

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>SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan <u>01/01/1958</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2b Employer Identification Number (EIN) <u>51-6029925</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Plan Sponsor's telephone number <u>323-666-8910</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) <u>446110</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1958</u>		2b Employer Identification Number (EIN) <u>51-6029925</u>		2c Plan Sponsor's telephone number <u>323-666-8910</u>		2d Business code (see instructions) <u>446110</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1958</u>											
2b Employer Identification Number (EIN) <u>51-6029925</u>											
2c Plan Sponsor's telephone number <u>323-666-8910</u>											
2d Business code (see instructions) <u>446110</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>BOARD OF TRUSTEES, SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND</u> <u>2220 HYPERION AVE</u> <u>LOS ANGELES, CA 90027</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.	10/14/2022	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	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	26785
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)	11385
a(2) Total number of active participants at the end of the plan year	6a(2)	11420
b Retired or separated participants receiving benefits.....	6b	6648
c Other retired or separated participants entitled to future benefits	6c	8717
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	26785
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	418
f Total. Add lines 6d and 6e	6f	27203
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	7994
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	19

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 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 <u>SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> </table>	B Three-digit plan number (PN) ►	<u>001</u>
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 <u>BOARD OF TRUSTEES, SOUTHERN CALIFORNIA UNITED FOOD</u>	D Employer Identification Number (EIN) <u>51-6029925</u>		

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)	<u>941612005</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>941612005</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>949216768</u>
(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)	<u>842733569</u>
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)	<u>1645582801</u>
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	<u>46910421</u>
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	<u>48025350</u>
(3) Expected plan disbursements for the plan year.....	1d(3)	<u>50225350</u>

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>MARK HAMWEE, FSA, MAAA</u> Type or print name of actuary <u>SEGAL</u> Firm name <u>180 HOWARD ST STE 1100, SAN FRANCISCO, CA 94105-6147</u> Address of the firm	<u>10/07/2022</u> Date <u>20-05829</u> Most recent enrollment number <u>415-263-8200</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

**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	951596730
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	6363	579179606
(2) For terminated vested participants	8407	385587634
(3) For active participants:		
(a) Non-vested benefits.....		61332636
(b) Vested benefits.....		619482925
(c) Total active	11383	680815561
(4) Total	26153	1645582801
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	57.83 %

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
09/15/2021	1605300	0	04/30/2021	10660	0
10/15/2021	1597216	0	07/31/2021	10660	0
11/15/2021	1622152	0	10/31/2021	10660	0
12/15/2021	1899932	0			
01/15/2022	12763187	0			
Totals ▶			3(b)	19519767	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 31980

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	111.7 %
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)	8P	A	
(2) Females	6c(2)	8FP	8FP	
d Valuation liability interest rate	6d	6.75 %	6.75 %	
e Expense loading	6e	24.5 % ☐ 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	17.6 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	14.8 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	58834201	5959021
1	-21058113	-2131797
5	-68226655	-8994837

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	0

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

a Prior year funding deficiency, if any	9a	792564
b Employer's normal cost for plan year as of valuation date.....	9b	10808453
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)	136090192
(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	2148394
e Total charges. Add lines 9a through 9d.....	9e	33976457

Credits to funding standard account:

f	Prior year credit balance, if any.....	9f	0
g	Employer contributions. Total from column (b) of line 3.....	9g	19519767
		Outstanding balance	
h	Amortization credits as of valuation date.....	9h	129277993
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	1220357
j	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL).....	9j(1)	19656108
(2)	"RPA '94" override (90% current liability FFL)	9j(2)	563253405
(3)	FFL credit	9j(3)	
k	(1) Waived funding deficiency	9k(1)	
	(2) Other credits	9k(2)	
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	37708246
m	Credit balance: If line 9l is greater than line 9e, enter the difference	9m	3731789
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)	
(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a)	Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b)	Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	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 SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SOUTHERN CALIFORNIA UNITED FOOD	D Employer Identification Number (EIN) 51-6029925

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	
BRIDGEWATER ASSOCIATES, LP	ONE GLENDINNING PL WESTPORT, CT 06880

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CAPITAL RESEARCH AND MANAGEMENT CO.	333 S HOPE ST LOS ANGELES, CA 90071

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY MANAGEMENT & RESEARCH CO.	82 DEVONSHIRE ST BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BNY MELLON	240 GREENWICH ST NEW YORK, NY 10286

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

GRANTHAM, MAYO, VAN OTTERLOO AND CO

04-3336401

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

JP MORGAN FUND SERVICES

PO BOX 8528
BOSTON, MA 02266

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

THE VANGUARD GROUP

100 VANGUARD BLVD
MALVERN, PA 19355

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

AMERICAN FUNDS

12711 N MERIDIAN ST
CARMEL, IN 46032

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

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

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

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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)

TCW ASSET MANAGEMENT COMPANY

95-2642764

(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	592653	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DODGE & COX

94-1441976

(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 52 68	NONE	541188	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SCHWARTZ STEINSAPIR DOHRMANN & SOMM

95-2077781

(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	44949	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)

PACIFIC INVESTMENT MGMT COMPANY LLC

33-0629048

(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 52 68	NONE	238565	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ROBECO INVESTMENT MGMT COMPANY

98-0202744

(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 68	NONE	201404	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

THE SEGAL COMPANY, WESTERN STATES

94-1503999

(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 17	NONE	105884	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)

MARK MAY

95-2097171

(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 50	EMPLOYEE	59065	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST CO.

