

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>LOCAL UNION NO. 4, IBEW PENSION PLAN</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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1985</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>06/01/1985</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>06/01/1985</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>LOCAL UNION NO. 4, IBEW</u> <u>4940 WASHINGTON BLVD</u> <u>SAINT LOUIS, MO 63108-1621</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>43-6031009</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>314-367-6555</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>515100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>43-6031009</u>	2c Plan Sponsor's telephone number <u>314-367-6555</u>	2d Business code (see instructions) <u>515100</u>	
2b Employer Identification Number (EIN) <u>43-6031009</u>					
2c Plan Sponsor's telephone number <u>314-367-6555</u>					
2d Business code (see instructions) <u>515100</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.	10/13/2022	MICHAEL PENDERGAST
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	MICHAEL PENDERGAST
	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	445
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)	368
a(2) Total number of active participants at the end of the plan year		6a(2)	357
b Retired or separated participants receiving benefits.....		6b	10
c Other retired or separated participants entitled to future benefits		6c	66
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	433
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	433
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	433
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	17
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2T			
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>0</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 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 LOCAL UNION NO. 4, IBEW PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL UNION NO. 4, IBEW	D Employer Identification Number (EIN) 43-6031009	

Part I	Service Provider Information (see instructions)
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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	
EKON FINANCIAL	4940 WASHINGTON BLVD. ST. LOUIS, MO 63108

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

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

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

EKON ADVISORS

4940 WASHINGTON BLVD.
ST. LOUIS, MO 63108

47-4491266

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	85792	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EKON BENEFITS

4940 WASHINGTON BLVD.
ST. LOUIS, MO 63108

43-1317863

(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 37 38 50 60 64 70	NONE	13575	Yes ☒ No ☐	Yes ☐ No ☒	37198	Yes ☐ No ☒

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

INVESCO NATIONAL TRUST COMPANY

P.O. BOX 79269
ATLANTA, GA 30357

(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?
51	NONE	11014	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

MICHAEL CUMMINS, CPA, P.C.

THREE THE PINES COURT
SUITE E
ST. LOUIS, MO 63141

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	6700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHUCHAT, COOK & WERNER

1221 LOCUST STREET
ST. LOUIS, MO 63103

(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 50	NONE	4331	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ 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
EKON BENEFITS	15 16 37 38 50 60 64 70	26795
(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.	
AMERICAN FUNDS 5300 ROBIN HOOD ROAD NORFOLK, VA 23513	SUB-TRANSFER AGENT/RECORDKEEPING FEES = \$12/PARTICIPANT/FUND	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EKON BENEFITS	15 16 37 38 50 60 64 70	4644
(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.	
PIMCO FUNDS PO BOX 55060 BOSTON, MA 02205	SUB-TRANSFER AGENT/RECORDKEEPING FEES = 0.15% TIMES PLAN BALANCE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EKON BENEFITS	15 16 37 38 50 60 64 70	3884
(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.	
INVESCO STABLE VALUE 1360 PEACHTREE STREET ATLANTA, GA 30309	SUB-TRANSFER AGENT/RECORDKEEPING FEES = 0.20% TIMES PLAN BALANCE	

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
EKON BENEFITS	15 16 37 38 50 60 64 70	1875
(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.	
FRANKLIN TEMPLETON 3344 QUALITY DRIVE RANCHO CORDOVA, CA 95741-2258	SUB-TRANSFER AGENT/RECORDKEEPING FEES = 0.15% TIMES PLAN BALANCE	
(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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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
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

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 LOCAL UNION NO. 4, IBEW PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL UNION NO. 4, IBEW	D Employer Identification Number (EIN) 43-6031009	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	61772	100437
(2) Participant contributions.....	1b(2)	4205	12440
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	52701	0
(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)	3366	209
(9) Value of interest in common/collective trusts.....	1c(9)	2182110	1942052
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	46223595	52703391
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	48527749 54758529
Liabilities			
g	Benefit claims payable	1g	52701 0
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	36402 26404
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	89103 26404
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	48438646 54732125

