

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND</u> <u>1171 COMMERCE DRIVE, UNIT 1</u> <u>WEST CHICAGO, IL 60185</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/15/1955</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>36-6155778</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>630-293-0390</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>484120</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/15/1955</u>		2b Employer Identification Number (EIN) <u>36-6155778</u>		2c Plan Sponsor's telephone number <u>630-293-0390</u>		2d Business code (see instructions) <u>484120</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>12/15/1955</u>											
2b Employer Identification Number (EIN) <u>36-6155778</u>											
2c Plan Sponsor's telephone number <u>630-293-0390</u>											
2d Business code (see instructions) <u>484120</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2022	MARK KENNEDY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2022	DOMINIC ROMANAZZI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	9913
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	3106
a(2) Total number of active participants at the end of the plan year		6a(2)	3129
b Retired or separated participants receiving benefits.....		6b	3504
c Other retired or separated participants entitled to future benefits		6c	2632
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	9265
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	664
f Total. Add lines 6d and 6e		6f	9929
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	355
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND	D Employer Identification Number (EIN) 36-6155778

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier THE PRUDENTIAL INSURANCE COMPANY OF AMERICA
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	623,8096,990623	9929	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	77426424
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	326804229

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶ N

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

78933615

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

4515490

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

(6) Total additions

7c(6)

4515490

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

83449105

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

5718486

(2) Administration charge made by carrier.....

7e(2)

304195

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

(5) Total deductions

7e(5)

6022681

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

77426424

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

A Name of plan SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND	D Employer Identification Number (EIN) 36-6155778

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

1a Enter the valuation date: Month 01 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	797465289
(2) Actuarial value of assets for funding standard account	1b(2)	759732390
c (1) Accrued liability for plan using immediate gain methods	1c(1)	863389614
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	863389614
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	1613297926
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	40521519
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	60370634
(3) Expected plan disbursements for the plan year.....	1d(3)	62884483

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	10/03/2022
Signature of actuary	Date
MICHAEL J. NOBLE	20-06711
Type or print name of actuary	Most recent enrollment number
CHEIRON, INC.	312-629-8401
Firm name	Telephone number (including area code)
200 W. MONROE ST., SUITE 1800, CHICAGO, IL 60606	
Address of the firm	

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

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Schedule MB (Form 5500) 2021
v. 201209

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	797465289
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	4289	765983607
(2) For terminated vested participants	2720	340864381
(3) For active participants:		
(a) Non-vested benefits.....		30148658
(b) Vested benefits.....		476301280
(c) Total active	3106	506449938
(4) Total	10115	1613297926
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	49.43 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2021	52160		06/15/2021	4392958	
02/15/2021	2460837		07/15/2021	3727421	
03/15/2021	1950143		08/15/2021	4813824	
04/15/2021	2303950		09/15/2021	3881942	
05/15/2021	3019332		10/15/2021	4032071	
Totals ▶			3(b)	43103371	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 699049

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	88.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

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

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

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(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		
(4) Total		
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/15/2021	4854869				
12/15/2021	4208159				
01/15/2022	3405705				
			Totals ▶	3(b)	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

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

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

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?.....		☐ Yes ☐ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method.....	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.43 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	7.25 %	7.25 %	
e Expense loading	6e	10.4 % ☐ N/A	%	☒ N/A
f Salary scale	6f	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	9.4 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.4 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
3	6002716	624253
1	-17921313	-1863727

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	16954969
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	254790892 33666151
(2) Funding waivers	9c(2)	0 0
(3) Certain bases for which the amortization period has been extended	9c(3)	0 0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	3670031
e Total charges. Add lines 9a through 9d.....	9e	54291151

Credits to funding standard account:

f	Prior year credit balance, if any.....	9f	40020436
g	Employer contributions. Total from column (b) of line 3.....	9g	43103371
		Outstanding balance	
h	Amortization credits as of valuation date.....	9h	111113232
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	5461167
j	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL).....	9j(1)	172278495
(2)	"RPA '94" override (90% current liability FFL)	9j(2)	719263830
(3)	FFL credit	9j(3)	0
k	(1) Waived funding deficiency	9k(1)	0
	(2) Other credits	9k(2)	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	107977331
m	Credit balance: If line 9l is greater than line 9e, enter the difference	9m	53686180
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
9o	Current year's accumulated reconciliation account:		
(1)	Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	0
(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3)	Total as of valuation date	9o(3)	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND	D Employer Identification Number (EIN) 36-6155778	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

PGIM QUANTITATIVE SOLUTIONS LLC

33-1077887

(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 72	NONE	1943586	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

PRUDENTIAL INSURANCE CO.

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 25 28 51 72	NONE	365158	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

JOSE COLIN

36-6155778

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 30	EMPLOYEE	135354	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHEIRON, INC.

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	111410	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHERIE FRANKLIN

36-6155778

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	84827	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	82930	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ASHER, GITTLER & D'ALBA

36-2786883

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	81307	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CJBS, LLC

36-3524803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	78995	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	70000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LISA SOWINSKI

36-6155778

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68141	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JANET HUNTER

36-6155778

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	51810	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INNOVATIVE SOFTWARE SOLUTIONS, INC.

23-2182079

(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?
15 16 49	NONE	39807	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THOMAS ROCCO

36-6155778

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	38900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARNOLD & KADJAN LLP

36-2498571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	38361	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENNIFER BRANDT

36-6155778

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29659	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TCMS

32-0112720

(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	12153	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED GRAPHICS MAILING GROUP

36-1896730

(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?
36	NONE	8757	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AUTOMATIC DATA PROCESSING

13-3036745

(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	7905	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND</u>	D Employer Identification Number (EIN) <u>36-6155778</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL CORE BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST COMPANY</u>		
c EIN-PN <u>23-6994310-125</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>131435050</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PGIM QS INTL CORE EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST COMPANY</u>		
c EIN-PN <u>23-6994310-235</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>88044309</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JENNISON U.S. SMALL CAP EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST COMPANY</u>		
c EIN-PN <u>23-6994310-046</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>55042210</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>QMA MARKET PARTICIPATION STRATEGY</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST COMPANY</u>		
c EIN-PN <u>23-6994310-184</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>49543354</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL HIGH YIELD FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST COMPANY</u>		
c EIN-PN <u>23-6994310-127</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>35429452</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL CORE CONSERVATIVE BOND</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST COMPANY</u>		
c EIN-PN <u>23-6994310-126</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>34944164</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL INFLATION PROT. SECURITY</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST COMPANY</u>		
c EIN-PN <u>23-6994310-121</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15623660</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: QMA EMERGING MARKETS CORE EQUITY		
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY		
c EIN-PN 23-6994310-119	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3714467
a Name of MTIA, CCT, PSA, or 103-12 IE: QMA INSTITUTIONAL INTL EQUITY FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY		
c EIN-PN 52-1679020-120	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIDEX 500 ACCOUNT		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-011	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 128346633
a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA ACCOUNT		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-038	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55407832
a Name of MTIA, CCT, PSA, or 103-12 IE: QUANT. CORE EQUITY ACCOUNT VCA-9		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49832045
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPORARY INVESTMENT ACCOUNT (TIA)		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-044	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47109612
a Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON STOCK ACCOUNT VCA-25		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41556771
a Name of MTIA, CCT, PSA, or 103-12 IE: MIDCAP QUANT. CORE EQUITY ACCOUNT		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-010	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39467094
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIFORM ACCOUNT VCA GA 980		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-009	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20492075
a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA II ACCOUNT		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-039	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14042019

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND		
D Employer Identification Number (EIN) 36-6155778		

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	211022	212850
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2567557	3278768
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	214418	532441
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	87710	74627
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	367615646	413776666
(10) Value of interest in pooled separate accounts	1c(10)	347095672	396254081
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	78933616	77426424
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e	1050085	1050460
f Total assets (add all amounts in lines 1a through 1e)	1f	797775726	892606317

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	202174	207986
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	202174	207986

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	797573552	892398331
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	42404322	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		42404322
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	79	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)	3825142	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3825221
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		99543
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		31283021
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		77697835
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		1107277
d Total income. Add all income amounts in column (b) and enter total.....	2d		156417219
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	57646878	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		57646878
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	393003	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	2260093	
(4) Other.....	2i(4)	1292466	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3945562
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		61592440
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		94824779
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g	X		69449851
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 440076 _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND	D Employer Identification Number (EIN) 36-6155778

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 22-1211670		
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	1

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☒ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **WASTE MANAGEMENT**

b EIN **36-2660859**

c Dollar amount contributed by employer **3922450**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **OZINGA ILLINOIS RMC, INC.**

b EIN **26-3757838**

c Dollar amount contributed by employer **3057872**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **GROOT INDUSTRIES, INC.**

b EIN **36-3527116**

c Dollar amount contributed by employer **2218961**

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

14a

32

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

82

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

42

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

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

15a

0.99

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

15b

0.99

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

3

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

197885

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: 50.0 % Investment-Grade Debt: 24.0 % High-Yield Debt: 4.0 % Real Estate: 7.0 % Other: 15.0 %

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS
PENSION FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2021

SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION

DECEMBER 31, 2021 AND 2020

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REPORT OF INDEPENDENT AUDITORS

To the Participants and Trustees of
Suburban Teamsters of
Northern Illinois Pension Fund

Opinion

We have audited the financial statements of Suburban Teamsters of Northern Illinois Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Suburban Teamsters of Northern Illinois Pension Fund as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2020, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Responsibilities of Management for the Financial Statements (continued)

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit;
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements;
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed;
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements; and
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Legacy Professionals LLP

Westchester, Illinois

September 9, 2022

SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
INVESTMENTS - at fair value		
Common and collective trusts	\$ 413,776,666	\$ 367,615,646
Pooled separate accounts	396,254,081	347,095,672
Insurance company general account	<u>77,426,424</u>	<u>78,933,616</u>
Total investments	<u>887,457,171</u>	<u>793,644,934</u>
RECEIVABLES		
Employer contributions - net	3,278,768	2,567,557
Employer withdrawal liability assessments - net	436,597	108,263
Due from related organization	<u>57,768</u>	<u>68,221</u>
Total receivables	<u>3,773,133</u>	<u>2,744,041</u>
PROPERTY AND EQUIPMENT		
Land, building and improvements	1,035,000	1,035,000
Furniture and equipment	<u>251,080</u>	<u>243,448</u>
	1,286,080	1,278,448
Less accumulated depreciation	<u>(235,620)</u>	<u>(228,363)</u>
Net property and equipment	<u>1,050,460</u>	<u>1,050,085</u>
CASH	<u>287,477</u>	<u>298,732</u>
PREPAID EXPENSES	<u>38,076</u>	<u>37,934</u>
Total assets	892,606,317	797,775,726
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	<u>207,986</u>	<u>202,174</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 892,398,331</u>	<u>\$ 797,573,552</u>

See accompanying notes to financial statements.

SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS		
Investment income		
Net appreciation		
in fair value of investments	\$ 92,589,944	\$ 72,625,647
Interest and dividends	<u>20,216,133</u>	<u>18,663,972</u>
	112,806,077	91,289,619
Less investment expenses	<u>(2,260,093)</u>	<u>(2,395,812)</u>
Investment income - net	110,545,984	88,893,807
Employer contributions	42,404,322	40,674,768
Employer withdrawal liability assessments	1,027,383	688,569
Rental income	99,543	99,543
Other income	<u>425</u>	<u>678</u>
Total additions	<u>154,077,657</u>	<u>130,357,365</u>
DEDUCTIONS		
Pension benefits	56,096,110	54,000,888
Death benefits	1,550,768	1,028,716
Administrative expenses	1,548,402	1,533,945
Building expenses - net	<u>57,598</u>	<u>65,898</u>
Total deductions	<u>59,252,878</u>	<u>56,629,447</u>
NET INCREASE	94,824,779	73,727,918
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>797,573,552</u>	<u>723,845,634</u>
End of year	<u>\$ 892,398,331</u>	<u>\$ 797,573,552</u>

See accompanying notes to financial statements.

SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements of Suburban Teamsters of Northern Illinois Pension Fund (the Plan) have been prepared using the accrual basis of accounting.

Investments - Investments are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Promissory notes due from employers for uncollected deficiencies as well as uncollected employer contribution deficiencies established through payroll compliance audits are recorded net of amounts deemed uncollectible. Allowances for doubtful accounts are based on the likelihood of future collections, and totaled \$551,484 and \$802,741 at December 31, 2021 and 2020, respectively.

Withdrawal Liability Assessments - The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. As set forth in the Employee Retirement Income Security Act of 1974 (ERISA), as amended, a portion of the Plan's actuarially determined unfunded vested liability is allocated to a withdrawing employer in proportion to the employer's contributions in the years before withdrawal compared with total employers' contributions during the same period. The Plan recognizes withdrawal liability assessment income when entitlement has been determined, net of amounts deemed uncollectible. Allowances for doubtful accounts are based on the likelihood of future collections, and totaled \$1,583,032 and \$1,673,133 at December 31, 2021 and 2020, respectively.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed by the straight-line method over the following estimated useful lives of the related assets:

Building and improvements	40 years
Furniture and equipment	5 years

Depreciation expense was \$7,257 and \$8,212 for the years ended December 31, 2021 and 2020, respectively.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service which employers have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours or weeks worked and the contribution rates set forth in the collective bargaining agreements. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 within the transportation industry in a jurisdiction primarily located in northern Illinois.

Benefit Payments - Benefit payments to participants are recorded upon distribution.

Expenses - Certain investment related expenses are included in net appreciation in fair value of investments.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through September 9, 2022, which is the date the financial statements were available to be issued.

NOTE 2. DESCRIPTION OF THE PLAN

The Plan was established during 1955 as a result of collective bargaining agreements. The purpose of the Plan is to provide retirement and death benefits for eligible participants. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of ERISA.

NOTE 2. DESCRIPTION OF THE PLAN (CONTINUED)

Under current provisions, a participant enters the Plan upon the completion of 10 weeks, or 435 hours for hourly employees, of covered employment. However, if a participant's first covered hour is on the day the employer is first obligated to contribute, then the participant enters the Plan on that day.

A year of vesting credit is earned for each Plan year in which the participant has at least 20 weeks, or 870 hours for hourly employees, of covered employment. A future benefit credit is earned based on the number of weeks or hours of covered employment.

For benefits earned on or after January 1, 2008, a participant becomes eligible for a normal retirement benefit after attaining age 62, or the fifth anniversary of the date the participant entered the Plan, or the accumulation of five vesting credits. For benefits earned prior to January 1, 2008, a participant becomes eligible for a normal retirement benefit after attaining age 60, or the fifth anniversary of the date the participant entered the Plan, or the accumulation of five vesting credits.

Beneficiaries of retired or disabled participants who have reached age 55 and retired prior to May 1, 2010, are eligible for a death benefit. The Plan offers a lump-sum death benefit ranging from \$1,000 to \$30,800 depending on the retirement date and applicable contribution rate at the time of retirement.

Participants should refer to the summary plan description for more complete information.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 4. TAX STATUS

The Plan's latest determination letter is dated December 30, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in continued compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by Cheiron as of December 31, 2020. Information in the report included the following:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 497,406,877
Other participants	<u>370,410,558</u>
Total vested benefits	867,817,435
Nonvested benefits	<u>15,430,140</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 883,247,575</u>

As reported by the actuary, the changes in the present value of accumulated plan benefits for the year ended December 31, 2020 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		\$ 859,393,678
Increase (decrease) during the year attributable to:		
Benefits accumulated	\$ 14,646,638	
Interest	61,355,512	
Benefits paid	(55,029,604)	
Administrative expenses paid	(1,599,843)	
Plan amendments	6,002,716	
Change in administrative expense assumptions	863,389	
Experience (gain)	<u>(2,384,911)</u>	
Net increase		<u>23,853,897</u>
Actuarial present value of accumulated plan benefits at end of year		<u>\$ 883,247,575</u>

NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

The actuarial valuation was made using the unit credit cost method.

Some of the more significant actuarial assumptions used in the valuation were as follows:

- Investment rate of return - 7.25% per annum
- Mortality:

Non-Annuitants - RP-2014 Blue Collar Employee Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

Healthy Annuitants - 115%, males only, of the RP-2014 Blue Collar Healthy Annuitant Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

Disabled Annuitants - RP-2014 Disabled Retiree Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

- Retirement (less than 25 benefit credits) - Participants are assumed to retire at a rate of 0% prior to age 55, 5% at ages 55 to 60, 10% at age 61, 20% at ages 62 to 64, 35% at ages 65 to 69, and 100% at age 70 or greater.
- Retirement (25 or more benefit credits) - Participants are assumed to retire at a rate of 5% prior to age 55, 7.5% at ages 55 to 59, 15% at age 60, 25% at ages 61 to 64, 35% at ages 65 to 69, and 100% at age 70 or greater.

On December 16, 2020, the Trustees approved a Plan amendment effective January 1, 2021, that included revised retirement rates to better reflect expected future experience and to create a pension benefit for participants whose employers are included in the Preferred and Preferred Plus schedules and who have attained 60 years of age and have earned 25 or more years of benefit credits.

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Because information on the accumulated plan benefits at December 31, 2021 and the changes therein for the year then ended are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2021 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2021. The complete financial status is presented as of December 31, 2020.

NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

Prior to January 1, 2019, the Plan's actuary certified that the Plan was in endangered status ("yellow zone") within the meaning of the Pension Protection Act of 2006 (PPA), as amended. The Plan was considered to be in the yellow zone because the funded percentage was below 80%. The PPA requires that a plan in the yellow zone adopt a Funding Improvement Plan (FIP) that will enable the plan to improve its funded position to meet statutory funding requirements by the end of the ten year funding improvement period, which began on January 1, 2018 and will end on December 31, 2027. To comply with the PPA, the Plan adopted the FIP on November 16, 2015, which went into effect as of January 1, 2016. The FIP resulted in the adoption of four schedules of benefits: Default, Standard, Preferred and Preferred Plus. The Default Schedule, as required by law, required no increase in an employer's previous contribution rate for either 2021 or 2020. The remaining schedules of benefits require a minimum percentage increase of the previous total contribution rate in 2021 and 2020.

The Plan's actuary has certified as of January 1, 2022, that the Plan is in neither critical nor endangered status ("green zone") within the meaning of the PPA.

NOTE 6. FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

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

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2021 and 2020. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

		<u>Fair Value Measurements at 12/31/21 Using</u>		
		<u>Quoted Prices</u>		
		in Active	Significant	Significant
		Markets for	Other	Unobservable
		Identical	Observable	
		Assets	Inputs	Inputs
		<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Insurance company general account	<u>Total</u>			
	\$ 77,426,424	\$ -	\$ 77,426,424	\$ -
Investments measured at net asset value:				
Common and collective trusts	413,776,666			
Pooled separate accounts	<u>396,254,081</u>			
Total	<u>\$ 887,457,171</u>			

		<u>Fair Value Measurements at 12/31/20 Using</u>		
		<u>Quoted Prices</u>		
		in Active	Significant	Significant
		Markets for	Other	Unobservable
		Identical	Observable	
		Assets	Inputs	Inputs
		<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Insurance company general account	<u>Total</u>			
	\$ 78,933,616	\$ -	\$ 78,933,616	\$ -
Investments measured at net asset value:				
Common and collective trusts	367,615,646			
Pooled separate accounts	<u>347,095,672</u>			
Total	<u>\$ 793,644,934</u>			

Level 2 Measurements

The insurance company general account represents an insurance company contract under which premiums and other guaranteed amounts are credited. The insurance company general account is valued at cost, which approximates its fair value. This account is subject to minimum balance requirements to cover the cost of the guaranteed payments. Amounts in excess of the minimum balance are available for transfer or withdrawal. At December 31, 2021 and 2020, the minimum balance was approximately \$39,000,000 and \$44,400,000 respectively.

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the report net asset value.

The common and collective trusts and pooled separate accounts are direct filing entities (DFEs) that file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. There are no redemption restrictions on these investments and no notice period prior to redemption is required.

NOTE 7. RELATED ORGANIZATIONS

The Plan is related to several entities which include a welfare plan and three affiliated local unions.

The Plan shares facilities, equipment and staff with the welfare plan. Expenses associated with the shared staff and building are initially paid by the Plan and reimbursed based on an allocation of expenses using estimates of time spent and space used, and totaled \$803,200 and \$793,698 for the years ended December 31, 2021 and 2020, respectively. At December 31, 2021 and 2020, the welfare plan owed the Plan \$57,768 and \$68,221 respectively, for shared expenses.