36-1561860

(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 50 62	NONE	118597	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MILLER KAPLAN ARASE LLP

95-2036255

(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	81482	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)

ELIZABETH ARELLANO

95-2097171

(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 50	EMPLOYEE	28860	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HOISINGTON INVESTMENT MANAGEMENT CO

74-2126765

(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	NONE	216217	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACRONIS INC

74-2948842

(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 50	NONE	14000	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)

CIRCULATING AIR INC

95-2453946

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5949	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GARDENS INC

46-0715232

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6840	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RVK, INC.

93-0910652

(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?
17 50	NONE	68276	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)

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 50	NONE	45772	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRANSOMATIC CORPORATION

54-2103755

(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 50	NONE	57530	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TPX COMMUNICATIONS

95-4593876

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	65410	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)

ADP, LLC

1851 N RESLER DR MS-100
EL PASO, TX 79912

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	61345	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN DIRECT MAIL

95-1582580

(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?
38 50	NONE	12720	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNION GRAPHICS, LLC

85-4327461

(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?
38 50	NONE	17975	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)

SOKHOM RAY

95-2097171

(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 50	EMPLOYEE	29967	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TERRY RYAN

95-2097171

(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 50	EMPLOYEE	60389	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SABRINA SAENZ

95-2097171

(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 50	EMPLOYEE	60054	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PATRICIA LAYMAN

95-2097171

(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 50	EMPLOYEE	67869	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NELY PEREZ

95-2097171

(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 50	EMPLOYEE	59347	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CINDY RAINEY

95-2097171

(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 50	EMPLOYEE	55955	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERIKA JONES

95-2097171

(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 50	EMPLOYEE	54449	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STEVEN JONES

95-2097171

(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 50	EMPLOYEE	48359	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VINCENT LARA

95-2097171

(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 50	EMPLOYEE	61258	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANTWAN COLEMAN

95-2097171

(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 50	EMPLOYEE	47695	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SERGIO HERNANDEZ

95-2097171

(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 50	EMPLOYEE	66434	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GLORIA HYIZAR

95-2097171

(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 50	EMPLOYEE	63730	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)

MARGOT FOSTER

95-2097171

(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 50	EMPLOYEE	40961	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAY FUJITA

95-2097171

(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 50	EMPLOYEE	65930	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT GEER

95-2097171

(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 50	EMPLOYEE	26242	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)

MARIA D'ANGELO BOND

95-2097171

(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 50	EMPLOYEE	63009	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIANE DOTY

95-2097171

(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 50	EMPLOYEE	65046	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TAMMIE FLORENCE

95-2097171

(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 50	EMPLOYEE	67573	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)

CECILIA BUENO

95-2097171

(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 50	EMPLOYEE	61065	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHRISTOPHER CENTENO

95-2097171

(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 50	EMPLOYEE	55824	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YESICA CORTES

95-2097171

(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 50	EMPLOYEE	53737	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)

VICTOR BALANA

95-2097171

(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 50	EMPLOYEE	63089	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVID PIDLAOAN

95-2097171

(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 50	EMPLOYEE	107578	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAROL HOWARTH

95-2097171

(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 50	EMPLOYEE	74985	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)

JOHN YOUNG

95-2097171

(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 50	EMPLOYEE	132491	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FETAPAAKI MAKI

95-2097171

(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 50	EMPLOYEE	57683	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAROLYN PETRILLI

95-2097171

(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 50	EMPLOYEE	99885	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)

ELIZABETH ELIOT

95-2097171

(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 50	EMPLOYEE	87733	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CYNTHIA FIELDS

95-2097171

(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 50	EMPLOYEE	84909	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOIE GUNGBA

95-2097171

(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 50	EMPLOYEE	74966	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)

JOAN SANDOVAL

95-2097171

(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 50	EMPLOYEE	66857	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADORACION SICAT

95-2097171

(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 50	EMPLOYEE	64598	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHRISTINE VOYVODICH

95-2097171

(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 50	EMPLOYEE	28117	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)

SAUNDRA RICH

95-2097171

(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 50	EMPLOYEE	38499	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JUAN SANCHEZ

95-2097171

(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 50	EMPLOYEE	61317	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONTINENTAL BUILDING MAINTENANCE

83-1738001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	20800	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)

JOHNSON CONTROLS

82-4176107

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6108	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LIFE STATUS 360

94-3389460

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6451	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

U.S. BANK EQUIPMENT FINANCE

31-0841368

(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?
38 50	NONE	16032	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)

DESIREE ATACADOR

95-2097171

(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 50	EMPLOYEE	70407	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 ☐

(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
(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>SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND</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>BOARD OF TRUSTEES, SOUTHERN CALIFORNIA UNITED FOOD</u>	D Employer Identification Number (EIN) <u>51-6029925</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: ALL WEATHER PORTFOLIO LIMITED

b Name of sponsor of entity listed in (a): BRIDGEWATER ASSOCIATES INC

c EIN-PN <u>98-0501379-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>81810185</u>
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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)
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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)
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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)
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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 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 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):

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
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
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
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
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
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
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
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
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
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
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
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
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND</u>	B Three-digit plan number (PN) ► 	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, SOUTHERN CALIFORNIA UNITED FOOD</u>	D Employer Identification Number (EIN) <u>51-6029925</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a 500	523
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1) 13946980	12959075
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3) 992240	6435206
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1) 23035108	22066759
(2) U.S. Government securities		1c(2) 87275963	119787742
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A) 82214	5439527
(B) All other.....		1c(3)(B) 39055883	27585946
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A) 863550	845370
(B) Common		1c(4)(B) 213452478	243130980
(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)	
(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) 146675655	81810185
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13) 414822202	495928591
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15) 3247997	1386999