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	987055
	(B) Participants	2a(1)(B)	122940
	(C) Others (including rollovers).....	2a(1)(C)	15662
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1125657
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	66
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	66
(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)	598589
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	598589
(3)	Rents	2b(3)	
(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)	0
(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)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		6935003
c Other income.....	2c		116870
d Total income. Add all income amounts in column (b) and enter total.....	2d		8776185
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2349458	
(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)		2349458
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)	11031	
(2) Contract administrator fees.....	2i(2)	13260	
(3) Investment advisory and management fees.....	2i(3)	99458	
(4) Other.....	2i(4)	9499	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		133248
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2482706
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		6293479
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: GRABEL, SCHNIEDERS, HOLLMAN & CO.

(2) EIN: 43-1171178

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		141425

	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		500000
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?		X	
4g		X	
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?		X	
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 _____.

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.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan LOCAL UNION NO. 4, IBEW PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL UNION NO. 4, IBEW		D Employer Identification Number (EIN) 43-6031009
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
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): 04-3628498		
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
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
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	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
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

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): _____

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

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

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

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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 _____

LOCAL UNION #4, IBEW PENSION TRUST

FINANCIAL STATEMENTS and
SUPPLEMENTAL SCHEDULES

FOR THE YEARS ENDED

DECEMBER 31, 2021 and 2020

LOCAL UNION #4, IBEW PENSION TRUST

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GRABEL, SCHNIEDERS, HOLLMAN & CO., P.C.
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LLOYD W. SCHNIEDERS, C.P.A.
MARK J. HOLLMAN, C.P.A.

CHARLES M. KINDER, C.P.A.

INDEPENDENT AUDITOR'S REPORT

To the Trustees of
Local Union No. 4, IBEW Pension Trust

Opinion

We have audited the accompanying financial statements of Local Union No. 4, IBEW Pension Trust, 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 statement of changes in net assets available for benefits for the years ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Local Union No. 4, IBEW Pension Trust as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years ended, in accordance with accounting principles generally accepted in the United States of America.

Other Matter

The financial statements of Local Union No. 4, IBEW Pension Trust as of and for the year ended December 31, 2020, were audited by another auditor whose report dated October 15, 2021, expressed an unmodified opinion on those statements.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Local Union No. 4, IBEW Pension Trust 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 Local Union No. 4, IBEW Pension Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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.

Auditor's 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 auditor's 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Local Union No. 4, IBEW Pension Trust'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.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Local Union No. 4, IBEW Pension Trust'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.

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year and schedule of delinquent participant contributions 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 generally accepted auditing standards.

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.


Grabel, Schnieders, Hollman & Co., P.C.

Kirkwood, Missouri
October 12, 2022

LOCAL UNION NO. 4, IBEW PENSION TRUST
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31,

	<u>2021</u>	<u>2020</u>
ASSETS		
Collective trust	\$ 1,942,052	\$ 2,182,110
Registered investment companies	<u>52,703,391</u>	<u>46,223,595</u>
Total Investments – at Fair Value	<u>54,645,443</u>	<u>48,405,705</u>
Cash held by third party administrator	<u>-0-</u>	<u>52,701</u>
Notes receivable participants	<u>209</u>	<u>3,366</u>
Contributions receivable		
Participants	12,440	4,205
Employers	<u>100,437</u>	<u>61,772</u>
Total Contributions Receivable	<u>112,877</u>	<u>65,977</u>
TOTAL ASSETS	<u>54,758,529</u>	<u>48,475,048</u>
LIABILITIES		
Accounts payable	<u>26,404</u>	<u>36,402</u>
TOTAL LIABILITIES	<u>26,404</u>	<u>36,402</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$54,732,125</u>	<u>\$48,491,347</u>

See accompanying notes to the financial statements.

