)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?			
28 50	NONE	279,694.	Yes No 🛚	Yes No		Yes No			
1 = 1	ENVIOLE N	12 5 W 13 B							
GD - G	(a) Enter name and EIN or address (see instructions)								
**-***2098 1845 WALNUT STREET, 14TH FLOOR PHILADELPHIA PA 19103									
(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)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?			
11 50	NONE	211,300.	Yes No X	Yes No		Yes No			
Karte I									
CM V ME	CODEED DAM	W c mpiid	(a) Enter name and EIN	or address (see instruc	tions)				
200 N	STATE STREET BANK & TRUST **-***7445 200 NEW PORT AVE QUINCY MA 02171								
<b>(b)</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?			
25 28 99	NONE	205,000.	Yes 🛚 No 🗌	Yes X No	0 •	Yes X No			

	Schedule C (Form 5	5500) 2021			Page <b>3</b> -	
you a in tota	nswered "Yes" to line	1a on page 1, co money or anythin	omplete as many entries	as needed to list each p	compensation. Except for the erson receiving, directly or indicated to the plan or their position	irectly, \$5,000 or more
			(a) Enter name and EIN	N or address (see instruc	tions) SEE STAT	EMENT 1
PO BC	N, LEWIS & X 8500 DELPHIA	BOCKIUS	19178	**-***1050		
(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)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h)  Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	204,670.	Yes No X	Yes No		Yes No
-Y	in in the solution			E WEST TO		
CTEDD	A INVESTMEN	m	(a) Enter name and EIN	or address (see instruction * * - * * * 0668	tions)	
	X 5727	T		~~-~~0668		
VACAV		CA	95696			
(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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter-0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 99	NONE	153,574.	Yes No 🗵	Yes No		Yes No
				TALLS Y'E K		
LAKE	CONTRACTING		(a) Enter name and EIN	or address (see instruction **-***2126	tions)	
	COMINACIANG			- 2120		

21 SPENCER STREET

STONEHAM

02180 MA

(**c**)
Relationship to employer, employee (d) Enter direct compensation (f)
Did indirect
compensation include
eligible indirect (b) (e) Did service provider (g)
Enter total indirect compensation received by (h) Service Did the service Code(s) receive indirect provider give you organization, or service provider excluding a formula instead paid by the compensation? (sources other than plan or compensation, for eligible indirect person known to be plan. If none, of an amount or compensation for which you answered "Yes" to element (f). If none, enter -0-. enter -0-. which the plan a party-in-interest estimated amount? received the required disclosures? plan sponsor) 49 NONE 50 147,561. Yes No 🗓 Yes No Yes No

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2. Info	rmation on Other	Service Pro	viders Receiving I	Direct or Indirect C	compensation. Except for t	hose persons for whom
you a in tot	inswered "Yes" to line al compensation (i.e. r	1a on page 1, co nonev or anythic	omplete as many entries	as needed to list each pection with services reno	person receiving, directly or ind lered to the plan or their position	irectly, \$5,000 or more
	lan year. (See instruction		ig oldo or valoo, in comin	Solion with acrylees rene	icred to the plan of their position	on with the plan during
			(a) Enter name and Ell	N or address (see instruc	tions) SEE STAT	EMENT 1
	MGELO & CO.	,LLP		**-***0103	NAME OF THE OWNER	
	OMOND CT					
UTICA		NY	13502			
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	135,325.	Yes No 🛚	Yes No		Yes No
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DIRECT	ED GIRTHII		(a) Enter name and EIN	or address (see instruc	tions)	
	ER CAPITAL ST MADISON, GO			**-***3600		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	126,926.	Yes No X	Yes No	· / / / / / / / / / / / / / / / / / / /	Yes No
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(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?
49 50	NONE	123,840.	Yes No 🗓	Yes No		Yes No

	Schedule C (Form 5	5500) 2021			Page 3 -	
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			(a) Enter name and Ell	N or address (see instruc	ctions) SEE STAT	EMENT 1
	HT NORTH AM			**-***3489		
NEW	ARK AVENUE, YORK	NY NY				
(b) Service Code(s)	(c) Relationship to employer, employer, or 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?
51 28	NONE	114,360.	Yes No 🗓	Yes No		Yes No
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D.T. CD	EEN, INC.		(a) Enter name and EIN	or address (see instruc	tions)	
	HITESBORO S	T <b>N</b> Y	13504	**-***8577		
(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?
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which the plan (c) Relationship to employer, employee (b) (e) Did service provider (g)
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Code(s)	employer, employee	compensation	receive indirect	compensation include	compensation received by	provider give you
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	Schedule C (Form 5	500) 2021			Page 3 -	
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333 S	ON BENEFIT SOUTH 7TH ST APOLIS		2400	**-***2737		
(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)	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?
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	VITA US LLC IVER STREET EN		045 07030	**-***0816		
(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?
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	Part House					
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3793	MILL ROAD GEVILLE	PA	NC 19426	**-***5608		
(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?

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NONE

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Yes 📗 No 🛚

Yes 📗 No 📗

Yes 📗 No 📗

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(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?
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			(a) Enter name and Ell	N or address (see instruc	tions)	
215 S	Y BOWES BAN OUTH STATE LAKE CITY		TE 320 84111	**-***6389		
(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)	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?
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(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)	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?

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NONE

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Yes 📗 No 🕱

Yes No

Yes No

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			plan sponsor)	received the required disclosures?	answered "Yes" to element (f). If none, enter -0-	
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	CAN ARBITRA		OC.	**-***9745		
	ROADWAY, FL		10071			
NEW Y	ORK	NY	10271			
(b)	(c)	(d)	(e)	(f)	(a)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect	<b>(g)</b> Enter total indirect	Did the service
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Service	Relationship to	Enter direct	Did service provider	Did indirect	Enter total indirect	Did the service
Code(s)	employer, employee	compensation	receive indirect	compensation include eligible indirect	compensation received by service provider excluding	provider give you
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			plan sponsor)	received the required disclosures?	answered "Yes" to element (f). If none, enter -0	
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Yes 📗 No 🗓

Yes 📗 No 📗

Yes 🔲 No 🗍

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- tile bi	ari year. (See instructi	oris).	/ \		000 000 0	
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SOUTH	BOSTON	MA	02127			
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or estimated amount?
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			(a) Enter name and Ell	N or address (see instruc	tions)	
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CHARL		NC	28260			
(b) Service Code(s)	(c) Relationship to employer, employer 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?
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			(a) Enter name and EIN	l or address (see instruc	tions)	
1500	NZIE & COMP. DISTRICT AV NGTON		01803	**-***5260		
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(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)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?