		(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	13911653	13993418
f Total assets (add all amounts in lines 1a through 1e)	1f	957362423	1031370321

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	5765693	12605340
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5765693	12605340

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	951596730	1018764981
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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)	19519767	
(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)		19519767
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	36071	
(B) U.S. Government securities	2b(1)(B)	2032156	
(C) Corporate debt instruments	2b(1)(C)	1326130	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)	149946	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		3544303
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	50178	
(B) Common stock	2b(2)(B)	2730770	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	27210920	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		29991868
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	212648198	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	203911865	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		8736333
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	19221	
(B) Other	2b(5)(B)	-13326816	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-13307595

		(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)		66310824
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1771713
c Other income.....	2c		94995
d Total income. Add all income amounts in column (b) and enter total.....	2d		116662208
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	45222565	
(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)		45222565
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)	233830	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	1953080	
(4) Other.....	2i(4)	2084482	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4271392
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		49493957
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		67168251
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: MILLER KAPLAN ARASE LLP

(2) EIN: 95-2036255

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		1000000
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	
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.)			
4m			
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 438710 _____.			

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 <u>SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, SOUTHERN CALIFORNIA UNITED FOOD</u>	D Employer Identification Number (EIN) <u>51-6029925</u>

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): _____ 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	<u>0</u>

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	<u>0</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>	
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 **THRIFTY PAYLESS INC**

b EIN **95-4391249**

c Dollar amount contributed by employer **8033386**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **20** Year **2024**

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 **KAISER FOUNDATION HEALTH PLAN INC.**

b EIN **94-1340523**

c Dollar amount contributed by employer **3851627**

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 **11** Day **01** Year **2021**

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

(1) Contribution rate (in dollars and cents) **1.70**

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

a Name of contributing employer **CVS HEALTH CORPORATION**

b EIN **05-0494040**

c Dollar amount contributed by employer **2825008**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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) **0.84**

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

a Name of contributing employer **KAISER FOUNDATION HOSPITALS**

b EIN **94-1105628**

c Dollar amount contributed by employer **2331302**

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 **11** Day **01** Year **2021**

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

(1) Contribution rate (in dollars and cents) **1.70**

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

a Name of contributing employer **VONS GROCERY CO**

b EIN **38-1623900**

c Dollar amount contributed by employer **1102373**

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 **03** Day **06** Year **2022**

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

(1) Contribution rate (in dollars and cents) **1.84**

(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

442

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

441

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

460

- 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

0

- 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: 51.2 % Investment-Grade Debt: 31.9 % High-Yield Debt: 1.4 % Real Estate: 0.0 % Other: 15.5 %

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 _____

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Southern California United Food and
Commercial Workers Unions and Drug
Employers Pension Fund
2220 Hyperion Avenue
Los Angeles, California 90027

Members of the Board:

Opinion

We have audited the accompanying financial statements of Southern California United Food and Commercial Workers Unions and Drug Employers 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 statement of accumulated plan benefits as of January 1, 2021, and the related statement of changes in accumulated plan benefits for the year then 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 the Plan 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 January 1, 2021, 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 Auditor's 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 for one year after the date the financial statements are available to be issued.

Board of Trustees
Southern California United Food and
Commercial Workers Unions and Drug
Employers Pension Fund

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 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.
- 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.

Miller Kaplan Arase LLP
MILLER KAPLAN ARASE LLP

North Hollywood, California

October 3, 2022

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	December 31, 2021		December 31, 2020	
ASSETS				
CASH	\$	523	\$	500
INVESTMENTS - AT FAIR VALUE				
Short Term Investment Funds	\$	22,066,759	\$	23,035,108
Government Debt Securities		121,063,621		90,463,950
Corporate Debt Securities		33,025,473		39,138,097
Preferred Stocks		845,370		863,550
Common Stocks		243,130,980		213,452,478
Mutual Funds		495,928,591		414,822,202
103-12 Investment Entities		81,810,185		146,675,655
Futures and Options		111,120		60,010
		<u>997,982,099</u>		<u>928,511,050</u>
TOTAL CASH AND INVESTMENTS		997,982,622		928,511,550
OTHER ASSETS				
Employer Contributions Receivable		1,520,905		1,524,683
Accrued Investment Income		6,216,618		952,413
Due from Drug Benefit Fund		179,745		-
Due from General Sales Pension Fund		19,186		15,913
Other Receivables		19,657		23,914
Deposits		1,951		1,951
Prepaid Benefits		3,373,123		3,235,048
Prepaid Expenses		297,371		319,498
		<u>11,628,556</u>		<u>6,073,420</u>
PROPERTY AND EQUIPMENT				
Land and Improvements		175,147		175,147
Building and Improvements		799,093		799,093
Furniture and Office Equipment		1,369,161		1,432,568
		<u>2,343,401</u>		<u>2,406,808</u>
Less: Accumulated Depreciation and Amortization		(2,026,374)		(2,036,377)
		<u>317,027</u>		<u>370,431</u>
TOTAL ASSETS		1,009,928,205		934,955,401
LIABILITIES				
Expenses Payable		777,688		706,779
Payable for Investments Purchased, Net		11,827,652		5,051,100
Due to Drug Benefit Fund		-		7,814
		<u>-</u>		<u>7,814</u>
TOTAL LIABILITIES		<u>12,605,340</u>		<u>5,765,693</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$	<u>997,322,865</u>	\$	<u>929,189,708</u>

(Attached notes are an integral part of this statement)