LOCAL UNION NO. 4, IBEW PENSION TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31,

	<u>2021</u>	<u>2020</u>
Additions		
Investment Income		
Dividends	\$ 598,589	\$ 647,348
Capital gain dividends	2,656,234	657,006
Net appreciations (depreciation) in investments	<u>4,226,067</u>	<u>4,773,266</u>
	7,480,890	6,077,620
Investment expenses	(99,457)	(87,832)
12-B-1 fee reimbursement	<u>116,870</u>	<u>85,141</u>
Net Investment Income	<u>7,498,303</u>	<u>6,074,929</u>
Interest notes receivable participants	<u>66</u>	<u>262</u>
Contributions		
Participant contributions	122,940	88,973
Rollover contributions	-0-	465,079
Lost earnings contributions	15,662	176
Employer contributions	<u>987,055</u>	<u>879,490</u>
Total contributions	<u>1,125,657</u>	<u>1,433,718</u>
Total Additions	<u>8,624,026</u>	<u>7,508,909</u>
Deductions		
Benefits paid	2,349,458	2,141,227
Administrative expenses	<u>33,790</u>	<u>37,354</u>
Total deductions	<u>2,383,248</u>	<u>2,178,581</u>
Net Increase (Decrease) in Net Assets	6,240,778	5,330,328
Net Assets Available for Plan Benefits		
Beginning of the Year	<u>48,491,347</u>	<u>43,161,019</u>
End of the Year	<u>\$54,732,125</u>	<u>\$48,491,347</u>

See accompanying notes to the financial statements.

LOCAL UNION NO. 4, IBEW PENSION TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 1: DESCRIPTION OF PLAN

The following description of the Local Union No. 4, IBEW Pension Trust provides only general information. Participants should refer to the Plan agreement and Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution Plan covering all persons working under the terms of collective bargaining agreements with Radio and Television Stations and other companies in the broadcasting industry in the St. Louis metropolitan area. The most recent restatement of the Plan was November 1, 2020.

Amendments

The fourth amendment to the trust amended the trust to comply with the Department of Labors final regulations regarding claims and appeal procedures for disability claims.

The fifth amendment to the trust agreement, provides that any lawsuit brought by any participant, beneficiary, alternate payee, employer or other third-party relating to or arising under the Pension Plan may only be brought in the venue where the Pension Plan is administered which is the United States District Court for the Eastern District of Missouri.

Member Accounts

The Board of Trustees will establish and maintain separate accounts for employer, employee and rollover contributions. Contributions for each type are allocated to the accounts. Trust earnings of terminated member's non-vested accounts (after payment of administrative expenses), are allocated to the accounts.

Vesting

Employee contributions are 100% vested. Employer contributions are vested as follows:

The participants are vested 20% after 2 years and increase 20% per year, after five years they will be vested 100%.

Contributions

Each employer participating in the Plan is required to make contributions in accordance with the collective agreement and amendments thereto. The terms of the collective bargaining agreements vary with each employer.

LOCAL UNION NO. 4, IBEW PENSION TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 1: DESCRIPTION OF PLAN (continued)

Participant Contributions

The Plan allows participants to defer wages, if the collective bargaining agreement with the employer the participant works for includes that provision. The amount deferred is subject to limits of the Internal Revenue Code.

Pension Benefit

On termination of service, a member or qualified survivor may elect to receive a lump-sum payment equal to the value of his or her account, a nontransferable life annuity contract, installment payments for a fixed period of up to ten years, quarterly payments that may be modified at any time, or non-periodic payments but not more than four times a year or a combination of both types of flexible payments. In the event a member's account has a balance of \$1,000 or less, the Trustees shall distribute such account in a single lump sum distribution after two years had elapsed from the employee's termination of service.

Loans

Effective March 1, 2009, a participant, not otherwise eligible for payment of benefits, may take a loan of part of his account balance, subject to regulations of the IRS and of the Department of Labor, for the following purposes: (1) to pay non-elective, non-reimbursed medical and/or hospital expenses for the participant or dependents; (2) to prevent the eviction from, or foreclosure on the mortgage of, the participant's principal residence; or (3) to pay expenses for the repair of damage to the participant's principal residence or property due to casualty, or other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the participant's control. (b) The minimum allowed for a loan is \$1,000, whichever less. (c) Loans may be restricted to participants whose employers have a 401(k)-contribution agreement authorized under the collective bargaining agreement with Local Union No. 4 or another agreement with the Plan providing for repayment of a Plan loan through payroll deduction.