29 50 NONE

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Yes No 🛚

Yes No No

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					compensation. Except for t	
you a	nswered "Yes" to line	1a on page 1, co	omplete as many entries	as needed to list each p	person receiving, directly or ind	irectly, \$5,000 or more
			ng else of value) in conne	ection with services rend	lered to the plan or their position	on with the plan during
the p	lan year. (See instruction	ons).				
			(a) Enter name and Ell	N or address (see instruc	tions) SEE STAT	EMENT 1
	RAINVILLE			**-***8348		
	EST SAINT P					
CHICA	AGO	IL	60614			
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect	Enter total indirect	Did the service
Code(s)	employer, employee organization, or	compensation paid by the	receive indirect compensation?	compensation include eligible indirect	compensation received by service provider excluding	provider give you
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	a party-in-interest	enter -0	than plan or	which the plan	compensation for which you	estimated amount?
			plan sponsor)	received the required disclosures?	answered "Yes" to element (f). If none, enter -0	
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50		10,500.	Yes No 🗓	Yes No		Yes No
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			(a) Enter name and EIN	l or address (see instruc	tions)	
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815 1	6TH STREET					
N.W.	WASHINGTON	DC	20006			
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect	Enter total indirect	Did the service
Code(s)	employer, employee organization, or	compensation paid by the	receive indirect compensation?	compensation include eligible indirect	compensation received by service provider excluding	provider give you
	person known to be	plan. If none,	(sources other	compensation, for	eligible indirect	a formula instead of an amount or
	a party-in-interest	enter -0-,	than plan or	which the plan	compensation for which you	estimated amount?
			plan sponsor)	received the required disclosures?	answered "Yes" to element (f). If none, enter -0	
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			(a) Enter name and EIN	l or address (see instruc	tions)	
	OFTWARE HOL:			**-***4086		
	PORTLAND A	VE S, SU	ITE 230			
BURNS	VILLE	MN	55337			
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect	Enter total indirect	Did the service
Code(s)	employer, employee organization, or	compensation paid by the	receive indirect compensation?	compensation include eligible indirect	compensation received by service provider excluding	provider give you
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2. Info	rmation on Other	Service Pro	viders Receiving	Direct or Indirect C	Compensation. Except for t	those persons for whom
you a in tot	enswered "Yes" to line	1a on page 1, co noney or anythir	omplete as many entries	as needed to list each p	person receiving, directly or ind dered to the plan or their position	lirectly, \$5,000 or more
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	X 9001013					
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(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?
49	NONE			required disclosures:	(i). Il riorie, eriter -o	
50		7,967.	Yes No 🛚	Yes No		Yes No
111000		Ceres of the Co	The Law 200	ALCOHOL:		
			(a) Enter name and Elf	N or address (see instruc	tions)	
PO BC	Y BOWES INC X 371887 BURGH	PA	15250-7887	**-** <sup>*</sup> 5050		
(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?	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?
49 50	NONE	7,955.	Yes No X	Yes No		Yes No
				Test of the last	VIII TA ITA ITA ITA ITA ITA ITA ITA ITA I	
- I			(a) Enter name and EIN	or address (see instruc	tions)	
	LIVAN & ASS UREL DRIVE LL	OCIATES MA	02061	**-***8070		
(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)	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?

118453	12-30-2

29 50 NONE

7,000.

Yes 📗 No 🗓

Yes No

Yes No

Schedule C (Form 5500) 2	വാപ	

ŋ	Page	3	_

you a in tot	nswered "Yes" to line	1a on page 1, co noney or anythir	omplete as many entries	as needed to list each p	compensation. Except for the transfer of trans	irectly, \$5,000 or more
			(a) Enter name and EII	N or address (see instruc	tions) SEE STAT	EMENT 1
	GE LANDEN F	'INANCIAL	SVC	**-***4500		
PO BC	X 41602					
PHILA	DELPHIA	PA	19101			
(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?	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?
49 50	NONE	5,483.	Yes No 🗓	Yes No		Yes No
			(a) Enter name and EIN	or address (see instruc	tions)	
	(-)	(4)	(-)	10		
(b) Service Code(s)	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)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No
	ecopolicità de la S	x1'='4.5' 11.5				
			(a) Enter name and EIN	l or address (see instruc	tions)	
	10					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No

F	Part I Service Provider Information (continued)		
3.	If you reported on line 2 receipt of indirect compensation, other than eligible indirect consists a fiduciary or provides contract administrator, consulting, custodial, investment advisservices, answer the following questions for (a) each source from whom the service provider gave you a formula used to determine the amount of the indirect compensation. Complete as many entries as needed to report the	sory, investment management, ovider received \$1,000 or more ne indirect compensation instea	broker, or recordkeeping in indirect compensation an ad of an amount or estimated
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
_	(d) Enter name and EIN (address) of source of indirect compensation	any formula used to dete eligibility for or	et compensation, including rmine the service provider's the amount of the impensation.
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
	(d) Enter name and EIN (address) of source of indirect compensation	any formula used to dete	t compensation, including rmine the service provider's the amount of the mpensation.
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
	(d) Enter name and EIN (address) of source of indirect compensation	eligibility for or t	t compensation, including mine the service provider's he amount of the mpensation.
	Enter name and EIN (address) of source of indirect compensation	eligibility for or t	he amount of the

## SCHEDULE D

(Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

# **DFE/Participating Plan Information**

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan	year beginning 10	0/01/2021 and endir	ng 09/30/2022	
A Name of plan			B Three-digit	
NEW ENGLAND TEAMSTERS			plan number (PN)	001
C Plan or DFE sponsor's name as show			D Employer Identification N	umber (EIN)
NEW ENGLAND TEAMSTERS			**-***2430	
Part I Information on interest (Complete as many entries as		PSAs, and 103-12 IEs (to be o	completed by plans and	DFES)
		SMALL-CAP EQUITY FU	MID	
Name of WITIA, CCT, PSA, or 103-1.	ZIE: AKIBIOIDE	SMADD-CAP EQUITE FO.	עמו	
b Name of sponsor of entity listed in (	ARISTOTLE C	CAPITAL BOSTON, LLC		
- Harno or operator or entity listed in	d Entity	e Dollar value of interest in MTIA, CO	T PSA	
c EIN-PN **-**5797 003		or 103-12 IE at end of year (see ins		46,918.
			Next, and plants in the little	IIII, nsam,
Name of MTIA, CCT, PSA, or 103-1;	EIE: EMERGING M	MARKETS SMALL-CAP FU	ND	
<ul> <li>Name of sponsor of entity listed in (</li> </ul>				
** *******	<b>d</b> Entity	e Dollar value of interest in MTIA, CC		
c EIN-PN **-**9812 001	code C	or 103-12 IE at end of year (see ins	structions) 46,4	56,064.
A N (MTM COT DOM 100 M	u DIICCRII 10	100/D\ WALLE THOU ME	MIIDIIA	
a Name of MTIA, CCT, PSA, or 103-12	SIE: KOSSETT IC	000(R) VALUE INDX NL	MUTUA	
b Name of sponsor of entity listed in (	A STATE STREE	TT CLOBAL ADVISOR		
Name of sponsor of entity listed in t	d Entity	e Dollar value of interest in MTIA, CO	T DCA	
c EIN-PN **-***7987 160		or 103-12 IE at end of year (see ins		80,158.
a Name of MTIA, CCT, PSA, or 103-12	IE: AGGREGATE	BOND INDEX NL FUND		
Name of sponsor of entity listed in (	3):STATE STREE	T GLOBAL ADVISOR		
	<b>d</b> Entity	e Dollar value of interest in MTIA, CC		
c EIN-PN **-**5081 070	code C	or 103-12 IE at end of year (see ins	tructions) 82,2	39,283.
				TRANSPORT
Name of MTIA, CCT, PSA, or 103-12	PIE: MSCI ACWI	EX USA NL FUND		
h 1	CUVUE CUDEE	THE CLODAL ADVITCOD		
Name of sponsor of entity listed in (			T DOA	
c EIN-PN **-***7987 159	d Entity	Dollar value of interest in MTIA, CC or 103-12 IE at end of year (see ins		96,738.
6 EIN-FIN 1361 133	Code C	or 100 12 Ic at cha or year (see ins	137,0.	30,730.
Name of MTIA, CCT, PSA, or 103-12	IE.			
	. 12.			
Name of sponsor of entity listed in (a	1):			
	<b>d</b> Entity	e Dollar value of interest in MTIA, CC	T. PSA.	
C EIN-PN	code	or 103-12 IE at end of year (see ins	•	
		This white Proof Alego read	Pix till kall ker i mig	
Name of MTIA, CCT, PSA, or 103-12	IE:			
Name of sponsor of entity listed in (a	<del></del>	r		
	<b>d</b> Entity	e Dollar value of interest in MTIA, CC		
EIN-PN	code	or 103-12 IE at end of year (see ins	tructions)	