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2021 to December 31, 2021		January 1, 2020 to December 31, 2020	
REVENUE				
NET INVESTMENT INCOME (LOSS)				
Interest and Dividends	\$ 33,446,021		\$ 21,726,572	
Securities Lending Income	101,856		133,208	
Class Action Settlements Receipts (Payments)	(11,755)		41,501	
Gain (Loss) on Currency Exchange	49		(478,877)	
Net Appreciation of Investments	63,492,054		103,227,816	
Less: Investment Expenses	<u>(1,953,080)</u>	\$ 95,075,145	<u>(1,740,336)</u>	\$ 122,909,884
OTHER INCOME				
Land and Office Equipment Imputed Interest and Rent	85,872		78,310	
Families First Coronavirus Response Act - Paid Leave Reimbursement	9,123		34,003	
Other Income	<u>-</u>	94,995	<u>60,443</u>	172,756
CONTRIBUTIONS				
Employer Contributions	20,471,914		20,005,481	
Employer Withdrawal Liability Contributions	<u>31,980</u>	<u>20,503,894</u>	<u>79,189</u>	<u>20,084,670</u>
TOTAL REVENUE		<u>115,674,034</u>		<u>143,167,310</u>
DEDUCTIONS				
BENEFITS				
Pension Benefits	44,751,865		43,586,716	
Supplemental Benefits	<u>470,700</u>	45,222,565	<u>461,400</u>	44,048,116
ADMINISTRATIVE EXPENSES				
Accounting and Audit Fees	77,459		72,748	
Actuary Fees	105,884		115,165	
Bank Charges	23,820		27,289	
Building Operating Expenses	35,493		33,946	
Computer Consulting Fees	103,302		98,285	
Conference and Meeting Expenses	3,317		2,870	
Depreciation and Amortization	50,516		64,443	
Less: Reimbursed Depreciation and Amortization	<u>(38,090)</u>		<u>(48,782)</u>	
Employees' Expenses	516		173	
Employer Payroll Compliance Fees	4,023		2,357	
Equipment Rental	11,364		9,967	
Executive Staff Deferred Compensation	14,696		14,196	
Fringe Benefits	210,371		196,101	
Insurance	105,690		99,369	
Legal Fees	43,147		71,546	
Office Expenses	66,066		69,777	
Payroll Taxes	45,869		45,451	
PBGC Insurance	817,904		799,530	
Postage	26,978		31,133	
Salaries	581,519		545,461	
Stationery and Supplies	<u>28,468</u>	<u>2,318,312</u>	<u>35,830</u>	<u>2,286,855</u>
TOTAL DEDUCTIONS		<u>47,540,877</u>		<u>46,334,971</u>
NET INCREASE FOR THE YEAR		68,133,157		96,832,339
NET ASSETS AVAILABLE FOR BENEFITS				
Balance, Beginning of Year		<u>929,189,708</u>		<u>832,357,369</u>
Balance, End of Year		<u>\$ 997,322,865</u>		<u>\$ 929,189,708</u>

(Attached notes are an integral part of this statement)

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**
STATEMENT OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2021

ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS (NOTE 2-L)

VESTED BENEFITS

Participants Currently Receiving Payments	\$ 396,202,383
Other Vested Benefits	<u>424,817,538</u>

TOTAL VESTED BENEFITS	821,019,921
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NONVESTED BENEFITS	<u>21,713,648</u>
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TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u><u>\$ 842,733,569</u></u>
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**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
JANUARY 1, 2020 TO JANUARY 1, 2021

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR		\$ 772,004,368
INCREASE (DECREASE) DURING THE YEAR		
ATTRIBUTABLE TO:		
Benefits Accumulated, Net Experience Gain or Loss, Changes in Data	\$ 11,869,786	
Benefits Paid	(44,048,116)	
Changes in Actuarial Assumptions	48,533,959	
Interest	<u>54,373,572</u>	
NET INCREASE		<u>70,729,201</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR		<u><u>\$ 842,733,569</u></u>

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**
NOTES OF FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 1 - DESCRIPTION OF THE PLAN

The Southern California United Food and Commercial Workers Unions and Drug Employers Pension Fund (the "Plan") is a multiemployer defined benefit pension plan providing benefits to participants covered by applicable collective bargaining agreements between employers in the retail drug industry and local unions of the United Food and Commercial Workers International Union. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) (as amended). PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements of the Plan were prepared on the accrual basis of accounting.

B. 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.

C. Employer Contributions

Employer contributions as reported are contributions made by employers on behalf of employees for the hours worked during the year. Employer contributions receivable is estimated based on contributions received subsequent to the end of the year. Known and uncontested delinquencies are included.

D. Concentration of Employer Contributions

The December 31, 2021 receivable for employer contributions includes \$1,338,449 from four significant employers. Employer contributions for the year ended December 31, 2021 includes \$17,818,102 or 86% of total employer contributions from four significant employers. The December 31, 2020 receivable for employer contributions includes \$1,361,534 from four significant employers. Employer contributions for the year ended December 31, 2020 includes \$17,591,240 or 88% of total employer contributions from four significant employers.

E. Employer Payroll Compliance Program

Employer remittance reports were accepted as submitted, without examination or verification of employers' payroll records. The system of internal control provides for examination of employers' records under a separate employer payroll compliance program.