Effective January 1, 2019, the Plan began leasing office space to the welfare plan under an agreement which expires on December 31, 2023. Rent is based on the total square footage occupied by the welfare plan at a rate of \$16 per square foot. Monthly rent as of January 1, 2019 is \$8,295 for the term of the lease. Rental income totaled \$99,543 for each of the years ended December 31, 2021 and 2020. In addition, the welfare plan is responsible for a pro rata share of real estate taxes and operating expenses, including utilities and maintenance, which are netted in total against building expenses. Building expenses reimbursed by the welfare plan totaled \$79,469 and \$86,086 for the years ended December 31, 2021 and 2020, respectively. Future minimum lease receipts under the lease are as follows:

Year ending December 31,	
2022	\$ 99,543
2023	99,543
Total	<u>\$ 199,086</u>

NOTE 8. PARTICIPATION IN MULTIEMPLOYER PLANS

Defined Benefit Pension Plan

All of the Plan's full-time employees are covered by a multiemployer defined benefit pension plan. The risk of participating in multiemployer defined benefit pension plans is different from single employer plans. Assets contributed to a multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

The Plan's participation in the multiemployer defined benefit pension plan for the years ended December 31, 2021 and 2020 is outlined in the following table. A plan that is considered to be significant is required to be identified. The "EIN/PN" column provides the employer identification number (EIN) and the three-digit plan number (PN). The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the plan. Among other factors, plans in the red zone are below 65 percent funded, plans in the yellow zone are between 65 percent and 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates whether a funding improvement plan (FIP) or rehabilitation plan (RP) is either pending or has been implemented. The last column specifies the year end date of the plan to which the annual report (Form 5500) relates.

<u>Pension Plan</u>	<u>EIN/PN</u>	<u>Pension Protection Act Zone Status</u>		<u>FIP/RP Status Pending/Implementation</u>	<u>Contributions</u>		<u>Most Recently Available Annual Report (Form 5500)</u>
		<u>2021</u>	<u>2020</u>		<u>2021</u>	<u>2020</u>	
Suburban Teamsters of Northern Illinois Pension Fund	36-6155778/001	Green as of 1/1/22	Green as of 1/1/21	Implemented	<u>\$ 65,360</u>	<u>\$ 57,214</u>	12/31/2020

Contributions are made monthly under the terms of a participation agreement, which does not have an expiration date. The Plan's contributions do not represent more than 5% of total contributions to this plan as indicated in the plan's most recently available annual report.

Welfare Plan that Provides Postretirement Benefits

All full-time employees are also covered by a multiemployer welfare plan that provides health benefits to retirees and to eligible employees working under collective bargaining agreements, and their dependents. Contributions to this plan for the years ended December 31, 2021 and 2020 totaled \$88,530 and \$75,991 respectively.

NOTE 9. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Due to inherent uncertainties involved in the valuations of investments that are not publicly traded, estimated fair values may differ materially from the values that would have been used had a ready market for the underlying securities existed.

The Plan holds several alternative investments in which the general partner or investment manager is generally required to value the Plan's underlying investments at estimated fair values using various subjective techniques. In addition, the Plan has ownership interest in real estate investment funds. The estimated fair values of these funds, as determined by the investment manager, may vary significantly from the prices at which the real estate investments within the fund would sell, and the amounts could be material.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 10. FUNDING POLICY

The participating employers contribute such amounts as specified in the collective bargaining agreements. Weekly contribution rates for the years ended December 31, 2021 and 2020 ranged from \$28.94 to \$616.58 and from \$28.94 to \$585.30 respectively. Hourly contribution rates for the years ended December 31, 2021 and 2020 ranged from \$8.54 to \$13.99 and from \$8.41 to \$13.22 respectively.

The Plan's actuary has advised that the minimum funding requirements of ERISA are being met as of January 1, 2021.

NOTE 11. WITHDRAWAL LIABILITY ASSESSMENTS

Under federal law, employers who partially or completely withdraw from a multiemployer pension plan are assessed a withdrawal liability for their proportionate share of the Plan's unfunded vested liabilities as of the beginning of the year in which they withdraw. Withdrawal liability is typically paid in quarterly installments as determined by a statutory formula and under most circumstances, is limited to 20 years of payments. At December 31, 2021 and 2020, the Plan recognized net receivables of \$436,597 and \$108,263 respectively, representing the present value of future quarterly payments being made through March 2027 by two and seven employers, respectively, who have withdrawn from the Plan. The Trustees at times approve settlements and payment plan arrangements for assessment amounts owed to the Plan. The receivables were calculated using a present value discount rate of 7.25% and was evaluated for collectability, as described in Note 1. Withdrawal liability assessments received, excluding interest, during the years ended December 31, 2021 and 2020 totaled approximately \$507,000 and \$1,000,000 respectively.

NOTE 12. IMPACT OF COVID-19 AND NEWLY ENACTED LEGISLATION

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which are likely to negatively impact the Plan, though the potential impact and duration is unknown as of the date the financial statements were available to be issued.

Several major legislative relief packages were enacted in response to the coronavirus outbreak, containing numerous tax, emergency funding and other regulatory provisions affecting retirement plans. The Plan continues to evaluate the impact of newly enacted legislation on its provisions, operations and cash flows.

LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
Suburban Teamsters of
Northern Illinois Pension Fund

We have audited the financial statements of Suburban Teamsters of Northern Illinois Pension Fund (the Plan) as of and for the years ended December 31, 2021 and 2020, and our report thereon dated September 9, 2022, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Legacy Professionals LLP

Westchester, Illinois

September 9, 2022

FOOTNOTES

STATEMENT 1

SCHEDULE C, PART 2, ITEM D

THE AMOUNT OF DIRECT COMPENSATION ATTRIBUTABLE TO
 PLAN EMPLOYEES AND REPORTED ON SCHEDULE C HAS BEEN
 DETERMINED IN ACCORDANCE WITH THE DEPARTMENT OF
 LABOR RULES AND REGULATIONS FOR COMPLETING FORM 5500.
 THESE AMOUNTS MAY CONSIST OF ELEMENTS CONSIDERED TO
 BE TAXABLE AS WELL AS NON-TAXABLE AS DETERMINED UNDER
 THE INTERNAL REVENUE CODE.

SCHEDULE C	OTHER SERVICE PROVIDER SERVICE CODES	STATEMENT	2
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NAME	SERVICE CODES
PRUDENTIAL INSURANCE CO.	19
PRUDENTIAL INSURANCE CO.	21
PRUDENTIAL INSURANCE CO.	25
PRUDENTIAL INSURANCE CO.	28
PRUDENTIAL INSURANCE CO.	51
PRUDENTIAL INSURANCE CO.	72

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H	OTHER RECEIVABLES	STATEMENT	3
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DESCRIPTION	BEGINNING	ENDING
PREPAID EXPENSES	37,934.	38,076.
DUE FROM SUBURBAN TEAMSTERS WELFARE	68,221.	57,768.
EMPLOYER WITHDRAWAL LIABILITY (NET)	108,263.	436,597.
TOTAL TO SCHEDULE H, LINE 1B(3)	214,418.	532,441.

SCHEDULE H	OTHER INCOME	STATEMENT	4
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DESCRIPTION	AMOUNT
MISCELLANEOUS INCOME	425.
EMPLOYER WITHDRAWAL LIABILITY	1,027,383.
BUILDING EXPENSE REIMBURSEMENTS	79,469.
TOTAL TO SCHEDULE H, LINE 2C	1,107,277.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT	5
DESCRIPTION		AMOUNT	
DEPRECIATION		7,257.	
FIDUCIARY LIABILITY AND BONDING INSURANCE		114,086.	
PLAN TERMINATION INSURANCE		287,494.	
PRINTING AND POSTAGE		31,402.	
AUTOMOBILE		210.	
OTHER INSURANCE		6,277.	
OFFICE SUPPLIES AND EXPENSE		11,359.	
TELEPHONE		8,810.	
BUILDING EXPENSES		84,135.	
UTILITIES		23,879.	
SALARIES		331,334.	
COMPUTER PROGRAMING FEES		41,173.	
CONFERENCES AND MEETING EXPENSE		9,283.	
PAYROLL TAXES		24,817.	
PAYROLL PREPARER FEES		7,905.	
PENSION FUND CONTRIBUTIONS		65,360.	
WELFARE FUND CONTRIBUTIONS		88,530.	
BANK FEES		198.	
REAL ESTATE TAXES		29,053.	
BENEFIT PROCESSING FEES		118,651.	
MISCELLANEOUS		1,253.	
TOTAL TO SCHEDULE H, LINE 2I(4)		1,292,466.	

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
▶ Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan Suburban Teamsters of Northern Illinois Pension Plan		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Trustees of Suburban Teamsters of Northern Illinois Pension Fund		D Employer Identification Number (EIN) 36-6155778
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2021</u>		
b Assets		
(1) Current value of assets	1b(1)	797,465,289
(2) Actuarial value of assets for funding standard account	1b(2)	759,732,390
c (1) Accrued liability for plan using immediate gain methods	1c(1)	863,389,614
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	863,389,614
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	1,613,297,926
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	40,521,519
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	60,370,634
(3) Expected plan disbursements for the plan year	1d(3)	62,884,483
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE	 Signature of actuary <u>October 3, 2022</u> Date 20-06711 Most recent enrollment number (312) 629-8401 Telephone number (including area code)	
Michael J. Noble Type or print name of actuary		
Cheiron, INC. Firm name		
200 W. Monroe ST., Suite 1800 Chicago IL 60606 Address of the firm		
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐		

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	797,465,289
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	4,289	765,983,607
(2) For terminated vested participants	2,720	340,864,381
(3) For active participants:		
(a) Non-vested benefits		30,148,658
(b) Vested benefits		476,301,280
(c) Total active	3,106	506,449,938
(4) Total	10,115	1,613,297,926
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	49.43 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2021	52,160		07/15/2021	3,727,421	
02/15/2021	2,460,837		08/15/2021	4,813,824	
03/15/2021	1,950,143		09/15/2021	3,881,942	
04/15/2021	2,303,950		10/15/2021	4,032,071	
05/15/2021	3,019,332		11/15/2021	4,854,869	
06/15/2021	4,392,958		12/15/2021	4,208,159	
Totals ▶			3(b)	43,103,371	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					699,049

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	88.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

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

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

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.43 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.25 %
e Expense loading	6e	10.4 % ☐ N/A ☒ %
f Salary scale	6f	% ☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	9.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.4 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
3	6,002,716	624,253
1	-17,921,313	-1,863,727

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.....		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?.....		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	16,954,969
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	254,790,892
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	3,670,031
e Total charges. Add lines 9a through 9d.....	9e	54,291,151

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	40,020,436
g Employer contributions. Total from column (b) of line 3.....	9g	43,103,371
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	111,113,232
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	5,461,167

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....	9j(1)	172,278,495
(2) "RPA '94" override (90% current liability FFL)	9j(2)	719,263,830
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits.....	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	107,977,331
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	53,686,180
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2020 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0

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

[illegible]

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 3 — Withdrawal Liability Amounts

Below is a schedule of withdrawal liability amounts paid for the 2021 plan year.