Forfeiture

The Plan charges each participant account a fee on a quarterly basis which is reallocated to the forfeiture account. In addition, accounts of lost participants and lost beneficiaries shall be forfeited and used to pay administrative costs of the Plan as determined by the trustees. A lost participant is defined as a participant who is eligible for benefits but has not filed an application for benefits for more than three years and who has not responded within one year to notification of forfeiture from the Plan. Accounts may be restored, if the participant whose account has been forfeited, files an application for benefits. In this case, the reinstatement of the forfeited account plus interest shall be considered an administrative expense of the Plan.

The amount in the forfeiture account was \$10,722 and \$9,881 as of December 31, 2021 and 2020, respectively.

LOCAL UNION NO. 4, IBEW PENSION TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 1: DESCRIPTION OF PLAN (continued)

Investment Options

Participants direct how their account is invested. The investments are in master accounts held by the registered investment companies and collective trust stable value fund. Allocations of the accounts are made by the Plan's third-party administrator based on the direction of the participants. The trustees have designated target benefit funds as the default investment.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participants loans are reclassified as distributions based upon the terms of the Plan document.

Contributions Receivable

Employer contributions receivable represent contributions due to the Plan. Management does not believe a bad debt allowance is necessary. The Plan has a collection policy regarding delinquent contributions. In addition, the Plan conducts payroll audits to ensure the accuracy of participant data. The trustees have established policies which define when remittance of employee contributions to the Plan is considered late.

LOCAL UNION NO. 4, IBEW PENSION TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Benefits

Benefits are recorded when paid.

Expenses

Administrative expenses are paid directly out of the Plan. Registered investment company's fees netted against investment earnings are not disclosed. The Plans investment advisor charges fees to the Plan and reimburses the Plan for 12b-1 fees.

Subsequent Events

The Plan management has evaluated subsequent events through the date of the independent accountant's audit report, which is the date the financial statements were available to be issued.

NOTE 3: FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ASC 820 establishes a framework for fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the assets or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement. Following is a description of the valuation methodologies used for assets.

The valuation levels are not necessarily an indication of risk or liquidity associated with the underlying investment.

LOCAL UNION NO. 4, IBEW PENSION TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

Registered Investment Companies (Mutual Funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective Trust Fund: Valued at the Net Asset Value (NAV) of units of collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV 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 reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The preceding methods described may produce a fair value calculation 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.

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2021 and 2020, respectively.

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Invesco Stable Value Trust				
December 31, 2021	\$19,420,53	N/A	Daily	None at
December 31, 2020	\$21,82,110	N/A	Daily	participant level

The following tables presents the investments carried at fair value as of December 31, 2021 and 2020, by the valuation hierarchy, as described on the preceding page:

Fair Value Measurements - December 31, 2021				
	Level 1	Level 2	Level 3	Total
Registered investment companies	<u>\$52,703,391</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	\$52,703,391
Investment valued at net asset value				<u>1,942,053</u>
Total Investments				<u>\$54,645,443</u>

Fair Value Measurements - December 31, 2020				
	Level 1	Level 2	Level 3	Total
Registered investment companies	<u>\$46,223,595</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	\$46,223,595
Investment valued at net asset value				<u>2,182,110</u>
Total Investments				<u>\$48,405,705</u>

LOCAL UNION NO. 4, IBEW PENSION TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 4: PLAN TERMINATION

While it is the intention of the Trustees that this Plan be permanent, the Trustees reserve the sole right to terminate the Plan due to any of the following: (a) by mutual consent of the Union and all participating Employers; (b) By agreement of the Trustees if one year elapses during which there are no longer any Union Agreements in force requiring contributions to this Plan; (c) By agreement of the Trustees in the event the Trust Fund shall be inadequate to carry out the intent or purpose of the Trust Agreement, or be inadequate to meet the payment obligations to Members and Beneficiaries; (d) If there are no Employees who qualify as Plan Members; or (e) If termination is required by law.