_	Schedule D (Form 5500) 2	021	Page 2-	
_				
a	Name of MTIA, CCT, PSA, o	r 103-12 IE:		
b	Name of sponsor of entity lis	ated in (a)		
_	Marile of sportsor of entity is	d Entity	e Dollar value of interest in MTIA, CCT, PSA,	
С	EIN-PN	code	or 103-12 IE at end of year (see instructions)	
100				1. A. A. A.
а	Name of MTIA, CCT, PSA, o	r 103-12 IE:		
<u>b</u>	Name of sponsor of entity lis			
		<b>d</b> Entity	e Dollar value of interest in MTIA, CCT, PSA,	
<u>c</u>	EIN-PN	code	or 103-12 IE at end of year (see instructions)	
_	Name of NATIA OOT DOA	400.40.15		
<u>a</u>	Name of MTIA, CCT, PSA, o	r 103-12 IE:		
b	Name of sponsor of entity lis	ted in (a):		
_	Hame of sponsor of entity is	d Entity	e Dollar value of interest in MTIA, CCT, PSA,	
С	EIN-PN	code	or 103-12 IE at end of year (see instructions)	
LW				W Marie Suit
a	Name of MTIA, CCT, PSA, or	r 103-12 IE:		
<u>b</u>	Name of sponsor of entity lis			
		<b>d</b> Entity	e Dollar value of interest in MTIA, CCT, PSA,	
<u>c</u>	EIN-PN	code	or 103-12 IE at end of year (see instructions)	
	AL CATTA OCT DOA			
<u>a</u>	Name of MTIA, CCT, PSA, or	r 103-12 IE:		
b	Name of sponsor of entity lis	ted in (a):		
_	realine of sponsor of entity is	d Entity	e Dollar value of interest in MTIA, CCT, PSA,	
С	EIN-PN	code	or 103-12 IE at end of year (see instructions)	
UK				
а	Name of MTIA, CCT, PSA, or	· 103-12 IE:		
<u>b</u>	Name of sponsor of entity lis	ted in (a):	- 7	
		<b>d</b> Entity	e Dollar value of interest in MTIA, CCT, PSA,	
C	EIN-PN	code	or 103-12 IE at end of year (see instructions)	
	A STATE OF THE			
<u>a</u>	Name of MTIA, CCT, PSA, or	103-12 IE:		
b	Name of sponsor of entity list	tod in (a):		
<u> </u>	Hame of sportsor of entity its	d Entity	e Dollar value of interest in MTIA, CCT, PSA,	
С	EIN-PN	code	or 103-12 IE at end of year (see instructions)	
		74151 - FULL 1884 -		
a	Name of MTIA, CCT, PSA, or	103-12 IE:		
<u>b</u>	Name of sponsor of entity list			
	12	<b>d</b> Entity	e Dollar value of interest in MTIA, CCT, PSA,	
<u>c</u>	EIN-PN	code	or 103-12 IE at end of year (see instructions)	
		Silva Cirila III		
<u>a</u>	Name of MTIA, CCT, PSA, or	103-12 IE:		
h	Al	1. 2.4		
b	Name of sponsor of entity list		O Dellevel e del estate del est	
С	EIN-PN	d Entity	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>~</u>	LIIV-FIN	code	or 100-12 IL at end of year (see instructions)	

Page 3-

P	art II Information on Participating Plans (to (Complete as many entries as needed to report all	
a	Plan name	
b	Name of	C EIN-PN
	plan sponsor	
a	Plan name	
b	Name of	O FINDN
ŭ	plan sponsor	C EIN-PN
а	Plan name	
b	Name of	C EIN-PN
_	plan sponsor	
a	Plan name	
b	Name of	C EIN-PN
_	plan sponsor	
<u>a</u>	Plan name	
b	Name of	C EIN-PN
_	plan sponsor	
100		
a	Plan name	
b	Name of	C EIN-PN
N.O.	plan sponsor	
	Plan name	
b	Name of	C EIN-PN
_	plan sponsor	
a b	Plan name	La -way
U	Name of	C EIN-PN
	plan sponsor	
a	Plan name	
b	Name of	C EIN-PN
_	plan sponsor	CLINEIN
		[15] - [15] [4] [4] [4] - [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]
<u>a</u>	Plan name	
b	Name of	C EIN-PN
	plan sponsor	
a	Plan name	We have some power regard to a laborate and a second
b	Name of	C EIN-PN
	plan sponsor	
a	Plan name	
b	Name of	C EIN-PN
	plan sponsor	

#### SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021

**Financial Information** 

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

09/30/2022

A	Name of plan			hree-digit Ian number (PN)	•	001
NE	W ENGLAND TEAMSTERS PENSION FUND					
C	Plan sponsor's name as shown on line 2a of Form 5500		D E	mployer Identific	cation N	umber (EIN)
_	W ENGLAND TEAMSTERS PENSION FUND			**-***24	30	
Pa	art I Asset and Liability Statement					
1	Current value of plan assets and liabilities at the beginning and end of the plan year trust. Report the value of the plan's interest in a commingled fund containing the a value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that port plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to t</b> l complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also	ssets of n ion of an ne neares	nore than one insurance co s <b>t dollar.</b> MTI	e plan on a line-b ntract which gua As, CCTs, PSAs	y-line ba arantees , and 10	asis unless the s, during this 03-12 IEs do not
	Assets			ning of Year	(b) E	nd of Year
а	Total noninterest-bearing cash	1a	64,	708,504	62	,603,940
b				disceptibility to	ule:	
	(1) Employer contributions	1b(1)	1,671,	067,2901	,532	,066,769
	(2) Participant contributions	1b(2)				
	(2) Participant contributions (3) Other SEE STATEMENT 2	1b(3)	4,	964,837	2	,980,118
C	General investments:		1 (1 to 1			
	(1) Interest-bearing cash (incl. money market accounts & certificates of deposit)	1c(1)	11,	234,588	11	,261,082
	(2) U.S. Government securities	1c(2)	60,	118,373	41	,551,903
	(3) Corporate debt instruments (other than employer securities):		duning Sa			
	(A) Preferred	1c(3)(A)	18,	761,848	11	,566,669
	(B) All other	1c(3)(B)		968,855	18	,940,801
	(4) Corporate stocks (other than employer securities):		" Navy			
	(A) Preferred	1c(4)(A)		335,440		
	(B) Common	1c(4)(B)	400	412,433	103	,816,232
	(5) Partnership/joint venture interests	1c(5)	809,	671,624	804	,738,217
	(6) Real estate (other than employer real property)	1c(6)	143,	790,000	139	,690,000
	(7) Loans (other than to participants)	1c(7)				
	(8) Participant loans					

1c(9)

1c(10)

1c(11)

1c(12)

1c(13)

1c(14)

1c(15)

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

(15) Other SEE STATEMENT 3

(9) Value of interest in common/collective trusts

(10) Value of interest in pooled separate accounts

(11) Value of interest in master trust investment accounts

(12) Value of interest in 103-12 investment entities

(13) Value of interest in registered investment companies (e.g., mutual funds)

(14) Value of funds held in insurance co. general account (unallocated contracts) ...

Schedule H (Form 5500) 2021

1,681,564

793,512,448

2,173,163

v. 210624

1 d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e	157,561	255,651
f	Total assets (add all amounts in lines 1a through 1e)  Liabilities	1f	4,208,813,790	3,525,156,993
g	Benefit claims payable	1g		
h	Operating payables	1h	2,602,943	2,680,284
i	Acquisition indebtedness	1i	80,561,078	80,486,578
j	Other liabilities SEE STATEMENT 4	1j	8,871,582	4,301,484
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	92,035,603	87,468,346
	Net Assets			
1	Net assets (subtract line 1k from line 1f)	11	4,116,778,187	3,437,688,647

# Part II Income and Expense Statement

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.