Date		Amount of Withdrawal Liability
1/15/2021	*	\$ 96,343
2/15/2021		152,709
3/15/2021		19,548
4/15/2021		143,409
5/15/2021		62,339
6/15/2021		19,498
7/15/2021		94,398
8/15/2021		2,527
9/15/2021		0
10/15/2021		0
11/15/2021		0
12/15/2021		233,343
N/A	**	<u>(125,065)</u>
Total		\$ 699,049

* The total contribution amount for 1/15/2021 is reduced by the beginning of year contribution receivable which results in a net contribution amount of \$52,160.

** The final WL contribution amount is reduced by \$125,065 due to reclassifications.

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 6 — Summary of Plan Provisions

1. Effective date of plan

December 15, 1955

On November 16, 2015, the Trustees adopted a Funding Improvement Plan (FIP). The FIP contains four schedules (Default Schedule, Standard Schedule, Preferred Schedule, and Preferred Plus Schedule. The Preferred Plus schedule, which has an increase over the previous benefit level, was approved by the IRS in 2017. The schedule is selected during collective bargaining and varies by employer. In the case where a plan benefit differs between schedules, each benefit will be listed.

2. Participation

An employee becomes a participant on the day he completes ten weeks of covered employment. However, if an employee's first covered hour is on the day his employer is first obligated to contribute for him, he becomes a participant on that day.

3. Plan year

Calendar year

4. Vesting credits

A year of vesting credit is earned for each plan year in which the participant has at least 20 weeks of employment.

5. Benefit credits

a. Future

Weeks of Employment	Benefit Credits
40-52	1.0
36-39	.9
32-35	.8
28-31	.7
24-27	.6
20-23	.5
16-19	.4
12-15	.3
8-11	.2
4-7	.1
Less than 4	none

b. Past

One tenth of a credit for each 100 hours of contiguous employment in a year prior to the employer's obligation to contribute. No more than five past credits or more than the future service benefit credits will be granted.

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 6 — Summary of Plan Provisions (Continued)

6. Period of benefit accrual

Each distinct period during which an active participant earns benefit credit beginning on the first day first covered hour (not included in a previous period of benefit accrual) and ending on the day when he becomes inactive (a year with less than ten weeks of employment).

7. Accrued benefit during a period of benefit accrual

Benefit credits for the period of benefit accrual multiplied by the benefit level factor for that period.

Benefit accrual formulas have changed effective January 1, 2016, as shown below.

8. Accrued benefit

The total of the accrued benefits earned for each period of benefit accrual. Effective January 1, 2004, the accrued benefit for a participant is equal to:

- a. The accrued benefit as of December 31, 2003, plus
- b. The sum of the benefits earned for all periods of benefit accrual beginning January 1, 2004 through December 31, 2010. The benefit earned during a period of benefit accrual is equal to 0.7 times the employer contribution rate times the number of benefit service credits earned at that employer contribution rate, plus
- c. The sum of the benefits earned for all periods of benefit accrual beginning January 1, 2011 through December 31, 2015. The benefit will depend on the schedule elected by each participating employer under the Rehabilitation Plan. The schedules are as follows:

Default Schedule: 1.00% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

Preferred Schedule: 0.75% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

**Creditable contributions do not include the frozen non-benefit bearing portion of the contribution.*

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 6 — Summary of Plan Provisions (Continued)

- d. The sum of the benefits earned for all periods of benefit accrual beginning January 1, 2016 will depend on the schedule elected by each participating employer under the Funding Improvement Plan. The schedules are as follows:

Default Schedule: 0.65% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

Standard Schedule: 1.00% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

Preferred Schedule: 0.75% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

Preferred Plus Schedule: 1.00% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

**Creditable contributions do not include the frozen non-benefit bearing portion of the contribution.*

9. Normal retirement

Benefits earned before January 1, 2008:

a. **Eligibility**

Attained age of 60 or the fifth anniversary of the date the employee became a participant or the accumulation of five vesting credits.

b. **Benefit**

Accrued benefit

Benefits earned after December 31, 2007:

a. **Eligibility**

Attained age of 62 or the fifth anniversary of the date the employee became a participant or the accumulation of five vesting credits.

b. **Benefit**

Accrued benefit

10. Early retirement

a. **Eligibility**

Attainment of age 55 and 5 or more vesting or benefit credits

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 6 — Summary of Plan Provisions (Continued)

b. Benefit

Benefits earned before January 1, 2008:

Default and Standard Schedule: Accrued benefit reduced by actuarial equivalence for each year that retirement precedes age 60.

Preferred and Preferred Plus Schedule: Accrued benefit reduced by 6% for each year that retirement precedes age 60.

Benefits earned after December 31, 2007:

Default and Standard Schedule: Accrued benefit reduced by actuarial equivalence for each year that retirement precedes age 62.

Preferred and Preferred Plus Schedule: Accrued benefit reduced by 6% for each year that retirement precedes age 62.

11. 25 and Out

Default and Standard Schedule: There is no 25 and Out provision under these schedules.

Preferred and Preferred Plus Schedule:

a. Eligibility

25 contributory benefit credits

b. Benefit

- Accrued benefit unreduced for retirement at age 60 and later
- Accrued benefit reduced by 6% for each year that retirement precedes age 60

12. Disability retirement

Default and Standard Schedule: There is no disability provision under these schedules.

Preferred and Preferred Plus Schedule:

a. Eligibility

Cessation of covered employment due to onset of permanent and total disability benefit after becoming vested and being active in at least one year during the three years preceding the onset of disability. Onset of disability must be prior to age 62.

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 6 — Summary of Plan Provisions (Continued)

b. Benefit

Accrued benefit, payable for life only

13. Deferred Vested Retirement

a. Eligibility

5 or more vesting or benefit credits.

b. Benefit

Accrued benefit payable at normal retirement age, or if the participant retires early, the benefit is actuarially reduced.

14. Pre-Retirement Spouse Death Benefit

a. Eligibility

5 or more Vesting or Benefit Credits

b. Benefit

50% of the accrued benefit, reduced for the joint and survivor form.

Benefits earned before January 1, 2008:

Default and Standard Schedule: Earliest date benefit payable is age 60, which is the date that the deceased participant could have retired with a pension.

Preferred and Preferred Plus Schedule: Earliest date benefit payable is age 55 and is reduced by 6% for each year that retirement precedes age 60. If the participant would have been eligible for an unreduced retirement benefit, the benefit is unreduced.

Benefits earned after December 31, 2007:

Default and Standard Schedule: Earliest date benefit payable is age 62, which is the date that the deceased participant could have retired with a pension.

Preferred and Preferred Plus Schedule: Earliest date benefit payable is age 55 and is reduced by 6% for each year that retirement precedes age 62. If the participant would have been eligible for an unreduced retirement benefit, the benefit is unreduced.

15. Post-Retirement Lump Sum Death Benefit

a. Eligibility

Current Retirees and disabled participants as of May 1, 2010

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 6 — Summary of Plan Provisions (Continued)

b. Benefit

12 times the retiree's monthly benefit at retirement calculated in the form of a level ten-year certain and life option without regard to any increases beyond the date of retirement, if retired after December 31, 1995, but no more than \$30,800. If retired prior to January 1, 1996, either \$5,000, \$3,000, \$2,000, or \$1,000.

16. Benefit Forms

- Life Annuity
- 50%, 75%, or 100% Joint and Survivor benefit

Preferred and Preferred Plus Schedule: (additional benefit form)

- Joint and Survivor (with pop-up) equal to 50%, 75%, or 100% joint and survivor benefit

17. Changes since last valuation

Under the Preferred and Preferred Plus Schedules, the 30 and Out Retirement was changed from an unreduced benefit upon attaining age 57 with 30 or more years of benefit credits to an unreduced benefit upon attaining age 60 with 25 or more years of benefit credits (25 and Out Retirement).

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods

1. Funding Method: Unit Credit Cost Method

The cost method for valuation of liabilities used for this valuation is the Unit Credit Method. This is one of a family of valuation methods known as an accrued benefits method. The chief characteristic of an accrued benefits method is that the funding pattern follows the pattern of benefit accrual. Under the unit credit actuarial cost method, the normal cost is determined as that portion of each Participant's benefit attributable to service expected to be earned in the upcoming plan year. The Actuarial Liability, which is determined for each participant as of each valuation date, represents the actuarial present value of the participant's current accrued benefit as of the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the Unit Credit Method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost could increase over time.

2. Asset Valuation Method

The asset method is to phase-in the excess of actual asset return over expected over four years at a rate of 25% per year subject to a minimum of 80% of market value and a maximum of 120% of market value.

3. PRA 2010 Funding Relief

The Plan's Board of Trustees elected funding relief under §431(b)(8) of the Code added by the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010 (PRA 2010) and § 304(b)(8) of ERISA, specifically:

- The "special amortization rule" which allows the plan to amortize the Plan's asset loss for the plan year ending December 31, 2008, over 29 years instead of 15 years.
- The "special asset valuation rule" in determining the actuarial value of plan assets which allows the Plan to recognize the 2008 investment loss over ten years, at 10% per year.

The Trustees elected to waive the 2014 amortization extension. Amortization extensions prior to 2014 remain in place.

4. Withdrawal Liability and Unfunded Vested Benefits

The Present Value of Vested Benefits developed for the determination of unfunded vested benefits is based on the valuation assumptions. The Withdrawal Liability does not include the post-retirement lump sum death benefit whereas the ASC 960 vested benefits does include it.