NOTE 5: TAX STATUS

The Internal Revenue Service has determined and informed the Trustees in a letter dated March 30, 2015 that the Plan as amended and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Internal Revenue Service no longer issues determination letters. The Plan was restated on November 1, 2020, the trustees and the Plan's tax counsel believe, the Plan is qualified, and the related trust was tax exempt as of the financial statement date.

NOTE 6: RISKS AND UNCERTAINTIES

The Plan invests in registered investment companies and a stable value trust which are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with these 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 7: BALANCES OF TERMINATED PARTICIPANTS

The balances of participants who have withdrawn from the Plan are \$13,031,477 and \$9,705,570 as of December 31, 2021 and 2020, respectively.

NOTE 8: PARTY IN INTEREST TRANSACTIONS

The Plan has engaged a third-party administrator and other professionals who provide services to the Plan. Management believes all of these are exempt transactions.

The investment in the collective trust is considered a party-in-interest transaction with Invesco.

LOCAL UNION NO. 4, IBEW PENSION TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 8: PARTY IN INTEREST TRANSACTIONS (continued)

Under ERISA regulations, amounts paid by a Plan participant or beneficiary or withheld by an employer from a participant's wages for contribution to a Plan are Plan assets on the earliest date that they can be reasonably be segregated from the employer's general assets. The Plan collection policy specifies a date of the 15th of the month following the month the participant contributions are withheld. The amount of the late contribution and participant loan payments was \$36,095 and \$50,335 for the years ended December 31, 2021 and 2020, respectively. The contributions are not considered fully corrected until all of the lost earnings relating to late contributions have been repaid to the Plan. Total uncorrected contributions are \$144,0208.

NOTE 9: RECONCILIATION BETWEEN FORM 5500 AND THE FINANCIAL STATEMENTS

	December 31,	
	2021	2020
Net Assets Available for Benefits		
Per Financial Statements	\$54,732,125	\$48,491,347
Benefits Payable	-0-	(52,701)
Per From 5500	<u>\$54,732,121</u>	<u>\$48,438,646</u>
	Year Ended December 31,	
	2021	2020
Changes in Net Assets Available for Benefits		
Per Financial Statements	\$ 6,240,778	\$ 5,330,328
Benefits Payable	52,701	(52,701)
Per From 5500	<u>\$ 6,293,479</u>	<u>\$ 5,277,627</u>

NOTE 10: CONCENTRATIONS

The Plans largest employer is Bally Sports which accounts for around 32% and 18% of the contributions for 2021 and 2020, respectively. KTVI contributed 16% and 16% for 2021 and 2020, respectively. KSDK News Channel 5 contributed 30% and 40% for 2021 and 2020, respectively.

The Plans investments in American Funds were 82% and 81% as of total investments as of December 31, 2021 and 2020, respectively.

LOCAL UNION NO. 4, IBEW PENSION TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 11: ADMINISTRATIVE EXPENSES

	Year Ended December 31,	
	2021	2020
Administrator	\$ 13,260	\$ 13,660
Insurance	9,499	8,935
Auditor	6,700	6,300
Attorney	4,331	8,459
	<u>\$ 33,790</u>	<u>\$ 37,354</u>