	103-12 IES do not complete lines 2a, 2b(1)(E), 2e, 21, and 2g.			
	Income		(a) Amount	(b) Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	241,634,757	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)	8	
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		241,634,757
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market			
	accounts and certificates of deposit)	2b(1)(A)	54,749	
	(B) U.S. Government securities	2b(1)(B)	910,873	
	(C) Corporate debt instruments	2b(1)(C)	1,143,496	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	(0)	
	(F) Other	2b(1)(F)	59,967,746	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		62,076,864
	(2) Dividends: (A) Preferred stock	2b(2)(A)	2	
	(B) Common stock	2b(2)(B)	2,410,188	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	Fi.	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		2,410,188
	(3) Rents	2b(3)		456,759
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	134,678,237	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	182,019,507	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-47,341,270
	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-5,000,000	A STATE OF THE REAL PROPERTY.
	(B) Other	2b(5)(B)	-50,460,929	
	(C) Total unrealized appreciation of assets.	1-13-1	Step 19 Transpire to the state of the state	
	Add lines 2b(5)(A) and (B)	2b(5)(C)		-55,460,929

			(a) An	nount	(b) Total
	(6) Net investment gain (loss) from common/collective trusts		VI-SE		-172,251,074
	(7) Net investment gain (loss) from pooled separate accounts		2.44		
	(8) Net investment gain (loss) from master trust investment accounts				
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	ii ii we		
	(10) Net investment gain (loss) from registered investment companies			31	
	(e.g., mutual funds)	2b(10)			
C	***************************************	2c	10.71		92,209
d	Total income. Add all income amounts in column (b) and enter total	2d	-7-5-6		31,617,504
е	Benefit payment and payments to provide benefits:				
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	691.0	15,589	11 AV 2 11 G 25 AV
	(2) To insurance carriers for the provision of benefits				
	(3) Other				
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)			691,015,589
f	Corrective distributions (see instructions)				031,013,303
g	Certain deemed distributions of participant loans (see instructions)	2g			
h	Interest expense	2h			
i	Administrative expenses: (1) Professional fees		1.2	93,392	
	(2) Contract administrator fees			30,032	
	(3) Investment advisory and management fees	2i(3)	11.5	32,371	
	(4) Other SEE STATEMENT 6	2i(4)		65,692	
	(5) Total administrative expenses. Add lines 2i(1) through (4)		118 1000		19,691,455
i	Total expenses. Add all expense amounts in column (b) and enter total	2j			710,707,044
	Net Income and Reconciliation				
k	Net income (loss). Subtract line 2j from line 2d	2k			-679,089,540
1	Transfers of assets:				
	(1) To this plan	2l(1)		No. of the last	
	(2) From this plan	21(2)			
Pa	rt III Accountant's Opinion				
i)	Complete lines 3a through 3c if the opinion of an independent qualified public acc	countant is a	ttached to th	is Form 5500	l.
	Complete line 3d if an opinion is not attached.				
а	The attached opinion of an independent qualified public accountant for this plan	s (see instru	ctions):		
		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 pu	rsuant to nei	her.
	(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) 🗓 r	either DOL Re	gulation 2520.	103-8 nor DOL	Regulation 2520.103-12(d).
С	Enter the name and EIN of the accountant (or accounting firm) below:		, Kai		
	(1) Name: DARCANGELO & CO., LLP		(2) EI	N: **-**	**0103
d	The opinion of an independent qualified public accountant is not attached becau	se:			
		ed to the nex	ct Form 5500	pursuant to	29 CFR 2520.104-50.
Pai	rt IV Compliance Questions				
	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not cor	nplete lines 4	la, 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 4	H.	//		
	During the plan year:		Yes	No	Amount
а	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 y	ear failures			
	until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction P	rogram.)	4a	Х	
_					

e any loans by the plan or fixed income obligations due the plan in default as of the e of the plan year or classified during the year as uncollectible? Disregard icipant loans secured by participant's account balance. (Attach Schedule G (Form		17		
	1	1000	12000	
cinant loans secured by participant's account balance. (Attach Schodule C /Form	I PER SE		- 1	
cipant loans secured by participant's account balance. (Attach Schedule G (Form				
D) Part I if "Yes" is checked.)	4b		x	
e any leases to which the plan was a party in default or classified during the year as		12.8	TO TE	CONTRACTOR OF STREET
ollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		х	
e there any nonexempt transactions with any party-in-interest? (Do not include			EXIL DE	
sactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is	2000	0.00	2000	
ked.)	4d		х	
this plan covered by a fidelity bond?	4e	Х		10,000,00
he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that	0.50			
caused by fraud or dishonesty?	4f		х	
he plan hold any assets whose current value was neither readily determinable on	71		E-12.5	
stablished market nor set by an independent third party appraiser?	4-	NAME OF TAXABLE	х	
he plan receive any noncash contributions whose value was neither readily	4g			
rminable on an established market nor set by an independent third party	1981			
	AT A S	1000	х	
aiser? he plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is	4h			
	1	v	PATES.	
ked, and see instructions for format requirements.)	4i	Х		
e any plan transactions or series of transactions in excess of 5% of the current		(4)		
e of plan assets? (Attach schedule of transactions if "Yes" is checked, and see	Column 1	-,-5		
uctions for format requirements.)	4j		X	
		- ne		
	41		X	
	130			
	4m		X	
was answered "Yes," check the "Yes" box if you either provided the required notice or	11000			
	4n		X	
a resolution to terminate the plan been adopted during the plan year or any prior plan yea	ar?		Yes	X No
ring this plan year, any assets or liabilities were transferred from this plan to another plar	n(s), ider	ntify th	e plan(s	) to which assets or liabiliti
transferred. (See instructions.)				
Name of plan(s)	5b(2)	EIN(s	)	<b>5b(3)</b> PN(s)
ne plan a defined benefit plan covered under the PBGC insurance program at any time d	luring th	is plar	vear? (	See ERISA section 4021 a
ne plan a defined benefit plan covered under the PBGC insurance program at any time detions.)				See ERISA section 4021 a
	e all the plan assets either distributed to participants or beneficiaries, transferred nother plan, or brought under the control of the PBGC?  the plan failed to provide any benefit when due under the plan?  is is an individual account plan, was there a blackout period? (See instructions 29 CFR 2520.101-3.)  was answered "Yes," check the "Yes" box if you either provided the required notice or of the exceptions to providing the notice applied under 29 CFR 2520.101-3  a resolution to terminate the plan been adopted during the plan year or any prior plan year, "enter the amount of any plan assets that reverted to the employer this year ring this plan year, any assets or liabilities were transferred from this plan to another plan transferred. (See instructions.)	all the plan assets either distributed to participants or beneficiaries, transferred another plan, or brought under the control of the PBGC?  4k the plan failed to provide any benefit when due under the plan? 4l sis an individual account plan, was there a blackout period? (See instructions 29 CFR 2520.101-3.) 4m was answered "Yes," check the "Yes" box if you either provided the required notice or of the exceptions to providing the notice applied under 29 CFR 2520.101-3 4n a resolution to terminate the plan been adopted during the plan year or any prior plan year?  2s," enter the amount of any plan assets that reverted to the employer this year ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identransferred. (See instructions.)	all the plan assets either distributed to participants or beneficiaries, transferred another plan, or brought under the control of the PBGC?  the plan failed to provide any benefit when due under the plan?  s is an individual account plan, was there a blackout period? (See instructions 29 CFR 2520.101-3.)  was answered "Yes," check the "Yes" box if you either provided the required notice or of the exceptions to providing the notice applied under 29 CFR 2520.101-3  a resolution to terminate the plan been adopted during the plan year or any prior plan year?  es," enter the amount of any plan assets that reverted to the employer this year ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the transferred. (See instructions.)	all the plan assets either distributed to participants or beneficiaries, transferred to the plan, or brought under the control of the PBGC?  the plan failed to provide any benefit when due under the plan?  the plan failed to provide any benefit when due under the plan?  the plan failed to provide any benefit when due under the plan?  4II X  The plan failed to provide any benefit when due under the plan?  4II X  The plan failed to provide any benefit when due under the plan?  4II X  The plan failed to provide any benefit when due under the plan?  4II X  The plan failed to provide any benefit when due under the plan?  4II X  The plan failed to provide any benefit when due under the plan?  4II X  The plan failed to provide any benefit when due under the plan?  4II X  The plan failed to provide any benefit when due under the plan?  4II X  The plan failed to provide any benefit when due under the plan?  4II X  The plan failed to provide any benefit when due under the plan?  4II X  The plan failed to provide any benefit when due under the plan?  4II X  The plan failed to provide any benefit when due under the plan?  4II X  The plan failed to provide any benefit when due under the plan?  4II X  The plan failed to provide any benefit when due under the plan?  4II X  4II X  The plan failed to provide any benefit when due under the plan?  4II X  The plan failed to provide any benefit when due under the plan?  4II X  The plan failed to provide any benefit when due under the plan?  4II X  4II X  The plan failed to provide any benefit when due under the plan?  4II X  4II