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**
NOTES OF FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Investments

Accounting principles generally accepted in the United States of America require disclosures about fair value measurement and establish a framework for measuring 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). The three levels of the fair value hierarchy are described below:

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; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset 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.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Level 1 investments consist of common and preferred stock, mutual funds, and futures and options that are actively traded on a national exchange. Level 2 investments consist of government, corporate, and other debt securities that are valued using matrices of trades in similar securities or third-party pricing vendors and short-term investment funds are recorded at amortized cost, which approximates fair value. Investment funds such as 103-12 investment entities, certain mutual funds, and a short term investment fund are valued at net asset value or its equivalent.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 represent the Plan's fair value hierarchy for its financial assets measured at fair value on a recurring basis:

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**
NOTES OF FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Investments (Continued)

	December 31, 2021			
	Level 1	Level 2	Level 3	Total
Preferred Stocks	\$ 845,370	\$ -	\$ -	\$ 845,370
Common Stocks	243,130,980	-	-	243,130,980
Mutual Funds	420,430,504	-	-	420,430,504
Government Debt Securities	-	121,063,621	-	121,063,621
Corporate Debt Securities	-	33,025,473	-	33,025,473
Futures and Options	111,120	-	-	111,120
Short Term Investment Funds	-	13,483,201	-	13,483,201
	<u>\$ 664,517,974</u>	<u>\$ 167,572,295</u>	<u>\$ -</u>	<u>832,090,269</u>
Investments Measured at Net Asset Value ^A				<u>165,891,830</u>
				<u>\$ 997,982,099</u>

	December 31, 2020			
	Level 1	Level 2	Level 3	Total
Preferred Stocks	\$ 863,550	\$ -	\$ -	\$ 863,550
Common Stocks	213,452,478	-	-	213,452,478
Mutual Funds	339,077,334	-	-	339,077,334
Government Debt Securities	-	90,463,950	-	90,463,950
Corporate Debt Securities	-	39,138,097	-	39,138,097
Futures and Options	60,010	-	-	60,010
Short Term Investment Funds	-	14,456,317	-	14,456,317
	<u>\$ 553,453,372</u>	<u>\$ 144,058,364</u>	<u>\$ -</u>	697,511,736
Investments Measured at Net Asset Value ^A				<u>230,999,314</u>
				\$ 928,511,050

^A In accordance with ASC 820, investments measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The unfunded commitments and significant terms of redemption for the Plan's investments valued at net asset value are as follows:

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**
NOTES OF FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Investments (Continued)

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Bridgewater All Weather Portfolio Limited ¹	\$ 81,810,185	None	Monthly	5 Business Days
PIMCO Asset Backed Security Portfolio Fund ²	8,540,732	None	Quarterly	None
PIMCO Emerging Markets Portfolio Fund ³	1,989,036	None	Quarterly	None
PIMCO High Yield Portfolio Fund ⁴	2,601,934	None	Quarterly	None
PIMCO International Portfolio Fund ⁵	1,863,867	None	Quarterly	None
PIMCO Investment Grade Corporate Portfolio Fund ⁶	30,714,915	None	Quarterly	None
PIMCO Mortgage Portfolio Fund ⁷	11,074,859	None	Quarterly	None
PIMCO Municipal Sector Portfolio Fund ⁸	984,222	None	Quarterly	None
PIMCO Real Return Bond Portfolio Fund ⁹	454,729	None	Quarterly	None
PIMCO Short Term Floating NAV Portfolio Fund ¹⁰	8,583,558	None	Quarterly	None
PIMCO U.S. Government Sector Portfolio Fund ¹¹	17,273,793	None	Quarterly	None
	<u>\$ 165,891,830</u>			

The investment strategy for the investments valued at net asset value are as follows:

- ¹ The investment objective is to seek to provide attractive returns with relatively limited risks, with no material bias to perform better or worse in any particular type of economic environment. To achieve this objective, the Fund holds investments in different asset classes that have different biases to economic conditions. These asset classes include, but are not limited to, the currency, fixed-income, inflation-linked bond, equity, and commodity markets. The Fund utilizes exchange traded futures contracts, exchange traded funds, over the counter ("OTC") derivatives, cash securities and spot and forward currency contracts traded in the international interbank currency market, but may also utilize other securities or instruments.
- ² The investment objective seeks maximum total return, consistent with prudent investment management, by investing under normal circumstances at least 80% of its assets in a portfolio of asset-backed securities ("ABS") of varying maturities, which may be represented by options, futures contracts, or swap agreements.
- ³ The investment objective seeks maximum total return, consistent with prudent investment management, by investing under normal circumstances at least 80% of its assets in a portfolio of Fixed Income Instruments that economically are tied to emerging market countries, which may be represented by options, futures contracts, swap agreements, mortgage-backed securities ("MBS"), or asset-backed securities ("ABS").
- ⁴ The investment objective seeks maximum total return, consistent with prudent investment management, by investing under normal circumstances at least 80% of its assets in a diversified portfolio of high yield securities ("junk bonds"), which may be represented by forwards or derivatives such as options, futures contracts, or swap agreements, rated below investment grade by Moody's Investors Service, Inc. ("Moody's"), or equivalently rated by Standard & Poor's Rating Services ("S&P") or Fitch, Inc. ("Fitch"), or, if unrated, determined by PIMCO to be of comparable quality.
- ⁵ The investment objective seeks maximum total return, consistent with prudent investment management, by investing under normal circumstances at least 80% of its net assets in a portfolio of Fixed Income Instruments of non-U.S. issuers, representing at least three non-U.S. countries or currencies, which may be represented by options, futures contracts, swap agreements, mortgage-backed securities ("MBS"), or asset-backed securities ("ABS").