LOCAL UNION #4, IBEW PENSION TRUST
EIN 43-6031009 PLAN 002
SCHEDULE H, LINE 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) cost	(e) Current value
	Units/Shares		
Registered Investment Companies			
American Funds	American Funds 2015 Trgt Date Retire R4	8,709.698	113,836
American Funds	American Funds 2020 Trgt Date Retire R4	83,354.602	1,187,803
American Funds	American Funds 2025 Trgt Date Retire R4	168,113.182	2,699,898
American Funds	American Funds 2030 Trgt Date Retire R4	29,331.960	520,642
American Funds	American Funds 2035 Trgt Date Retire R4	77,838.469	1,516,293
American Funds	American Funds 2040 Trgt Date Retire R4	35,814.020	736,336
American Funds	American Funds 2045 Trgt Date Retire R4	20,207.575	427,794
American Funds	American Funds 2050 Trgt Date Retire R4	26,725.879	559,373
American Funds	American Funds 2055 Trgt Date Retire R4	14,101.054	370,435
American Funds	American Funds 2060 Trgt Date Retire R4	5,701.017	101,250
American Funds	American Funds AMCAP A	122,601.484	5,573,463
American Funds	American Funds Europacific Growth A	27,130.389	1,757,778
American Funds	American Funds Fundamental Invs A	18,041.014	1,370,396
American Funds	American Funds Income Fund of Amer A	199,111.379	5,147,029
American Funds	American Funds Invmt Co of Amer A	211,798.867	10,971,181
American Funds	American Funds New World A	5,265.835	453,020
American Funds	American Funds Cap World Bond R4	19,101.195	380,114
American Funds	American Funds SMALLCAP World A	81,921.599	6,556,186
American Funds	American Funds US Government MMkt A	897,736.670	898,740
American Funds	American Funds Washington Mutual A	60,090.576	3,634,879
PIMCO	Investment Grade Credit Bond A	152,241.572	1,627,462
PIMCO	Total Return A	142,986.641	1,468,473
Vanguard	Vanguard Equity Income Adm	14,933.297	1,377,149
Vanguard	Vanguard Growth Index	2,860.239	472,368
Vanguard	Vanguard Mid CAP Value Index	19,676.012	1,531,581
Franklin	Franklin Small Mid-CAP Grth A	28,132.174	1,249,912
			52,703,391
Collective Trust			
* Invesco	DFE INVESCO Stable Value Fund	1,942,052	1,942,052
* Participant Loans	Interest Rate 4.5% to 5.0%	**	209
	Total Investments		<u>\$ 54,645,652</u>

DFE – Direct Filing Entity

* Party-in-interest as defined by ERISA

** Cost not required for participant directed investments

See auditor's report regarding this information.

LOCAL UNION #4, IBEW PENSION TRUST
 EIN 43-6031009 PLAN 002
 SCHEDULE H, LINE 4a - Schedule of Delinquent Participant Contributions
 December 31, 2021

Total that Constitutes Nonexempt Prohibited Transactions

Year	Participant Contributions Transferred Late to Plan	Check Here if Participant Loan repayment are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	Total Fully Corrected Under VFCP And PTE 2002-51
2021	\$ 36,094	NA	\$ 36,094	\$ -0-	\$ -0-	\$ -0-
2020	33,462	NA	33,462	-0-	-0-	-0-
2019	26,193	NA	26,913	-0-	-0-	-0-
2018	24,689	NA	24,689	-0-	-0-	-0-
2017	20,987	NA	20,987	-0-	-0-	-0-
	<u>\$141,425</u>		<u>\$141,425</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ -0-</u>

See auditor's report regarding this information.

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 LOCAL UNION NO. 4, IBEW PENSION PLAN	<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;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 06/01/1985</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 06/01/1985	
1b Three-digit plan number (PN) ▶	002				
1c Effective date of plan 06/01/1985					
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) LOCAL UNION NO. 4, IBEW 4940 Washington Blvd Saint Louis MO 63108-1621	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 43-6031009</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 314-367-6555</td> </tr> <tr> <td>2d Business code (see instructions) 515100</td> </tr> </table>	2b Employer Identification Number (EIN) 43-6031009	2c Plan Sponsor's telephone number 314-367-6555	2d Business code (see instructions) 515100	
2b Employer Identification Number (EIN) 43-6031009					
2c Plan Sponsor's telephone number 314-367-6555					
2d Business code (see instructions) 515100					

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		<u>10-13-22</u> Date	Michael Pendergast Enter name of individual signing as plan administrator
SIGN HERE		<u>10-13-22</u> Date	Michael Pendergast Enter name of individual signing as employer or plan sponsor
SIGN HERE		 Date	 Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 201209