# SCHEDULE MB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

# 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).

2021

OMB No. 1210-0110

This Form is Open to Public

Inspection Pension Benefit Guaranty Corporation File as an attachment to Form 5500 or 5500-SF. For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 09/30/2022 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, Three-digit NEW ENGLAND TEAMSTERS PENSION FUND plan number (PN) 001 C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN) NEW ENGLAND TEAMSTERS PENSION FUND 04-6372430 E Type of plan: (1) X Multiemployer Defined Benefit Money Purchase (see instructions) 1a Enter the valuation date 10 01 Year 2021 h Assets (1) Current value of assets..... 1b(1) 2,472,007,100 2,372,209,168 (2) Actuarial value of assets for funding standard account 1b(2) C (1) Accrued liability for plan using immediate gain methods ...... 1c(1) 10,182,971,805 (2) Information for plans using spread gain methods: 1c(2)(a) (a) Unfunded liability for methods with bases ...... (b) Accrued liability under entry age normal method 1c(2)(b) 1c(2)(c) (c) Normal cost under entry age normal method..... (3) Accrued liability under unit credit cost method 1c(3) 10,182,971,805 d Information on current liabilities of the plan: (1) Amount excluded from current liability attributable to pre-participation service (see instructions) ...... 1d(1) (2) "RPA '94" information: 20,490,871,298 (a) Current liability..... 1d(2)(a) (b) Expected increase in current liability due to benefits accruing during the plan year..... 1d(2)(b) 488,082,559 702,078,981 (c) Expected release from "RPA '94" current liability for the plan year..... 1d(2)(c) (3) Expected plan disbursements for the plan year...... 702,078,981 1d(3) Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN 4-70-2022 **HERE** BRYAN M. MCCORMICK Signature of actuary Date BRYAN M. MCCORMICK 2307345 Type or print name of actuary Most recent enrollment number CBIZ 215-587-0700 Firm name Telephone number (including area code) 1845 WALNUT STREET SUITE 1000 PHILADELPHIA 19103-4755 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