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**
NOTES OF FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Investments (Continued)

- ⁶ The investment objective seeks maximum total return, consistent with prudent investment management, by investing under normal circumstances at least 80% of its assets in a portfolio of investment grade corporate fixed income investments of varying maturities, which may be represented by options, futures contracts, or swap agreements.
- ⁷ The investment objective seeks maximum total return, consistent with prudent investment management, by investing under normal circumstances at least 80% of its assets in a diversified portfolio of mortgage-related securities of varying maturities, which may be represented by options, futures contracts, swap agreements, or asset-backed securities ("ABS").
- ⁸ The investment objective seeks maximum total return, consistent with prudent investment management, by investing under normal circumstances at least 80% of its assets in a portfolio of fixed income securities of varying maturities issued by or on behalf of states and local governments and their agencies, authorities and other instrumentalities ("Municipal Securities"), or in instruments that provide exposure to the Municipal Securities sector, such as options, futures contracts, or swap agreements.
- ⁹ The investment objective seeks maximum total return, consistent with prudent investment management, by investing under normal circumstances at least 80% of its net assets in inflation-indexed bonds of varying maturities issued by the U.S. and non-U.S. governments, their agencies or instrumentalities, and corporations, which may be represented by options, futures contracts, or swap agreements.
- ¹⁰ The investment objective seeks maximum current income, consistent with preservation of capital and daily liquidity, by investing under normal circumstances at least 65% of its total assets in a diversified portfolio of Fixed Income Instruments of varying maturities, which may be represented by forwards.
- ¹¹ The investment objective seeks maximum total return, consistent with prudent investment management, by investing under normal circumstances at least 80% of its assets in a portfolio of U.S. Government Securities of varying maturities, or in securities that provide exposure to the U.S. Government Securities sector, such as options, futures contracts, swap agreements, or mortgage-backed securities ("MBS").

Valuations are furnished by the investment managers and the corporate co-trustee. Investment purchases and sales are recorded on the transaction trade date. Interest, dividends and other investment income are recorded on the accrual basis. Realized gain (loss) from sale of investments and unrealized appreciation or depreciation in the fair value of investments are reported as net realized and unrealized appreciation (depreciation) in fair value of investments. Form 5500 requires realized gains and losses to be reported as the difference between proceeds from the sale or redemption of investments and the current (market) value of the investment at the beginning of the year, for those investments on hand at the beginning of the year, or the purchase price of investments acquired during the year. The different methods of computing realized gain or loss and the residual unrealized appreciation (depreciation) in fair value of investments results in differences in reporting on the financial statements and the Form 5500.

G. Property and Equipment

Property and equipment are carried at cost. Depreciation is determined for related groups of assets by the straight-line method based on their estimated useful lives. Minor renewals or replacements and maintenance and repairs are expensed. Major replacements and improvements are capitalized. Depreciation and amortization are computed over the estimated useful lives of assets as follows:

Land Improvements	10 Years
Building and Improvements	5-10 Years
Furniture and Office Equipment	3-10 Years

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**
NOTES OF FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

H. Benefits

Pension benefits are normally paid by the first day of the month they are due. Any benefit payments made prior to the first day of the month is classified as prepaid benefits.

Supplemental benefit payments of \$100 annually were authorized and paid to certain eligible retirees with the monthly pension benefits due on December 1, 2021 and 2020.

I. Transactions with Related Parties

The Plan shares common administrative expenses with the Southern California Drug Benefit Fund and the Southern California General Sales Employers and United Food and Commercial Workers Unions Pension Fund administered at the same location. The Plan pays for common administrative expenses and allocates these expenses to the other funds on a predetermined allocation formula based the following time studies approved by the Board of Trustees:

	Effective 01/01/19
Southern California United Food and Commercial Workers Unions and Drug Employers Pension Fund	24.0 %
Southern California Drug Benefit Fund	72.0
Southern California General Sales Employers and United Food and Commercial Workers Unions Pension Fund	4.0
Total	<u>100.0 %</u>

J. Other Income and Expenses

Other income and expenses are reported on the accrual basis except for nominal amounts of recurring monthly expenses.

K. Tax-Exempt Status

No provision for federal or state income tax is made. The Plan has received tax-exempt status from the federal government under Internal Revenue Code Section 501(a) and state of California under Revenue and Taxation Code Section 17501.

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

L. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**
NOTES OF FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

L. Actuarial Present Value of Accumulated Plan Benefits (Continued)

the Plan are based on the participants' total credited services, which is the sum of (a) past service credits and (b) future service credits. Benefits payable under all circumstances - retirement, death and disability - are included, to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was estimated by actuaries from The Segal Company, and is the amount that results from applying actuarial assumptions and methods to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions and methods used at January 1, 2021, the date of the last actuarial review, were (actuarial assumptions used in the prior year are in [brackets], if different from current year assumptions): (a) assumed investment return of 6.75% [7.25%] per annum, (b) mortality rates: Healthy - Pri-2012 Healthy Annuitant Amount-weighted tables (95% of base rates for males), with generational projection using Scale MP-2021 [RP-2006 Healthy Annuitant Mortality Tables, with generational projection using scale MP-2019], Disabled - Pri-2012 Disabled Annuitant Amount-weighted Tables, with generational projection using Scale MP-2021 [RP-2006 Disabled Retiree Mortality Tables, with generational projection using Scale MP-2019], Contingent Annuitant - Pri-2012 Contingent Survivor Amount-weighted Tables, with generational projection using Scale MP-2021 [none], Employee - Pri-2012 Employee Amount weighted Tables, with generational projection using MP-2021 [RP-2006 Healthy Employee Mortality Tables, with generational projection using Scale MP-2019], (c) retirement age: average age 62.3, inactive vested participants who have at least 10 years of vesting service retire at age 60; 65 otherwise, (d) entry age normal actuarial cost method, (e) exclusion of inactive vested: inactive participants over age 70 are excluded, and (f) other assumptions and methods for termination rates before retirement, future benefit accruals - actual credited service from previous year, but not less than 0.6 years of credited service, annual administrative expenses - \$2,200,000 payable monthly, percent married - 80% of males and 50% of females, age of spouse - females are three years younger than males, unknown data for participants - are treated as having the same data as those exhibited by participants with similar known characteristics - married participants are assumed to elect the joint and survivor annuity, nonmarried participants are assumed to elect the straight life annuity, current liability assumptions and asset valuation.