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	445
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)	368
a(2) Total number of active participants at the end of the plan year		6a(2)	357
b Retired or separated participants receiving benefits.....		6b	10
c Other retired or separated participants entitled to future benefits		6c	66
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	433
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	433
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	433
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	17
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2T			
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) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

LOCAL UNION #4, IBEW PENSION TRUST
 EIN 43-6031009 PLAN 002
 SCHEDULE H, LINE 4a - Schedule of Delinquent Participant Contributions
 December 31, 2021

Total that Constitutes Nonexempt Prohibited Transactions

Year	Participant Contributions Transferred Late to Plan	Check Here if Participant Loan repayment are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	Total Fully Corrected Under VFCP And PTE 2002-51
2021	\$ 36,094	NA	\$ 36,094	\$ -0-	\$ -0-	\$ -0-
2020	33,462	NA	33,462	-0-	-0-	-0-
2019	26,193	NA	26,913	-0-	-0-	-0-
2018	24,689	NA	24,689	-0-	-0-	-0-
2017	20,987	NA	20,987	-0-	-0-	-0-
	<u>\$141,425</u>		<u>\$141,425</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ -0-</u>

See auditor's report regarding this information.

LOCAL UNION #4, IBEW PENSION TRUST
EIN 43-6031009 PLAN 002
SCHEDULE H, LINE 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) cost	(e) Current value
		Units/Shares		
Registered Investment Companies				
	American Funds	American Funds 2015 Trgt Date Retire R4	8,709.698	113,836
	American Funds	American Funds 2020 Trgt Date Retire R4	83,354.602	1,187,803
	American Funds	American Funds 2025 Trgt Date Retire R4	168,113.182	2,699,898
	American Funds	American Funds 2030 Trgt Date Retire R4	29,331.960	520,642
	American Funds	American Funds 2035 Trgt Date Retire R4	77,838.469	1,516,293
	American Funds	American Funds 2040 Trgt Date Retire R4	35,814.020	736,336
	American Funds	American Funds 2045 Trgt Date Retire R4	20,207.575	427,794
	American Funds	American Funds 2050 Trgt Date Retire R4	26,725.879	559,373
	American Funds	American Funds 2055 Trgt Date Retire R4	14,101.054	370,435
	American Funds	American Funds 2060 Trgt Date Retire R4	5,701.017	101,250
	American Funds	American Funds AMCAP A	122,601.484	5,573,463
	American Funds	American Funds Europacific Growth A	27,130.389	1,757,778
	American Funds	American Funds Fundamental Invs A	18,041.014	1,370,396
	American Funds	American Funds Income Fund of Amer A	199,111.379	5,147,029
	American Funds	American Funds Invmt Co of Amer A	211,798.867	10,971,181
	American Funds	American Funds New World A	5,265.835	453,020
	American Funds	American Funds Cap World Bond R4	19,101.195	380,114
	American Funds	American Funds SMALLCAP World A	81,921.599	6,556,186
	American Funds	American Funds US Government MMkt A	897,736.670	898,740
	American Funds	American Funds Washington Mutual A	60,090.576	3,634,879
	PIMCO	Investment Grade Credit Bond A	152,241.572	1,627,462
	PIMCO	Total Return A	142,986.641	1,468,473
	Vanguard	Vanguard Equity Income Adm	14,933.297	1,377,149
	Vanguard	Vanguard Growth Index	2,860.239	472,368
	Vanguard	Vanguard Mid CAP Value Index	19,676.012	1,531,581
	Franklin	Franklin Small Mid-CAP Grth A	28,132.174	1,249,912
				52,703,391
Collective Trust				
*	Invesco	DFE INVESCO Stable Value Fund	1,942,052	1,942,052
*	Participant Loans	Interest Rate 4.5% to 5.0%	**	209
		Total Investments		<u>\$ 54,645,652</u>

DFE – Direct Filing Entity

* Party-in-interest as defined by ERISA

** Cost not required for participant directed investments

See auditor's report regarding this information.