5. Changes in Methods Since Last Valuation

None

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
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Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (Continued)

1. Valuation date

January 1, 2021

2. Cost Method

Unit Credit

3. Interest Rate

- a. Funding: 7.25% per annum
- b. RPA '94 current liability: 2.43%
- c. ASC 960 and Withdrawal Liability: 7.25%

4. Mortality

Funding, ASC 960 and Withdrawal Liability

a. Non-Annuitants

RP-2014 Blue Collar Employee Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

b. Healthy Annuitants

115%, males only, of the RP-2014 Blue Collar Healthy Annuitant Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

c. Disabled

RP-2014 Disabled Retiree adjusted to 2006 with generational mortality improvement using Scale MP-2019

RPA '94 current liability

2021 Static Mortality Table as prescribed under IRS regulation

5. Termination

During the first five years of participation, the separation rates are:

Years of Participating	Rate
0	35.0%
1	20.0%
2-4	15.0%

Schedule MB Attachment (Form 5500) — 2021 Plan Year
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Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (Continued)

Separation rates (after the first five years of participation) at sample ages are shown below:

Age	Rate
20	15.0%
30	14.0%
40	8.5%
50	6.0%
60	4.5%
62	0.0%

6. Disability

70% of the 1985 Pension Disability Table Class 1

Disability rates at sample ages are shown below:

Age	Rate
20	0.02%
30	0.03%
40	0.08%
50	0.25%
60	0.88%
62	0.00%

7. Retirement

Age	Rate	
	< 25 Years of Service	25+ Years of Service
<55	0%	5%
55-59	5%	7.5%
60	5%	15%
61	10%	25%
62-64	20%	25%
65-69	35%	35%
70+	100%	100%

8. Post-Termination Retirement

Age	Rate
60	70%
61-64	20%
65+	100%

Schedule MB Attachment (Form 5500) — 2021 Plan Year
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Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (Continued)

9. Percent Married

65%

10. Age of Spouse

Husbands are assumed to be three years older than wives

11. Expected expenses

\$1,600,000, payable at the beginning of plan year.

12. Reciprocity

Active non-vested liability is loaded with 1% of the terminated vested liability.

13. Disclosures regarding Models Used

Cheiron utilizes ProVal, an actuarial valuation software leased from Winklevoss Technologies for the intended purpose of calculating liabilities and projected benefit payments. We have examined the reasonableness of the input data and assumptions, reviewed sample calculations for accuracy, reconciled the actuarial gain loss, and find the aggregate results reasonable and appropriate. We are not aware of any material inconsistencies, unreasonable output resulting from the aggregation of assumptions, material limitations or known weaknesses that would affect this report.

Projections in this report were developed using P-scan, our proprietary tool for the intended purpose of developing projections. The projections shown in this report cover multiple individual scenarios and the variables are not necessarily correlated. We are not aware of any material inconsistencies, unreasonable output resulting from the aggregation of assumptions, material limitations or known weaknesses that would affect the projections shown in this report.

14. Rationale for Assumptions

In accordance with Actuarial Standard of Practice No. 27, the justification for the 7.25% discount rate is based on the historical returns of the Plan, the Plan's current asset allocation, and the investor manager's capital market outlook. The historical geometric average return from 1996 through 2020 is 7.5%

For purposes of calculating Current Liability per IRC section 431(c)(6), the top of the permissible range was used as published in the applicable IRS Notice based on the historical practice of the Plan.

In accordance with Actuarial Standard of Practice No. 35, the demographic assumptions used in this report were based on an experience study covering the period from January 1, 2014 through December 31, 2018. The new assumptions represent the actuary's best estimate of future experience. The results of this study were presented in December 2019 and went into effect starting with the January 1, 2020 valuation.

Schedule MB Attachment (Form 5500) — 2021 Plan Year
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Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (Continued)

15. Changes Since Last Valuation

- i. The RPA '94 Current Liability interest rate was changed from 2.95% to 2.43% to comply with appropriate guidance.
- ii. The RPA '94 Current Liability mortality table was changed from the 2020 static mortality table to the 2021 static mortality table to comply with the appropriate guidance.
- iii. Administrative expense increased from \$1,500,000 to \$1,600,000 per year payable at the beginning of the year to reflect plan experience.
- iv. The retirement rates were changed to better reflect expected future experience based on the plan change from a 30 and Out Retirement to a 25 and Out Retirement.

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
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Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments	
Plan Year	Expected Annual Benefit Payments
2021	61,227,498
2022	64,258,687
2023	66,805,026
2024	69,152,312
2025	71,059,549
2026	72,313,979
2027	73,249,910
2028	73,793,379
2029	74,120,247
2030	74,189,997

Notes on the Expected Annual Benefit Payments

- Based on 2021 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions, the benefit payments do not include additional accruals, new entrants, or expected expenses.

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
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Schedule MB, line 8b(2) — Schedule of Active Participant Data

Distribution of Active Members
By Age And Service as of January 1, 2021

Age	Counts By Age/Service										Total
	Benefit Credit Service										
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	7	41	1	0	0	0	0	0	0	0	49
25 to 29	22	129	28	0	0	0	0	0	0	0	179
30 to 34	34	159	85	9	1	0	0	0	0	0	288
35 to 39	14	138	98	37	17	2	0	0	0	0	306
40 to 44	11	131	94	63	79	27	1	0	0	0	406
45 to 49	15	100	76	47	102	86	17	0	0	0	443
50 to 54	11	83	73	62	89	98	63	22	1	0	502
55 to 59	7	54	55	51	83	94	55	52	16	0	467
60 to 64	3	42	50	34	61	75	48	37	21	10	381
65 to 69	1	6	9	9	15	19	7	9	3	6	84
70 & up	0	0	0	0	0	0	0	0	1	0	1
Total	125	883	569	312	447	401	191	120	42	16	3,106

Average Age = 47.1

Average Service = 11.9

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
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Schedule MB, line 9c and 9h — Schedule of Funding Standard Account Bases

Table VI-4 Schedule of Amortization Charges Required for Minimum Required Contribution As of January 1, 2021						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2021 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan amendment	1/1/1992	\$ 1,040,939	30.00	\$ 81,573	1.00	\$ 81,573
2. Plan amendment	1/1/1994	10,309,208	30.00	2,263,284	3.00	807,805
3. Plan amendment	1/1/1995	5,097,103	30.00	1,442,662	4.00	399,367
4. Plan amendment	1/1/1996	28,370,705	30.00	9,709,104	5.00	2,222,688
5. Plan amendment	1/1/1997	9,469,404	30.00	3,759,746	6.00	741,144
6. Change in assumptions	1/1/1998	6,564,679	30.00	2,941,234	7.00	513,307
7. Plan amendment	1/1/1999	17,078,151	30.00	8,461,938	8.00	1,334,137
8. Change in assumptions	1/1/1999	3,462,977	30.00	1,715,840	8.00	270,525
9. Plan amendment	1/1/2000	17,260,107	30.00	9,313,887	9.00	1,347,130
10. Plan amendment	1/1/2001	19,459,310	30.00	11,299,609	10.00	1,517,438
11. Plan amendment	1/1/2002	15,616,237	30.00	9,664,544	11.00	1,216,718
12. Plan amendment	1/1/2003	13,013,053	30.00	8,515,927	12.00	1,013,055
13. Plan amendment	1/1/2004	10,634,133	30.00	7,310,687	13.00	827,194
14. Change in assumptions	1/1/2007	12,515,783	30.00	9,680,453	16.00	971,365
15. Experience loss	1/1/2007	4,450,460	15.00	468,480	1.00	468,480
16. Change in assumptions	1/1/2008	12,636,226	15.00	2,567,584	2.00	1,328,701
17. Recognized Portion of the 2008 ENIL	1/1/2009	70,466,771	29.00	56,797,452	17.00	5,518,525
18. Recognized Portion of the 2008 ENIL	1/1/2010	10,312,526	28.00	8,400,268	17.00	816,183
19. Recognized Portion of the 2008 ENIL	1/1/2011	11,166,025	27.00	9,200,429	17.00	893,927
20. Recognized Portion of the 2008 ENIL	1/1/2012	11,915,708	26.00	9,941,443	17.00	965,925
21. 2011 Bifurcated Base	1/1/2012	16,345,120	15.00	8,682,993	6.00	1,711,644
22. Recognized Portion of the 2008 ENIL	1/1/2013	24,195,105	25.00	20,462,543	17.00	1,988,171
23. Experience loss	1/1/2014	1,118,517	15.00	741,510	8.00	116,909

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
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Schedule MB, line 9c and 9h — Schedule of Funding Standard Account Bases (Continued)

Table IV-4 Schedule of Amortization Charges Required for Minimum Required Contribution As of January 1, 2021 (Continued)						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2021 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
24. Experience loss	1/1/2015	6,473,353	15.00	4,673,714	9.00	675,990
25. Change in assumptions	1/1/2015	21,750,850	15.00	15,703,945	9.00	2,271,366
26. Experience Loss	1/1/2016	5,798,464	15.00	4,504,998	10.00	604,981
27. Experience Loss	1/1/2017	4,859,902	15.00	4,024,181	11.00	506,624
28. Experience Loss	1/1/2018	9,592,144	15.00	8,398,721	12.00	999,113
29. Experience Loss	1/1/2019	8,762,003	15.00	8,059,427	13.00	911,913
30. Plan amendment	1/1/2021	6,002,716	15.00	6,002,716	15.00	624,253
Total Charges		\$ 395,737,679		\$ 254,790,892		\$ 33,666,151

Table VI-5 Schedule of Amortization Credits Required for Minimum Required Contribution As of January 1, 2021						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2021 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Change in assumptions	1/1/1993	\$ 1,172,426	30.00	\$ 177,542	2.00	\$ 91,876
2. Change in assumptions	1/1/1996	15,175,191	30.00	5,193,298	5.00	1,188,892
3. Plan amendment	1/1/1998	9,555,172	30.00	4,281,098	7.00	747,141
4. Change in assumptions	1/1/2003	11,064,013	30.00	7,240,451	12.00	861,325
5. Plan amendment (formula)	1/1/2004	24,803,948	30.00	17,052,037	13.00	1,929,415
6. Experience gain	1/1/2008	6,478,154	15.00	1,316,315	2.00	681,181
7. Plan amendment	1/1/2008	622,336	15.00	126,452	2.00	65,438
8. Plan amendment	5/1/2010	29,757,146	15.00	12,408,412	4.33	3,206,133
9. 2008 Bifurcated Base	1/1/2009	528,708	15.00	155,598	3.00	55,535
10. 2009 Bifurcated Base	1/1/2010	21,329,693	15.00	8,084,836	4.00	2,238,094
11. 2010 Bifurcated Base	1/1/2011	18,636,194	15.00	8,533,198	5.00	1,953,489
12. Plan amendment	1/1/2011	17,743,785	15.00	8,124,576	5.00	1,859,944
13. 2012 Bifurcated Base	1/1/2013	10,866,085	15.00	6,513,803	7.00	1,136,795
14. Change in assumptions	1/1/2020	11,582,191	15.00	11,130,084	14.00	1,204,490
15. Experience Gain	1/1/2020	2,970,158	15.00	2,854,219	14.00	308,882
16. Experience Gain	1/1/2021	17,921,313	15.00	17,921,313	15.00	1,863,727
Total Credits		\$ 200,206,513		\$ 111,113,232		\$ 19,392,357
Net Charge				\$ 143,677,660		\$ 14,273,794