The foregoing actuarial assumptions and methods are based on the presumption that the Plan will continue unchanged. Were the Plan to terminate, different actuarial assumptions, methods and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE 3 - HEALTH AND WELFARE BENEFITS

The Plan provides health and welfare benefits to employees by participating in the Southern California Drug Benefit Fund, a defined benefit multiemployer health plan that provides postretirement benefits to retired employees and their dependents. Contributions paid to the health plan were \$171,499 and \$161,214 in 2021 and 2020, respectively. The cost of these benefits was allocated to this Plan, the Southern California Drug Benefit Fund and the Southern California General Sales Employers and United Food and Commercial Workers Unions Pension Fund using percentages based on time studies. See Note 2-I.

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**
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NOTE 4 - MULTIEMPLOYER PENSION PLAN

The Plan contributes to itself as an employer to provide pension benefits to its employees under terms of a collective bargaining agreement. Contributions are based on employee hours worked and rates under contractual agreements. The risks of participating in a multiemployer defined benefit pension plan are different from a single-employer plan in the following respects:

- Assets contributed to a multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the multiemployer plan, the unfunded obligation of the plan may be borne by the remaining participating employers.
- If the Plan chooses to stop participating in a multiemployer plan, the Plan may be required to pay the multiemployer plan an amount based on the underfunded status of the multiemployer plan, referred to as a withdrawal liability.

Participation in the Plan for the years ended December 31, 2021 and 2020 is outlined in the table below. The information included in this table is as follows:

- The "EIN/Pension Plan Number" column provides the employer identification number ("EIN") and the three-digit plan number.
- The Pension Protection Act of 2006 ("PPA") zone status is based on information that the pension plan received and is certified by the Plan's actuary. Among other factors, plans in the red zone are generally less than 65% funded, plans in the orange and yellow zones are less than 80% funded or are projected to become insolvent within 7 years, and plans in the green zone are at least 80% funded. The PPA zone status for 2021 and 2020 are for the Plan's years ended December 31, 2021 and 2020, respectively.
- The "FIP/RP Status" column indicates pension plans for which a funding improvement plan ("FIP") or a rehabilitation plan ("RP") is either pending or has been implemented.
- The column "Surcharge Imposed" indicates whether a surcharge was required to be paid to the pension plan.
- The last column lists the expiration date of the collective bargaining agreement to which the Plan is subject.

Pension Plan	EIN/Pension Plan Number	PPA Zone Status		FIP/RP Status	Contributions Paid by the Plan		Surcharge Imposed	Expiration Date of Collective Bargaining Agreement
		2021	2020		2021	2020		
Southern California United Food and Commercial Workers Unions and Drug Employers Pension Fund	51-6029925/001	Green	Red	Yes	\$ 106,051	\$ 97,916	Yes	March 31, 2022

The cost of providing these benefits was allocated to this Plan, the Southern California Drug Benefit Fund and the Southern California General Sales Employers and United Food and Commercial Workers Unions Pension Fund using percentages based on time studies. See Note 2-I.

The management of the Plan has expressed no intent to withdraw from the Plan, and the withdrawal liability, if any, to the Plan has not been computed.

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
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NOTES OF FINANCIAL STATEMENTS
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NOTE 5 - FUNDING POLICY

The Board of Trustees has established a funding policy and method in order to promote the purpose of the Plan and to ensure compliance with ERISA. Each employer contributes to the Plan such amounts and at such times as are required by the applicable provisions of the collective bargaining agreements. Contributions are based on hourly contribution rates and are collected on a monthly basis throughout the year.

NOTE 6 - PLAN TERMINATION

Although there has been no expressed intent to do so, the Plan may be terminated in accordance with the provisions of ERISA (as amended) and related regulations. The Plan may be terminated by an amendment which provides that participants will receive no credit under the Plan for credited service with an employer after a specified date, or which causes the Plan to become a defined contribution plan; withdrawal of every employer; or through proceedings instituted by the Pension Benefit Guaranty Corporation (PBGC) when one of certain conditions exists with respect to the Plan.

If the Plan is terminated by the withdrawal of all employers and if the value of nonforfeitable (vested) benefits exceeds the value of Plan assets, the Board of Trustees must amend the Plan to reduce benefits, but only to the extent necessary to pay all of the nonforfeitable benefits when due, and to reduce accrued benefits only to the extent that those benefits are not eligible for the guarantee of the PBGC. If, after implementation of the reduction in benefits, the Plan's available resources are not sufficient to pay benefits when due for the plan year, the Plan will be considered insolvent.

Plan benefits are guaranteed by the PBGC only if the Plan is insolvent. The PBGC, however, will not guarantee benefits or benefit increases in effect for fewer than 60 months nor will it guarantee a benefit or benefit increase in effect for fewer than 60 months before the first day of the plan year in which a plan amendment to reduce benefits is taken into account in determining the minimum contribution requirement for the plan year in accordance with the provisions set forth in ERISA.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

NOTE 7 - EMPLOYER WITHDRAWAL LIABILITY

The Plan adopted the deemed contribution method of computing employer withdrawal liability for the years ended December 31, 2020 and 2019. Under this method, the liability for unfunded vested benefits as of December 31, 2020 and 2019 was \$408,361,123 and \$335,871,057, respectively.