b "RPA '94" current liability/participant count breakdown: (1) For retired participants and beneficiaries receiving payment (2) For terminated vested participants (3) For active participants: (a) Non-vested benefits (b) Vested benefits (c) Total active (d) Total active (e) Total active (f) Total active (h) Amount paid by pemployer(s) and employees: (a) Date percentage (b) Amount paid by pemployer(s) and employees: (a) Date percentage (b) Amount paid by pemployer(s) and employees: (a) Date percentage (b) Amount paid by pemployer(s) and employees: (a) Date percentage (b) Amount paid by pemployer(s) and employees: (a) Date percentage (b) Amount paid by pemployer(s) and employees: (a) Date percentage (b) Amount paid by pemployer(s) and employees: (a) Date percentage (b) Amount paid by pemployer(s) and employees: (a) Date percentage (b) Amount paid by pemployer(s) and employees: (a) Date percentage (b) Amount paid by pemployer(s) and employees: (a) Date percentage (b) Amount paid by pemployer(s) and employees: (a) Date percentage (b) Amount paid by pemployer(s) pemployer(s	<ul><li>a Current value</li><li>b "RPA '94" cu</li><li>(1) For retire</li></ul>				Pag	je <b>2 -</b>	
a Current value of assets (see instructions)  b "RPA '94" current liability/participant count breakdown:  (1) For retried participants and beneficiaries receiving payment  (2) For terminated vested participants  (3) For active participants:  (a) Non-vested benefits  (b) Vested benefits  (c) Total active  (d) Total active  (e) Total active  (b) Amount paid by percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage  (a) Date (b) Amount paid by employers) and employees:  (a) Date (b) Amount paid by employees (fMM-DD-YYYY) employers)  (d) Total withdrawal liability amounts included in line 3(b) total  Information on plan status:  a Funded percentage for monitoring plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5  C Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?  4 If the rehabilitation plan projects emergence from critical and declining status, were any benefits reduced (see instructions)?  2	<ul><li>a Current value</li><li>b "RPA '94" cu</li><li>(1) For retire</li></ul>						
b "RPA '94" current liability/participant count breakdown: (1) For retired participants and beneficiaries receiving payment (2) For retired participants and beneficiaries receiving payment (3) For active participants: (a) Non-vested benefits (b) Vested benefits (c) Total active (d) Total active  21, 608 7, 721, 739, (4) Total  C If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage (a) Date (b) Amount paid by employers (a) Date (b) Amount paid by employers (a) Date (b) Amount paid by employers (MM-DD-YYYY) (b) Amount paid by employers (A) Total 222 247, 710, 149 (C) Total withdrawal liability amounts included in line 3(b) total  Totals 3(b) 377, 961, 010 3(c) (d) Total withdrawal liability amounts included in line 3(b) total  4 Information on plan status:  a Funded percentage for monitoring plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 C Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?  4 If the rehabilitation plan projects emergence from critical status or critical and declining status, were any benefits reduced (see instructions)?  4 If the rehabilitation plan projects emergence from critical status or critical and declining status, enter	<b>b</b> "RPA '94" cu (1) For retire	ft- ( in-tti	this plan year:				
(1) For retired participants and beneficiaries receiving payment (2) For terminated vested participants (3) For active participants: (a) Non-vested benefits (b) Vested benefits (c) Total active (d) Total (d) Total (e) Date (mM-DD-YYYY) (f) Amount paid by employers (g) Amount	(1) For retire	e or assets (see instructions	3)			2a	2,472,007,100
(2) For terminated vested participants: (3) For active participants: (a) Non-vested benefits (b) Vested benefits (c) Total active (d) Total active  21,608 7,721,739,871 (e) Total active 21,608 7,721,739,871 (f) Total  2c 12.06  3 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY) (MM-DD-YYYYY) (MM-D-YYYYY) (MM-D-Y		ırrent liability/participant co	unt breakdown:		(1) Number of pa	articipants	(2) Current liability
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(d) Total withdrawal liability amounts included in line 3(b) total  4 Information on plan status:  a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))  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  c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?  d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?  e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date  f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter	IO OI LOBE	23/101/322					
(d) Total withdrawal liability amounts included in line 3(b) total  4 Information on plan status:  a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))  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  c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?  d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?  e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date  f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter							
(d) Total withdrawal liability amounts included in line 3(b) total  4 Information on plan status:  a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))  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  c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?  d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?  e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date  f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter							
(d) Total withdrawal liability amounts included in line 3(b) total  4 Information on plan status:  a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))  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  c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?  d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?  e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date  f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter	2			Tatalan	2/5) 35	7 961 010	2(-)
Information on plan status:  a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))  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  C Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?  d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?  e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date  f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter	(d) Total withdray	val liability amounts include	d in line 2/h) total	Totals	3(0)	7,501,010	
Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))  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  Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?  If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?  Figure 1  Yes 1  If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date  If the rehabilitation plan projects emergence from critical status or critical and declining status, enter			d in line o(b) total				[3(0)] 107,003,072
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  C Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?  If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?  Pe If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date  If the rehabilitation plan projects emergence from critical status or critical and declining status, enter			s status (line 1h/2) divide	d by line 1e/2\\		4-	23.30
plan's status). If entered code is "N," go to line 5  C Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?  If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?  Yes  If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date  If the rehabilitation plan projects emergence from critical status or critical and declining status, enter	u i unucu perci	citage for monitoring plant	s status (iii le TD(Z) divide			4d	23.30
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?  If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?  If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date  If the rehabilitation plan projects emergence from critical status or critical and declining status, enter				ant of aumnortin			
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?  e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date  f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter	<b>b</b> Enter code to	indicate plan's status (see	instructions for attachm		g evidence of	41	Г
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date  f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter	<b>b</b> Enter code to plan's status)	o indicate plan's status (see ). If entered code is "N," go	instructions for attachm to line 5		g evidence of		
instructions), measured as of the valuation date  f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter	b Enter code to plan's status) c Is the plan ma	o indicate plan's status (see ). If entered code is "N," go aking the scheduled progre	instructions for attachm to line 5 ss under any applicable	funding improve	g evidence of ement or rehabilitat	ion plan?	X Yes No
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	b Enter code to plan's status) c Is the plan is i d If the plan is i e If line d is "Ye instructions), f If the rehabilit the plan year If the rehabilit	o indicate plan's status (see b). If entered code is "N," go aking the scheduled progre in critical status or critical at es," enter the reduction in lia measured as of the valuation tation plan projects emerge in which it is projected to e tation plan is based on fore	instructions for attachm to line 5 ss under any applicable and declining status, were ability resulting from the on date nce from critical status of merge. stalling possible insolven	funding improve any benefits re reduction in ber or critical and de cy, enter the pla	g evidence of ement or rehabilitat duced (see instruc- efits (see clining status, ente	ion plan? tions)?	X Yes No Yes X No
5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):	b Enter code to plan's status) c Is the plan mad If the plan is i e If line d is "Ye instructions), f If the rehabilit the plan year If the rehabilit insolvency is	o indicate plan's status (see b). If entered code is "N," go aking the scheduled progre in critical status or critical a es," enter the reduction in li- measured as of the valuati- tation plan projects emerge in which it is projected to e tation plan is based on fore expected and check here	instructions for attachm to line 5 ss under any applicable nd declining status, were ability resulting from the on date nce from critical status of merge. stalling possible insolven	funding improve any benefits re reduction in ber or critical and de cy, enter the pla	g evidence of ement or rehabilitat duced (see instruc- lefits (see clining status, ente	tions)? 4e	X Yes No Yes X No
	b Enter code to plan's status) c Is the plan mad If the plan is i e If line d is "Ye instructions), f If the rehabilit the plan year If the rehabilit insolvency is  Actuarial cost me	o indicate plan's status (see o). If entered code is "N," go aking the scheduled progre in critical status or critical a es," enter the reduction in li- measured as of the valuation tation plan projects emerge in which it is projected to e tation plan is based on fore expected and check here ethod used as the basis for	instructions for attachment to line 5 ses under any applicable and declining status, were ability resulting from the condate and from critical status of merge.  stalling possible insolventhis plan year's funding	funding improve any benefits re reduction in ber or critical and de cy, enter the pla standard accou	g evidence of ement or rehabilitat duced (see instruc- lefits (see clining status, ente an year in which	ion plan? tions)? 4e r 4f	Yes No Yes X No 2030 apply):
	b Enter code to plan's status) c Is the plan mad If the plan is i e If line d is "Ye instructions), f If the rehabilit the plan year If the rehabilit insolvency is  Actuarial cost mad Attained a	o indicate plan's status (see plan's status). If entered code is "N," go aking the scheduled progre in critical status or critical at es," enter the reduction in list measured as of the valuation plan projects emerge in which it is projected to estation plan is based on fore expected and check here ethod used as the basis for ge normal	instructions for attachm to line 5 ss under any applicable and declining status, were ability resulting from the on date noe from critical status of merge. stalling possible insolven this plan year's funding Entry age normal	funding improve any benefits re reduction in ber or critical and decy, enter the place standard accounts.	g evidence of ement or rehabilitate duced (see instruction in the computations (computations (comput	ion plan? tions)? 4e r 4f theck all that (unit credit)	X Yes No Yes X No apply):
i	b Enter code to plan's status) c Is the plan made if the plan is in the plan is intructions), f If the rehability the plan year If the rehability insolvency is c Actuarial cost made Attained and Frozen init	o indicate plan's status (see p. If entered code is "N," go aking the scheduled progre in critical status or critical ares," enter the reduction in limeasured as of the valuation plan projects emerge in which it is projected to estation plan is based on fore expected and check here ethod used as the basis for ge normal b liability	instructions for attachment to line 5 ses under any applicable and declining status, were ability resulting from the condate and from critical status of merge.  stalling possible insolventhis plan year's funding	funding improve any benefits re reduction in ber or critical and decy, enter the place standard accounts.	g evidence of ement or rehabilitat duced (see instruc- lefits (see clining status, ente an year in which	ion plan? tions)? 4e r 4f theck all that (unit credit)	Yes No Yes X No 2030 apply):
:	b Enter code to plan's status) c Is the plan made if the plan is in the plan is intructions), f If the rehability the plan year If the rehability insolvency is c Actuarial cost made Attained and Frozen init	o indicate plan's status (see p. If entered code is "N," go aking the scheduled progre in critical status or critical ares," enter the reduction in limeasured as of the valuation plan projects emerge in which it is projected to estation plan is based on fore expected and check here ethod used as the basis for ge normal b liability	instructions for attachm to line 5 ss under any applicable and declining status, were ability resulting from the on date noe from critical status of merge. stalling possible insolven this plan year's funding Entry age normal	funding improve any benefits re reduction in ber or critical and decy, enter the place standard accounts.	g evidence of ement or rehabilitate duced (see instruction in the computations (computations (comput	ion plan? tions)? 4e r 4f theck all that (unit credit)	X Yes No Yes X No apply):
j If box h is checked, enter period of use of shortfall method	b Enter code to plan's status) c Is the plan mad If the plan is i e If line d is "Ye instructions), f If the rehabilit the plan year If the rehabilit insolvency is  Actuarial cost made Trozen init i Other (spe	o indicate plan's status (see p. If entered code is "N," go aking the scheduled progre in critical status or critical ares," enter the reduction in limeasured as of the valuation plan projects emerge in which it is projected to extation plan is based on fore expected and check here ethod used as the basis for ge normal in the project in the plant is based on fore expected and check here ethod used as the basis for ge normal in the plant is based on fore general in the plant is based on fore expected and check here ethod used as the basis for ge normal in the plant is based on fore the plant is based on fore expected and check here ethod used as the basis for general in the plant is based on fore the plant is based on fore expected and check here ethod used as the basis for general in the plant is based on fore expected and check here.	instructions for attachm to line 5 ss under any applicable and declining status, were ability resulting from the on date nce from critical status of merge. stalling possible insolven this plan year's funding Entry age normal Individual level premium	funding improve any benefits rereduction in ber reduction in ber recritical and decy, enter the plants and account c g	g evidence of ement or rehabilitat duced (see instruc- efits (see clining status, ente an year in which nt computations (computations) Accrued benefit Individual aggre	ion plan? tions)? 4e r 4f theck all that (unit credit) gate	X Yes No Yes X No apply):
	b Enter code to plan's status) c Is the plan is i d If the plan is i e If line d is "Ye instructions), f If the rehabilit the plan year If the rehabilit insolvency is  Actuarial cost ma Attained at Frozen init i Other (spe	o indicate plan's status (see c). If entered code is "N," go aking the scheduled progre in critical status or critical at es," enter the reduction in lia measured as of the valuation tation plan projects emerge in which it is projected to e tation plan is based on fore expected and check here ethod used as the basis for ge normal ial liability f	instructions for attachm to line 5 ss under any applicable and declining status, were ability resulting from the on date nce from critical status of merge. stalling possible insolven this plan year's funding Entry age normal Individual level premium	funding improve any benefits rereduction in ber or critical and decry, enter the plants account of the control	g evidence of ement or rehabilitat duced (see instruc- efits (see clining status, ente an year in which nt computations (computations) Accrued benefit Individual aggre	ion plan? tions)? 4e 4f check all that (unit credit) gate	2030 apply):  d Aggregate h Shortfall
K Has a change been made in funding method for this plan year?	b Enter code to plan's status) c Is the plan mad If the plan is i e If line d is "Ye instructions), f If the rehabilit the plan year If the rehabilit insolvency is  5 Actuarial cost made Frozen init Other (spe	o indicate plan's status (see a). If entered code is "N," go aking the scheduled progre in critical status or critical at es," enter the reduction in lia measured as of the valuation tation plan projects emerge in which it is projected to e tation plan is based on fore expected and check here ethod used as the basis for ge normal ial liability f  ecked, enter period of use of the been made in funding met	instructions for attachm to line 5 ss under any applicable and declining status, were ability resulting from the on date nce from critical status of merge. stalling possible insolven this plan year's funding Entry age normal Individual level premium of shortfall method shod for this plan year?	funding improve any benefits rereduction in ber or critical and decy, enter the plastandard accounts and a g	g evidence of ement or rehabilitat duced (see instruc- efits (see clining status, ente an year in which nt computations (computations) Accrued benefit Individual aggre	ion plan? tions)? 4e 4f theck all that (unit credit) gate	2030 apply): d Aggregate h Yes X No
<ul> <li>k Has a change been made in funding method for this plan year?</li> <li>If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?</li> </ul>	b Enter code to plan's status) c Is the plan made of the plan is included in the plan is in the plan year. If the rehability insolvency is solvency is the plan year of the rehability insolvency is solvency is in the plan year. If the rehability insolvency is solvency is solvency is other (specification) in the plan year. If the rehability insolvency is solvency in the plan year. If the plan is solvency is solvency is solvency is solvency in the plan is insolvency is solvency in the plan is insolvency is solvency is solvency.	o indicate plan's status (see plan's status). If entered code is "N," go aking the scheduled progre in critical status or critical at es," enter the reduction in limeasured as of the valuation plan projects emerge in which it is projected to estation plan is based on fore expected and check here ethod used as the basis for ge normal blaid liability flation; ecked, enter period of use of the been made in funding met s," was the change made p	instructions for attachment of line 5 ss under any applicable and declining status, were ability resulting from the on date accepted in the status of the st	funding improve any benefits rereduction in ber or critical and decy, enter the planta standard accounts and g	g evidence of ement or rehabilitat duced (see instruc- efits (see clining status, ente an year in which nt computations (c Accrued benefit Individual aggre or other automatic	ion plan? tions)? 4e 4f theck all that (unit credit) gate 5j approval?	2030 apply): d Aggregate h Yes X No
K Has a change been made in funding method for this plan year?	b Enter code to plan's status) c Is the plan mad If the plan is i e If line d is "Ye instructions), f If the rehabilit the plan year If the rehabilit insolvency is  5 Actuarial cost made Frozen init Other (spe	o indicate plan's status (see b). If entered code is "N," go aking the scheduled progre in critical status or critical at es," enter the reduction in limeasured as of the valuation plan projects emerge in which it is projected to estation plan is based on fore expected and check here ethod used as the basis for ge normal b gial liability f gifty):  ecked, enter period of use of the been made in funding met s," was the change made pos," and line I is "No," enter its in the status of the change made pos," and line I is "No," enter its in the status of the st	instructions for attachm to line 5 ss under any applicable and declining status, were ability resulting from the on date nce from critical status of merge. stalling possible insolven this plan year's funding Entry age normal Individual level premium of shortfall method shod for this plan year? oursuant to Revenue Pro- the date (MM-DD-YYYY)	funding improve any benefits rereduction in ber or critical and decy, enter the plastandard account of g	g evidence of ement or rehabilitat duced (see instruc- efits (see clining status, ente an year in which nt computations (c Accrued benefit Individual aggre or other automatic er (individual or cla	ion plan? tions)? 4e 4f theck all that (unit credit) gate 5j approval? ss)	2030 apply): d Aggregate h Yes X No