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
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Schedule MB, line 9f — Explanation of Prior Year Credit Balance Discrepancy

Calculation of December 31, 2020 Credit Balance		
	Original	Revised
1. Charges For Plan Year		
a. Normal Cost with Expenses	\$ 15,831,348	\$ 15,831,348
b. Amortization Charges	42,753,214	42,753,214
c. Interest on a. and b. to Year End	<u>4,247,381</u>	<u>4,247,381</u>
d. Total Charges	\$ 62,831,943	\$ 62,831,943
2. Credits For Plan Year		
a. Prior Year Credit Balance	\$ 91,976,743	\$ 91,976,743
b. Employer Contributions	41,720,837	41,720,837
c. Amortization Credits	18,545,927	18,545,927
d. Interest on a., b., and c. to Year End	<u>9,153,768</u>	<u>9,153,768</u>
e. Total Credits	\$ 161,397,275	\$ 161,397,275
3. Credit Balance at End of Year [2.e. - 1.d.]	\$ 98,565,332	\$ 98,565,332
4. One-Time Charge (Revoke of 5-Year Amortization Extension)	\$ 0	\$ 58,544,896
5. Credit Balance after Adjustment for One-Time Charge [3. - 4.]	\$ 98,565,332	\$ 40,020,436

The December 31, 2020 Credit Balance changed due to the Plan adopting an amendment to increase benefits which reverted back to the Credit Balance without the amortization extension. The one-time charge of \$58,544,896 is equivalent to a one-year charge base for the difference between the Credit Balance with and without extension.

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
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Schedule MB, line 11 — Justification for Change in Actuarial Assumptions

1. The RPA '94 Current Liability interest rate was changed from 2.95% to 2.43% to comply with appropriate guidance, and remains within the required corridor as prescribed by the IRS.
2. The RPA '94 Current Liability mortality table was changed from the 2020 static mortality table to the 2021 static mortality table to comply with appropriate guidance.
3. Administrative expense increased from \$1,500,000 to \$1,600,000 per year payable at the beginning of the year to reflect plan experience.
4. The retirement rates were changed to better reflect expected future experience based on the plan change from a 30 and Out Retirement to a 25 and Out Retirement.

Schedule MB Attachment (Form 5500) — 2021 Plan Year
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Schedule MB, line 6 — Summary of Plan Provisions

1. Effective date of plan

December 15, 1955

On November 16, 2015, the Trustees adopted a Funding Improvement Plan (FIP). The FIP contains four schedules (Default Schedule, Standard Schedule, Preferred Schedule, and Preferred Plus Schedule. The Preferred Plus schedule, which has an increase over the previous benefit level, was approved by the IRS in 2017. The schedule is selected during collective bargaining and varies by employer. In the case where a plan benefit differs between schedules, each benefit will be listed.

2. Participation

An employee becomes a participant on the day he completes ten weeks of covered employment. However, if an employee's first covered hour is on the day his employer is first obligated to contribute for him, he becomes a participant on that day.

3. Plan year

Calendar year

4. Vesting credits

A year of vesting credit is earned for each plan year in which the participant has at least 20 weeks of employment.

5. Benefit credits

a. Future

Weeks of Employment	Benefit Credits
40-52	1.0
36-39	.9
32-35	.8
28-31	.7
24-27	.6
20-23	.5
16-19	.4
12-15	.3
8-11	.2
4-7	.1
Less than 4	none

b. Past

One tenth of a credit for each 100 hours of contiguous employment in a year prior to the employer's obligation to contribute. No more than five past credits or more than the future service benefit credits will be granted.

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
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Schedule MB, line 6 — Summary of Plan Provisions (Continued)

6. Period of benefit accrual

Each distinct period during which an active participant earns benefit credit beginning on the first day first covered hour (not included in a previous period of benefit accrual) and ending on the day when he becomes inactive (a year with less than ten weeks of employment).

7. Accrued benefit during a period of benefit accrual

Benefit credits for the period of benefit accrual multiplied by the benefit level factor for that period.

Benefit accrual formulas have changed effective January 1, 2016, as shown below.

8. Accrued benefit

The total of the accrued benefits earned for each period of benefit accrual. Effective January 1, 2004, the accrued benefit for a participant is equal to:

- a. The accrued benefit as of December 31, 2003, plus
- b. The sum of the benefits earned for all periods of benefit accrual beginning January 1, 2004 through December 31, 2010. The benefit earned during a period of benefit accrual is equal to 0.7 times the employer contribution rate times the number of benefit service credits earned at that employer contribution rate, plus
- c. The sum of the benefits earned for all periods of benefit accrual beginning January 1, 2011 through December 31, 2015. The benefit will depend on the schedule elected by each participating employer under the Rehabilitation Plan. The schedules are as follows:

Default Schedule: 1.00% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

Preferred Schedule: 0.75% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

**Creditable contributions do not include the frozen non-benefit bearing portion of the contribution.*

Schedule MB Attachment (Form 5500) — 2021 Plan Year
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Schedule MB, line 6 — Summary of Plan Provisions (Continued)

- d. The sum of the benefits earned for all periods of benefit accrual beginning January 1, 2016 will depend on the schedule elected by each participating employer under the Funding Improvement Plan. The schedules are as follows:

Default Schedule: 0.65% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

Standard Schedule: 1.00% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

Preferred Schedule: 0.75% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

Preferred Plus Schedule: 1.00% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

**Creditable contributions do not include the frozen non-benefit bearing portion of the contribution.*

9. Normal retirement

Benefits earned before January 1, 2008:

a. **Eligibility**

Attained age of 60 or the fifth anniversary of the date the employee became a participant or the accumulation of five vesting credits.

b. **Benefit**

Accrued benefit

Benefits earned after December 31, 2007:

a. **Eligibility**

Attained age of 62 or the fifth anniversary of the date the employee became a participant or the accumulation of five vesting credits.

b. **Benefit**

Accrued benefit

10. Early retirement

a. **Eligibility**

Attainment of age 55 and 5 or more vesting or benefit credits

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
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Schedule MB, line 6 — Summary of Plan Provisions (Continued)

b. Benefit

Benefits earned before January 1, 2008:

Default and Standard Schedule: Accrued benefit reduced by actuarial equivalence for each year that retirement precedes age 60.

Preferred and Preferred Plus Schedule: Accrued benefit reduced by 6% for each year that retirement precedes age 60.

Benefits earned after December 31, 2007:

Default and Standard Schedule: Accrued benefit reduced by actuarial equivalence for each year that retirement precedes age 62.

Preferred and Preferred Plus Schedule: Accrued benefit reduced by 6% for each year that retirement precedes age 62.

11. 25 and Out

Default and Standard Schedule: There is no 25 and Out provision under these schedules.

Preferred and Preferred Plus Schedule:

a. Eligibility

25 contributory benefit credits

b. Benefit

- Accrued benefit unreduced for retirement at age 60 and later
- Accrued benefit reduced by 6% for each year that retirement precedes age 60

12. Disability retirement

Default and Standard Schedule: There is no disability provision under these schedules.

Preferred and Preferred Plus Schedule:

a. Eligibility

Cessation of covered employment due to onset of permanent and total disability benefit after becoming vested and being active in at least one year during the three years preceding the onset of disability. Onset of disability must be prior to age 62.

Schedule MB Attachment (Form 5500) — 2021 Plan Year
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Schedule MB, line 6 — Summary of Plan Provisions (Continued)

b. Benefit

Accrued benefit, payable for life only

13. Deferred Vested Retirement

a. Eligibility

5 or more vesting or benefit credits.

b. Benefit

Accrued benefit payable at normal retirement age, or if the participant retires early, the benefit is actuarially reduced.

14. Pre-Retirement Spouse Death Benefit

a. Eligibility

5 or more Vesting or Benefit Credits

b. Benefit

50% of the accrued benefit, reduced for the joint and survivor form.

Benefits earned before January 1, 2008:

Default and Standard Schedule: Earliest date benefit payable is age 60, which is the date that the deceased participant could have retired with a pension.

Preferred and Preferred Plus Schedule: Earliest date benefit payable is age 55 and is reduced by 6% for each year that retirement precedes age 60. If the participant would have been eligible for an unreduced retirement benefit, the benefit is unreduced.

Benefits earned after December 31, 2007:

Default and Standard Schedule: Earliest date benefit payable is age 62, which is the date that the deceased participant could have retired with a pension.

Preferred and Preferred Plus Schedule: Earliest date benefit payable is age 55 and is reduced by 6% for each year that retirement precedes age 62. If the participant would have been eligible for an unreduced retirement benefit, the benefit is unreduced.

15. Post-Retirement Lump Sum Death Benefit

a. Eligibility

Current Retirees and disabled participants as of May 1, 2010

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
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Schedule MB, line 6 — Summary of Plan Provisions (Continued)

b. Benefit

12 times the retiree's monthly benefit at retirement calculated in the form of a level ten-year certain and life option without regard to any increases beyond the date of retirement, if retired after December 31, 1995, but no more than \$30,800. If retired prior to January 1, 1996, either \$5,000, \$3,000, \$2,000, or \$1,000.

16. Benefit Forms

- Life Annuity
- 50%, 75%, or 100% Joint and Survivor benefit

Preferred and Preferred Plus Schedule: (additional benefit form)

- Joint and Survivor (with pop-up) equal to 50%, 75%, or 100% joint and survivor benefit

17. Changes since last valuation

Under the Preferred and Preferred Plus Schedules, the 30 and Out Retirement was changed from an unreduced benefit upon attaining age 57 with 30 or more years of benefit credits to an unreduced benefit upon attaining age 60 with 25 or more years of benefit credits (25 and Out Retirement).

