

# **SUMMARY ANNUAL REPORT**

## **FOR**

### **TEAMSTERS LOCAL 639 - EMPLOYERS HEALTH TRUST FUND**

THIS IS A SUMMARY OF THE ANNUAL REPORT FOR THE TEAMSTERS LOCAL 639 - EMPLOYERS HEALTH TRUST FUND, (EMPLOYER IDENTIFICATION NO. 53-0209136, PLAN NO. 501) FOR THE PERIOD JANUARY 1, 2020 TO DECEMBER 31, 2020. THE ANNUAL REPORT HAS BEEN FILED WITH THE EMPLOYEE BENEFITS SECURITY ADMINISTRATION, AS REQUIRED UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA).

THE VALUE OF PLAN ASSETS, AFTER SUBTRACTING LIABILITIES OF THE PLAN, WAS \$250,621,119 AS OF DECEMBER 31, 2020 COMPARE TO \$218,482,815 AS OF JANUARY 1, 2020. DURING THE PLAN YEAR THE PLAN EXPERIENCED AN INCREASE IN ITS ASSETS OF \$32,138,304. THIS INCREASE INCLUDES UNREALIZED APPRECIATION OR DEPRECIATION IN THE VALUE OF PLAN ASSETS; THAT IS, THE DIFFERENCE BETWEEN THE VALUE OF THE PLAN'S ASSETS AT THE END OF THE YEAR AND THE VALUE OF THE ASSETS AT THE BEGINNING OF THE YEAR, OR THE COST OF ASSETS ACQUIRED DURING THE YEAR. DURING THE PLAN YEAR, THE PLAN HAD TOTAL INCOME OF \$72,266,114. THIS INCOME INCLUDED EMPLOYER CONTRIBUTIONS OF \$56,560,847, EMPLOYEE CONTRIBUTIONS OF \$250,031, REALIZED GAINS OF \$13,082,470 FROM THE SALE OF ASSETS AND EARNINGS FROM INVESTMENTS OF \$2,309,011. PLAN EXPENSES WERE \$40,127,810. THESE EXPENSES INCLUDED \$3,912,315 IN ADMINISTRATIVE EXPENSES AND \$36,215,495 IN BENEFITS PAID TO PARTICIPANTS AND BENEFICIARIES.

### **YOUR RIGHTS TO ADDITIONAL INFORMATION**

YOU HAVE THE RIGHT TO RECEIVE A COPY OF THE FULL ANNUAL REPORT, OR ANY PART THEREOF, ON REQUEST. THE ITEMS LISTED BELOW ARE INCLUDED IN THAT REPORT:

1. AN ACCOUNTANT'S REPORT;
2. ASSETS HELD FOR INVESTMENT;
3. TRANSACTIONS IN EXCESS OF 5 PERCENT OF THE PLAN ASSETS; AND
4. INSURANCE INFORMATION INCLUDING SALES COMMISSIONS PAID BY INSURANCE CARRIERS.
5. INFORMATION REGARDING ANY COMMON OR COLLECTIVE TRUST, POOLED SEPARATE ACCOUNTS,  
MASTER TRUSTS OR 103-12 INVESTMENT ENTITIES IN WHICH THE PLAN PARTICIPATES

TO OBTAIN A COPY OF THE FULL ANNUAL REPORT, OR ANY PART THEREOF, WRITE OR CALL THE OFFICE OF

### **THE PLAN SPONSOR**

JOINT BOARD OF TRUSTEES OF LOCAL 639  
EMPLOYERS HEALTH TRUST FUND  
EMPLOYER  
3130 AMES PLACE NE  
WASHINGTON, DC 20018  
53-0209136 (EMPLOYER IDENTIFICATION NUMBER)  
2026368181

YOU ALSO HAVE THE RIGHT TO RECEIVE FROM THE PLAN ADMINISTRATOR, ON REQUEST AND AT NO CHARGE, A STATEMENT OF THE ASSETS AND LIABILITIES OF THE PLAN AND ACCOMPANYING NOTES, OR A STATEMENT OF INCOME AND EXPENSES OF THE PLAN AND ACCOMPANYING NOTES, OR BOTH. IF YOU REQUEST A COPY OF THE FULL ANNUAL REPORT FROM THE PLAN ADMINISTRATOR, THESE TWO STATEMENTS AND ACCOMPANYING NOTES

WILL BE INCLUDED AS PART OF THAT REPORT. THESE PORTIONS OF THE REPORT ARE FURNISHED WITHOUT CHARGE.

YOU ALSO HAVE THE LEGALLY PROTECTED RIGHT TO EXAMINE THE ANNUAL REPORT AT THE MAIN OFFICE OF THE PLAN:

JOINT BOARD OF TRUSTEES OF LOCAL 639  
EMPLOYERS HEALTH TRUST FUND  
3130 AMES PLACE NE  
WASHINGTON, DC 20018

AND AT THE U.S. DEPARTMENT OF LABOR IN WASHINGTON, D.C., OR TO OBTAIN A COPY FROM THE U.S. DEPARTMENT OF LABOR UPON PAYMENT OF COPYING COSTS. REQUESTS TO THE DEPARTMENT SHOULD BE ADDRESSED TO: U.S. DEPARTMENT OF LABOR, EMPLOYEE BENEFITS SECURITY ADMINISTRATION, PUBLIC DISCLOSURE ROOM, 200 CONSTITUTION AVENUE, NW, SUITE N-1513, WASHINGTON, D.C. 20210.