<b>6</b> C	checklist of certain actuarial assumptions:							
а	Interest rate for "RPA '94" current liability						6а	2.28 %
				Pre-retirem			Post-retirem	
b	Rates specified in insurance or annuity cont	racts		Yes X N	0 1	I/A	Yes X No	N/A
C	Mortality table code for valuation purposes:							
	(1) Males	6c(1	)	A			A	
	(2) Females	6c(2	)	AF			AF	
d	Valuation liability interest rate	6d			7.5	0 %		7.50 %
е	Expense loading	6e		5.3 %		N/A	%	X N/A
f	Salary scale	6f		%	Х	N/A		
g	Estimated investment return on actuarial val	ue of assets for year ending o	n the	valuation date		6g		7.6 %
h	Estimated investment return on current value	e of assets for year ending on	the v	aluation date		6h		21.2 %
<b>-</b>								
/ Ne	ew amortization bases established in the curre					(O) A		***
	(1) Type of base	(2) Initial balar		0.604		( <b>3)</b> Amor	tization Charge/Cre	
	4			2,604			116,72	
	1	-42	, 18	8,014			-4,44	5,920
0								
	scellaneous information:							
	If a waiver of a funding deficiency has been a							
	date (MM-DD-YYYY) of the ruling letter granting					8a		
D	(1) Is the plan required to provide a projection						₩	<b>F</b>
<b>L</b>	attach a schedule							∐ No
D	(2) Is the plan required to provide a Schedu	·		•				П.,
_							Yes	∐ No
	Are any of the plan's amortization bases oper						П.,	₩
	prior to 2008) or section 431(d) of the Code?					···········	Yes	X No
	If line c is "Yes," provide the following addition					I	T.	
	(1) Was an extension granted automatic app				_		Yes	No
	(2) If line 8d(1) is "Yes," enter the number of					8d(2)		
	(3) Was an extension approved by the Intern						Πyes	П
	prior to 2008) or 431(d)(2) of the Code? (4) If line 8d(3) is "Yes," enter number of year					······	Yes	No
						0.84		
	including the number of years in line (2)) (5) If line 8d(3) is "Yes," enter the date of the	ruling lotter approving the evi	toppie			8d(4)		
	(6) If line 8d(3) is "Yes," is the amortization ba					8d(5)		
	applicable under section 6621(b) of the C		_				Yes	Пио
e	If box 5h is checked or line 8c is "Yes," enter				·····	T	теѕ	1 I NO
	contribution for the year and the minimum tha			· ·		- 1		
	shortfall method or extending the amortization					8e		
	nding standard account statement for this pla			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11111	-		
	arges to funding standard account:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Prior year funding deficiency, if any				Г	9a	4,870,0	49.834
b	Employer's normal cost for plan year as of val	uation date	*******	***************************************	v	9b	162,648	
	Amortization charges as of valuation date:	553444444444		Outstanding				
	(1) All bases except funding waivers and cert	tain bases for which the						
	amortization period has been extended		:(1)	3,064,4	140.	914	466,655	.697
	(2) Funding waivers		(2)	, ,				' - <del>-</del> -
	(3) Certain bases for which the amortization is		1-1					
,	extended		:(3)					
d i	Interest as applicable on lines 9a, 9b, and 9c					9d	412,451	,524
e	Total charges. Add lines 9a through 9d			******************************		9e	5,911,805	

9o(2)(a)

9o(2)(b)

90(3)

10

5,501,045,793

No

X Yes

(a) Reconciliation outstanding balance as of valuation date

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

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

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)

(3) Total as of valuation date

### SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration 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).

2021

OMB No. 1210-0110

File as an attachment to Form 5500.