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods

1. Funding Method: Unit Credit Cost Method

The cost method for valuation of liabilities used for this valuation is the Unit Credit Method. This is one of a family of valuation methods known as an accrued benefits method. The chief characteristic of an accrued benefits method is that the funding pattern follows the pattern of benefit accrual. Under the unit credit actuarial cost method, the normal cost is determined as that portion of each Participant's benefit attributable to service expected to be earned in the upcoming plan year. The Actuarial Liability, which is determined for each participant as of each valuation date, represents the actuarial present value of the participant's current accrued benefit as of the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the Unit Credit Method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost could increase over time.

2. Asset Valuation Method

The asset method is to phase-in the excess of actual asset return over expected over four years at a rate of 25% per year subject to a minimum of 80% of market value and a maximum of 120% of market value.

3. PRA 2010 Funding Relief

The Plan's Board of Trustees elected funding relief under §431(b)(8) of the Code added by the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010 (PRA 2010) and § 304(b)(8) of ERISA, specifically:

- The "special amortization rule" which allows the plan to amortize the Plan's asset loss for the plan year ending December 31, 2008, over 29 years instead of 15 years.
- The "special asset valuation rule" in determining the actuarial value of plan assets which allows the Plan to recognize the 2008 investment loss over ten years, at 10% per year.

The Trustees elected to waive the 2014 amortization extension. Amortization extensions prior to 2014 remain in place.

4. Withdrawal Liability and Unfunded Vested Benefits

The Present Value of Vested Benefits developed for the determination of unfunded vested benefits is based on the valuation assumptions. The Withdrawal Liability does not include the post-retirement lump sum death benefit whereas the ASC 960 vested benefits does include it.

5. Changes in Methods Since Last Valuation

None

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (Continued)

1. Valuation date

January 1, 2021

2. Cost Method

Unit Credit

3. Interest Rate

- a. Funding: 7.25% per annum
- b. RPA '94 current liability: 2.43%
- c. ASC 960 and Withdrawal Liability: 7.25%

4. Mortality

Funding, ASC 960 and Withdrawal Liability

a. Non-Annuitants

RP-2014 Blue Collar Employee Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

b. Healthy Annuitants

115%, males only, of the RP-2014 Blue Collar Healthy Annuitant Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

c. Disabled

RP-2014 Disabled Retiree adjusted to 2006 with generational mortality improvement using Scale MP-2019

RPA '94 current liability

2021 Static Mortality Table as prescribed under IRS regulation

5. Termination

During the first five years of participation, the separation rates are:

Years of Participating	Rate
0	35.0%
1	20.0%
2-4	15.0%

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (Continued)

Separation rates (after the first five years of participation) at sample ages are shown below:

Age	Rate
20	15.0%
30	14.0%
40	8.5%
50	6.0%
60	4.5%
62	0.0%

6. Disability

70% of the 1985 Pension Disability Table Class 1

Disability rates at sample ages are shown below:

Age	Rate
20	0.02%
30	0.03%
40	0.08%
50	0.25%
60	0.88%
62	0.00%

7. Retirement

Age	Rate	
	< 25 Years of Service	25+ Years of Service
<55	0%	5%
55-59	5%	7.5%
60	5%	15%
61	10%	25%
62-64	20%	25%
65-69	35%	35%
70+	100%	100%

8. Post-Termination Retirement

Age	Rate
60	70%
61-64	20%
65+	100%

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (Continued)

9. Percent Married

65%

10. Age of Spouse

Husbands are assumed to be three years older than wives

11. Expected expenses

\$1,600,000, payable at the beginning of plan year.

12. Reciprocity

Active non-vested liability is loaded with 1% of the terminated vested liability.

13. Disclosures regarding Models Used

Cheiron utilizes ProVal, an actuarial valuation software leased from Winklevoss Technologies for the intended purpose of calculating liabilities and projected benefit payments. We have examined the reasonableness of the input data and assumptions, reviewed sample calculations for accuracy, reconciled the actuarial gain loss, and find the aggregate results reasonable and appropriate. We are not aware of any material inconsistencies, unreasonable output resulting from the aggregation of assumptions, material limitations or known weaknesses that would affect this report.

Projections in this report were developed using P-scan, our proprietary tool for the intended purpose of developing projections. The projections shown in this report cover multiple individual scenarios and the variables are not necessarily correlated. We are not aware of any material inconsistencies, unreasonable output resulting from the aggregation of assumptions, material limitations or known weaknesses that would affect the projections shown in this report.

14. Rationale for Assumptions

In accordance with Actuarial Standard of Practice No. 27, the justification for the 7.25% discount rate is based on the historical returns of the Plan, the Plan's current asset allocation, and the investor manager's capital market outlook. The historical geometric average return from 1996 through 2020 is 7.5%

For purposes of calculating Current Liability per IRC section 431(c)(6), the top of the permissible range was used as published in the applicable IRS Notice based on the historical practice of the Plan.

In accordance with Actuarial Standard of Practice No. 35, the demographic assumptions used in this report were based on an experience study covering the period from January 1, 2014 through December 31, 2018. The new assumptions represent the actuary's best estimate of future experience. The results of this study were presented in December 2019 and went into effect starting with the January 1, 2020 valuation.

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (Continued)

15. Changes Since Last Valuation

- i. The RPA '94 Current Liability interest rate was changed from 2.95% to 2.43% to comply with appropriate guidance.
- ii. The RPA '94 Current Liability mortality table was changed from the 2020 static mortality table to the 2021 static mortality table to comply with the appropriate guidance.
- iii. Administrative expense increased from \$1,500,000 to \$1,600,000 per year payable at the beginning of the year to reflect plan experience.
- iv. The retirement rates were changed to better reflect expected future experience based on the plan change from a 30 and Out Retirement to a 25 and Out Retirement.

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

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

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments	
Plan Year	Expected Annual Benefit Payments
2021	61,227,498
2022	64,258,687
2023	66,805,026
2024	69,152,312
2025	71,059,549
2026	72,313,979
2027	73,249,910
2028	73,793,379
2029	74,120,247
2030	74,189,997

Notes on the Expected Annual Benefit Payments

- Based on 2021 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions, the benefit payments do not include additional accruals, new entrants, or expected expenses.

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

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

Distribution of Active Members
By Age And Service as of January 1, 2021

Age	Counts By Age/Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	7	41	1	0	0	0	0	0	0	0	49
25 to 29	22	129	28	0	0	0	0	0	0	0	179
30 to 34	34	159	85	9	1	0	0	0	0	0	288
35 to 39	14	138	98	37	17	2	0	0	0	0	306
40 to 44	11	131	94	63	79	27	1	0	0	0	406
45 to 49	15	100	76	47	102	86	17	0	0	0	443
50 to 54	11	83	73	62	89	98	63	22	1	0	502
55 to 59	7	54	55	51	83	94	55	52	16	0	467
60 to 64	3	42	50	34	61	75	48	37	21	10	381
65 to 69	1	6	9	9	15	19	7	9	3	6	84
70 & up	0	0	0	0	0	0	0	0	1	0	1
Total	125	883	569	312	447	401	191	120	42	16	3,106

Average Age = 47.1

Average Service = 11.9

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

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

Table VI-4 Schedule of Amortization Charges Required for Minimum Required Contribution As of January 1, 2021						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2021 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan amendment	1/1/1992	\$ 1,040,939	30.00	\$ 81,573	1.00	\$ 81,573
2. Plan amendment	1/1/1994	10,309,208	30.00	2,263,284	3.00	807,805
3. Plan amendment	1/1/1995	5,097,103	30.00	1,442,662	4.00	399,367
4. Plan amendment	1/1/1996	28,370,705	30.00	9,709,104	5.00	2,222,688
5. Plan amendment	1/1/1997	9,469,404	30.00	3,759,746	6.00	741,144
6. Change in assumptions	1/1/1998	6,564,679	30.00	2,941,234	7.00	513,307
7. Plan amendment	1/1/1999	17,078,151	30.00	8,461,938	8.00	1,334,137
8. Change in assumptions	1/1/1999	3,462,977	30.00	1,715,840	8.00	270,525
9. Plan amendment	1/1/2000	17,260,107	30.00	9,313,887	9.00	1,347,130
10. Plan amendment	1/1/2001	19,459,310	30.00	11,299,609	10.00	1,517,438
11. Plan amendment	1/1/2002	15,616,237	30.00	9,664,544	11.00	1,216,718
12. Plan amendment	1/1/2003	13,013,053	30.00	8,515,927	12.00	1,013,055
13. Plan amendment	1/1/2004	10,634,133	30.00	7,310,687	13.00	827,194
14. Change in assumptions	1/1/2007	12,515,783	30.00	9,680,453	16.00	971,365
15. Experience loss	1/1/2007	4,450,460	15.00	468,480	1.00	468,480
16. Change in assumptions	1/1/2008	12,636,226	15.00	2,567,584	2.00	1,328,701
17. Recognized Portion of the 2008 ENIL	1/1/2009	70,466,771	29.00	56,797,452	17.00	5,518,525
18. Recognized Portion of the 2008 ENIL	1/1/2010	10,312,526	28.00	8,400,268	17.00	816,183
19. Recognized Portion of the 2008 ENIL	1/1/2011	11,166,025	27.00	9,200,429	17.00	893,927
20. Recognized Portion of the 2008 ENIL	1/1/2012	11,915,708	26.00	9,941,443	17.00	965,925
21. 2011 Bifurcated Base	1/1/2012	16,345,120	15.00	8,682,993	6.00	1,711,644
22. Recognized Portion of the 2008 ENIL	1/1/2013	24,195,105	25.00	20,462,543	17.00	1,988,171
23. Experience loss	1/1/2014	1,118,517	15.00	741,510	8.00	116,909

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 9c and 9h — Schedule of Funding Standard Account Bases (Continued)

Table IV-4 Schedule of Amortization Charges Required for Minimum Required Contribution As of January 1, 2021 (Continued)						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2021 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
24. Experience loss	1/1/2015	6,473,353	15.00	4,673,714	9.00	675,990
25. Change in assumptions	1/1/2015	21,750,850	15.00	15,703,945	9.00	2,271,366
26. Experience Loss	1/1/2016	5,798,464	15.00	4,504,998	10.00	604,981
27. Experience Loss	1/1/2017	4,859,902	15.00	4,024,181	11.00	506,624
28. Experience Loss	1/1/2018	9,592,144	15.00	8,398,721	12.00	999,113
29. Experience Loss	1/1/2019	8,762,003	15.00	8,059,427	13.00	911,913
30. Plan amendment	1/1/2021	6,002,716	15.00	6,002,716	15.00	624,253
Total Charges		\$ 395,737,679		\$ 254,790,892		\$ 33,666,151

Table VI-5 Schedule of Amortization Credits Required for Minimum Required Contribution As of January 1, 2021						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2021 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Change in assumptions	1/1/1993	\$ 1,172,426	30.00	\$ 177,542	2.00	\$ 91,876
2. Change in assumptions	1/1/1996	15,175,191	30.00	5,193,298	5.00	1,188,892
3. Plan amendment	1/1/1998	9,555,172	30.00	4,281,098	7.00	747,141
4. Change in assumptions	1/1/2003	11,064,013	30.00	7,240,451	12.00	861,325
5. Plan amendment (formula)	1/1/2004	24,803,948	30.00	17,052,037	13.00	1,929,415
6. Experience gain	1/1/2008	6,478,154	15.00	1,316,315	2.00	681,181
7. Plan amendment	1/1/2008	622,336	15.00	126,452	2.00	65,438
8. Plan amendment	5/1/2010	29,757,146	15.00	12,408,412	4.33	3,206,133
9. 2008 Bifurcated Base	1/1/2009	528,708	15.00	155,598	3.00	55,535
10. 2009 Bifurcated Base	1/1/2010	21,329,693	15.00	8,084,836	4.00	2,238,094
11. 2010 Bifurcated Base	1/1/2011	18,636,194	15.00	8,533,198	5.00	1,953,489
12. Plan amendment	1/1/2011	17,743,785	15.00	8,124,576	5.00	1,859,944
13. 2012 Bifurcated Base	1/1/2013	10,866,085	15.00	6,513,803	7.00	1,136,795
14. Change in assumptions	1/1/2020	11,582,191	15.00	11,130,084	14.00	1,204,490
15. Experience Gain	1/1/2020	2,970,158	15.00	2,854,219	14.00	308,882
16. Experience Gain	1/1/2021	17,921,313	15.00	17,921,313	15.00	1,863,727
Total Credits		\$ 200,206,513		\$ 111,113,232		\$ 19,392,357
Net Charge				\$ 143,677,660		\$ 14,273,794

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 9f — Explanation of Prior Year Credit Balance Discrepancy

Calculation of December 31, 2020 Credit Balance		
	Original	Revised
1. Charges For Plan Year		
a. Normal Cost with Expenses	\$ 15,831,348	\$ 15,831,348
b. Amortization Charges	42,753,214	42,753,214
c. Interest on a. and b. to Year End	<u>4,247,381</u>	<u>4,247,381</u>
d. Total Charges	\$ 62,831,943	\$ 62,831,943
2. Credits For Plan Year		
a. Prior Year Credit Balance	\$ 91,976,743	\$ 91,976,743
b. Employer Contributions	41,720,837	41,720,837
c. Amortization Credits	18,545,927	18,545,927
d. Interest on a., b., and c. to Year End	<u>9,153,768</u>	<u>9,153,768</u>
e. Total Credits	\$ 161,397,275	\$ 161,397,275
3. Credit Balance at End of Year [2.e. - 1.d.]	\$ 98,565,332	\$ 98,565,332
4. One-Time Charge (Revoke of 5-Year Amortization Extension)	\$ 0	\$ 58,544,896
5. Credit Balance after Adjustment for One-Time Charge [3. - 4.]	\$ 98,565,332	\$ 40,020,436

The December 31, 2020 Credit Balance changed due to the Plan adopting an amendment to increase benefits which reverted back to the Credit Balance without the amortization extension. The one-time charge of \$58,544,896 is equivalent to a one-year charge base for the difference between the Credit Balance with and without extension.

Schedule MB Attachment (Form 5500) — 2021 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 11 — Justification for Change in Actuarial Assumptions

1. The RPA '94 Current Liability interest rate was changed from 2.95% to 2.43% to comply with appropriate guidance, and remains within the required corridor as prescribed by the IRS.
2. The RPA '94 Current Liability mortality table was changed from the 2020 static mortality table to the 2021 static mortality table to comply with appropriate guidance.
3. Administrative expense increased from \$1,500,000 to \$1,600,000 per year payable at the beginning of the year to reflect plan experience.
4. The retirement rates were changed to better reflect expected future experience based on the plan change from a 30 and Out Retirement to a 25 and Out Retirement.

SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND
EIN 36-6155778 PLAN 001
Y/E: 12/31/21

	FAIR VALUE	COST
INVESTMENT IN POOLED SEPARATE ACCOUNTS:		
PRUDENTIAL INSURANCE CO.		
QUANTITATIVE CORE EQUITY	49,832,045	27,938,248
QMA S&P INDEX FUND	128,346,633	93,457,730
PRISA ACCOUNT	55,407,832 <i>A</i>	33,547,624
MIDCAP QUANT. CORE EQUITY	39,467,094	14,954,489
VALUE EQUITY	20,492,075	14,138,188
JENNISON STOCK	41,556,771	14,121,055
SHORT TERM	47,109,612	47,109,612
PRISA II	14,042,019 <i>A</i>	8,865,738
TOTAL	<u>396,254,081</u>	<u>254,132,684</u>
INVESTMENT IN COMMON COLLECTIVE TRUSTS:		
PRUDENTIAL TRUST CO.:		
PGIM QUANT SOLUTIONS INTERNATIONAL EQUITY FUND	88,044,309	87,785,012
PRUDENTIAL CORE BOND FUND	131,435,050	126,326,017
JENNISON U.S. SMALL CAP EQUITY FUND	55,042,210	16,533,598
QMA EMERGING MARKETS EQUITY FUND	3,714,467	3,146,310
PRUDENTIAL HIGH YIELD BOND FUND	35,429,452	33,593,929
QMA MARKET PARTICIPATION STRATEGY FUND	49,543,354	22,840,152
PRUDENTIAL CORE CONSERVATIVE BOND FUND	34,944,164	35,112,890
PRUDENTIAL INFLATION PROTECTED SECURITIES FUND	15,623,660	14,427,160
TOTAL	<u>413,776,666</u>	<u>339,765,068</u>
INVESTMENT IN INSURANCE GENERAL ACCOUNT:		
PRUDENTIAL INSURANCE CO.:	<u>77,426,424</u>	<u>77,426,424</u>
INVESTMENT IN INTEREST-BEARING CASH:		
STATE BANK OF ILLINOIS - CHECKING	<u>74,627</u>	<u>74,627</u>
TOTAL	<u>887,531,798</u>	<u>671,398,803</u>

SUM A = 69,449,851

Schedule H, Page 4, Line 4g

Individual transactions - purchases and sales on separate lines

[illegible]

* Not applicable for purchases or sales of marketable securities.

** Book value is current value at end of prior year or at purchase date if purchased during the reporting period.

Series of securities transactions - include all purchases and sales of one security on same line and apply 5% test to total.

[illegible]

SCHEDULE R, PART V, LINE D AND E

SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND
 EIN: 36-6155778
 SCHEDULE R, CERTAIN INFORMATION FOR MULTIEMPLOYER PLANS
 YEAR ENDED DECEMBER 31, 2021

5500 Effective Pension Rates & Contract Dates

<u>Employer #</u>	<u>Beginning</u>	<u>Contract Dates</u>	<u>End</u>	<u>Pension Rate</u>
Waste Management (36-2660859)				
1033	11/1/2020		11/1/2025	\$232.44
1132	11/1/2020		11/1/2025	\$316.90
1136	11/1/2020		11/1/2025	\$150.06
2995	11/1/2020		11/1/2025	\$222.12
2996	11/1/2020		11/1/2025	\$100.45
3141	11/1/2020		11/1/2025	\$158.38
3142	11/1/2020		11/1/2025	\$166.71
3143	11/1/2020		11/1/2025	\$175.03
4758	4/1/2018		3/1/2023	\$218.65
4759	4/1/2018		3/1/2023	\$139.78
5049	11/1/2020		11/1/2025	\$222.12
5050	11/1/2020		11/1/2025	\$222.12
5051	11/1/2020		11/1/2025	\$100.45
5052	11/1/2020		11/1/2025	\$100.45
5056	11/1/2020		11/1/2025	\$245.77
5057	11/1/2020		11/1/2025	\$165.49
5094	11/1/2020		11/1/2025	\$316.90
5119	11/1/2020		11/1/2025	\$150.06
5120	11/1/2020		11/1/2025	\$158.38
5121	11/1/2020		11/1/2025	\$166.71
5122	11/1/2020		11/1/2025	\$175.03
5123	11/1/2020		11/1/2025	\$316.90
5275	11/1/2020		11/1/2025	\$222.12
5276	11/1/2020		11/1/2025	\$100.45
5277	11/1/2020		11/1/2025	\$222.12
5278	11/1/2020		11/1/2025	\$100.45
Ozinga Illinois, RMC, Inc. 26-3757838				
2197	5/1/2019		4/30/2024	\$457.76
3177	5/1/2019		4/30/2024	\$437.34
4486	5/1/2019		4/30/2024	\$413.72
5254	5/1/2019		4/30/2024	\$457.76
5264	5/1/2019		4/30/2024	\$437.34
5268	5/1/2019		4/30/2024	\$413.72
5279	5/1/2019		4/30/2024	\$412.16
Groot Industries, Inc. 36-3527116				
814	3/1/2019		2/28/2024	\$232.80
3197	3/1/2019		2/28/2024	\$232.80
3198	3/1/2019		2/28/2024	\$267.80
4433	3/1/2019		2/28/2024	\$267.80

ACTIVE PARTICIPANT DATA

**THE REQUIRED ATTACHMENT IS
INCLUDED IN THE SIGNED SCHEDULE MB**

JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTION

**THE REQUIRED ATTACHMENT IS
INCLUDED IN THE SIGNED SCHEDULE MB**

SUMMARY OF PLAN PROVISIONS

**THE REQUIRED ATTACHMENT IS
INCLUDED IN THE SIGNED SCHEDULE MB**

ACTUARIAL ASSUMPTION METHODS

**THE REQUIRED ATTACHMENT IS
INCLUDED IN THE SIGNED SCHEDULE MB**

WITHDRAWAL LIABILITY AMOUNTS

**THE REQUIRED ATTACHMENT IS
INCLUDED IN THE SIGNED SCHEDULE MB**