**Retirement Plan Information** 

This Form is Open to Public Inspection.

_	Pension Benefit Guaranty Corporation			1 done	mapeci	1011.
For	r calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending		09,	/30/2022	2	
	Name of plan WEW ENGLAND TEAMSTERS PENSION FUND	В	Three-di			 001
TAT	W ENGLAND TEAMSTERS FENSION FUND	C 11	pian nur	mber (PN) ▶	200	001
C	Plan sponsor's name as shown on line 2a of Form 5500	D	Employe	er Identification	n Numb	er (EIN)
NE	W ENGLAND TEAMSTERS PENSION FUND		**_*	***2430		, ,
P	art 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			0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries dur	ing th	ne year (i	if more than tv	vo, ente	r EINs
	of the two payors who paid the greatest dollar amounts of benefits):	•				
	EIN(s):					
	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during					
	the plan year		3			0
P	art II Funding Information (If the plan is not subject to the minimum funding requirements of	of sec	tion 412	of the Interna	l Reven	ue
	Code or ERISA section 302, skip this Part.)					
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?			Yes >	No	N/A
	If the plan is a defined benefit plan, go to line 8.			8 <del></del>	-	<del>2000</del> /1
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.	e:	Month	Day	Yea	r
	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the ren	naind	ler of thi			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated					
	funding deficiency not waived)		6a			
	b Enter the amount contributed by the employer to the plan for this plan year		6b			
	C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to					
	the left of a negative amount)		6c			
	If you completed line 6c, skip lines 8 and 9.					
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?			Yes	No	□ N/A
_						
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or o	other				
	authority providing automatic approval for the change or a class ruling letter, does the plan sponsor o	r				
	plan administrator agree with the change?			Yes	No	X N/A
Pa	art 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	ase	Пре	ecrease	Both	X No
Pa	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) or		Internal	Revenue Coo	łe.	
	skip this Part.					
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repa	av an	v exemp	t loan?	Yes	No
11	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 "b	ack-t	o-back"			
	(See instructions for definition of "back-to-back" loan.)				Yes	No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?			1-1-	Yes	No

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

Schedule R (Form 5500) 2021

v. 210624

		Schedule R (Form 5500) 2021					
		raye =					
Pa							
13	Er (m	nter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year neasured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.					
	а	Name of contributing employer UNITED PARCEL SERVICES					
		EIN **-***7381 C Dollar amount contributed by employer 187,134,477.					
	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 07 Day 31 Year 2023					
	е	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) 6 • 20					
		(2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
11	.8	Mence and modern (modify the many points) produced to the production (appearing).					
	а	Name of contributing employer					
		EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box					
-	_	and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	_	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):					
_	-	Name of contributing employer					
_	_	EIN C Dollar amount contributed by employer					
	u	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	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):					
55	2	Name of contribution appellators					
		Name of contributing employer  EIN C Dollar amount contributed by employer					
		Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box					
		and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е	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)					
U^s	8 1	(2) Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name of contributing employer					
		EIN C Dollar amount contributed by employer					
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box					
·—		and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
		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):					
āj l							
		Name of contributing employer					
_		EIN C Dollar amount contributed by employer					
		Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box					
		and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	G	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):

Schedule	R.	(Form	5500	2021
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14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the		
	plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: Issue contributing employer alternative reasonable approximation (see instructions for required attachment)	14a	22,832
	<b>b</b> The plan year immediately preceding the current plan year.  Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	23,090
	C The second preceding plan year  Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).	14c	24,042
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:	17.	
	a The corresponding number for the plan year immediately preceding the current plan year	15a	98.88
	<b>b</b> The corresponding number for the second preceding plan year	15b	96.04
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		- 1. The Late of t
	a Enter the number of employers who withdrew during the preceding plan year	16a	6
	<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	16b	26,486,441
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year	ar.	
	check box and see instructions regarding supplemental information to be included as an attachment.		П
Pa	art VI Additional Information for Single-Employer and Multiemployer Defined Bene	efit Pens	ion Plans
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in wh	nole or	
	in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately		
	such plan year, check box and see instructions regarding supplemental information to be included as an attac		П
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:5 • 4 % Investment-Grade Debt:3 • 7 % High-Yield Debt: • 0 % Real Estate	7.3	% Other: 83.6 %
	<b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:		_
		8-21 years	21 years or more
	C What duration measure was used to calculate line 19(b)?		_
	☑ Effective duration		
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 th	an 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)? Ch	eck the app	licable box:
	Yes.		
	No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the	unpaid mir	nimum 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	o make a c	ontribution equal to or
	exceeding the unpaid minimum required contribution by the 30th day after the due date.		
	No. Other. Provide explanation		

SCHEDULE C OTHER SERVIC	E PROVIDER	SERVICE CODES	STATEMENT 1
NAME	SERVICE	CODES	
STATE STREET GLOBAL ADVISORS	28		
STATE STREET GLOBAL ADVISORS	51		
STATE STREET GLOBAL ADVISORS	18		
STATE STREET GLOBAL ADVISORS	19		
CODES TO SCHEDULE C, LINE 2(B)			
SCHEDULE H OT	HER RECEIVA	BLES	STATEMENT 2
DESCRIPTION		BEGINNING	ENDING
ACCRUED INCOME RECEIVABLE		930,669.	940,954.
RECEIVABLE FOR SECURITY SOLD		1,516,097.	1,901,877.
FOREIGN EXCHANGE RECEIVABLE		2,518,071.	137,287.
TOTAL TO SCHEDULE H, LINE 1B(3)		4,964,837.	2,980,118.
SCHEDULE H OTHER	GENERAL INV	ESTMENTS	STATEMENT 3
DESCRIPTION		BEGINNING	ENDING
RESTON HEIGHTS CURRENT ASSETS		1,681,564.	2,173,163.
TOTAL TO SCHEDULE H, LINE 1C(15)		1,681,564.	2,173,163.
SCHEDULE H OTHER	PLAN LIABI	LITIES	STATEMENT 4
DESCRIPTION		BEGINNING	ENDING
PAYABLE FOR SECURITY PURCHASED		6,353,233.	4,163,816.
FOREIGN EXCHANGE PAYABLE		2,518,349.	137,668.
TOTAL TO SCHEDULE H, LINE 1J		8,871,582.	4,301,484.

OTHER IN	ICOME	STATEMENT	5
		AMOUNT	
		92,20	09.
E 2C		92,20	09.
OTHER ADMINISTRA	TIVE EXPENSES	STATEMENT	6
		AMOUNT	
		6,865,69	92.
21(4)		6,865,69	92.
	E 2C OTHER ADMINISTRA	OTHER ADMINISTRATIVE EXPENSES	AMOUNT  92,20  92,20  OTHER ADMINISTRATIVE EXPENSES  STATEMENT  AMOUNT  6,865,69