NOTE 8 - SECURITIES LENDING

Securities may be lent to broker-dealers, other institutions, or other persons to earn additional income. The Plan's Corporate Co-trustee, The Northern Trust Company, has a very thorough selection process for selecting borrowers, which includes an inspection of the audited financial statements of each potential borrower as well as requiring collateral in an amount equal to approximately 103% of the securities market value (Collateral was approximately 102% of market value at December 31, 2021). Safeguards such as this minimize the Plan's risks in these types of transactions. The Plan's risks include the potential insolvency of the broker-dealer or borrower that could result in delays in recovering securities, and in capital losses. Additionally, losses could result from the reinvestment of collateral received on loaned securities in investments that default or do not perform well. Securities on loan totaled \$99,384,746 and \$74,316,206 as of December 31, 2021 and 2020, respectively; collateral held (and the corresponding obligation) totaled \$101,293,051 and \$75,813,652, respectively.

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**
NOTES OF FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan invests in investment securities that are exposed to various risks such as interest rate, market fluctuations, and credit risks. Due to the level of risk associated with 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.

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.

On March 11, 2020, the World Health Organization declared the outbreak of a coronavirus (COVID-19) a pandemic. The COVID-19 outbreak in the United States has resulted in government mandated closure of all nonessential businesses and a directive for residents to shelter in place. The Board of Trustees is unable to quantify the potential effects of the pandemic on the financial status of the Plan.

NOTE 10 - GENERAL INFORMATION

A. Inception Date	January 1, 1958
B. Board of Trustees	4 representing the Employers (with equal voting rights as the Unions' Trustees) 6 representing the Unions Trustees are bonded and serve without compensation
C. Fidelity Bond	Fidelity and Deposit Company of Maryland Term: October 1, 2016 to October 1, 2019 Coverage: \$500,000 Term: October 1, 2019 to October 1, 2022 Coverage: \$1,000,000

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

Employer contributions and employer contributions receivable at the beginning and end of the year, reported on the 2019 Form 5500, are different from the amounts reported on the 2020 financial statements. The difference in employer contributions receivable at December 31, 2020 represents estimated employer contributions for hours worked in the seven-month period January 2021 through July 2021, which for purposes of the minimum funding standards of ERISA were deemed to be 2020 employer contributions, but for financial statement reporting purposes are treated as 2021 contributions. The difference in employer contributions receivable at December 31, 2019 represents estimated employer contributions for hours worked in the seven-month period January 2020 through July 2020, which for purposes of the minimum funding standards of ERISA were deemed to be 2019 employer contributions, but for financial statement reporting purposes were treated as 2020 contributions.

Pursuant to Internal Revenue Code Section 412(c)(10) and Reg. Section 11.412(c)12, amounts paid within 8-1/2 months after a plan year can be treated as paid on December 31 of that year, regardless of whether such amounts are deductible for the prior year. Furthermore, the rules and instructions for Form 5500 require that an amount so treated must be reported as a contribution and receivable on the Form 5500 before the plan sponsor can avail itself of this treatment.

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**
NOTES OF FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500 (Continued)

The following is a reconciliation of net assets available for benefits per the financial statements to net assets per the Form 5500.

	<u>December 31, 2021</u>	<u>December 31, 2020</u>
Net Assets Available for Benefits per the Financial Statements	\$ 997,322,865	\$ 929,189,708
Employer Contributions Receivable:		
Per the Form 5500	12,959,075	13,946,980
Per the Financial Statements	<u>1,520,905</u>	<u>1,524,683</u>
Difference	<u>11,438,170</u>	<u>12,422,297</u>
Property and Equipment:		
Per the Form 5500	13,993,418	13,911,653
Per the Financial Statements	<u>3,989,472</u>	<u>3,926,928</u>
Difference	<u>10,003,946</u>	<u>9,984,725</u>
Net Assets per the Form 5500	<u>\$ 1,018,764,981</u>	<u>\$ 951,596,730</u>

The following is a reconciliation of 2021 net increase per the financial statements to net income per the Form 5500:

	<u>January 1, 2021 to December 31, 2021</u>
Net Increase per the Financial Statements	\$ 68,133,157
Employer Contributions:	
Per the Form 5500	19,519,767
Per the Financial Statements	<u>20,503,894</u>
Difference	<u>(984,127)</u>
Unrealized Appreciation of Real Estate:	
Per the Form 5500	19,221
Per the Financial Statements	<u>-</u>
Difference	<u>19,221</u>
Net Income per the Form 5500	<u>\$ 67,168,251</u>

NOTE 12 - PLAN REHABILITATION

As required by ERISA Section 305 and the Internal Revenue Code Section 432, the Plan completed the actuarial status (zone) certification. The Plan was certified to be in critical status (red zone) as of January 1, 2012. This status requires the Board of Trustees to develop a rehabilitation plan that outlines the Board of Trustees' approved methods on improving the funded status of the Plan within the required timeframe. The status also requires a 5% statutory surcharge as of May 31, 2012. Effective April 1, 2013, the surcharge was incorporated into the standard contribution rate as part of the new collective bargaining agreement, which expired on March 31, 2016. The surcharge will go exclusively toward Plan funding and not toward benefits.

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**
NOTES OF FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 12 - PLAN REHABILITATION (Continued)

Effective November 26, 2012, the Board of Trustees adopted the rehabilitation plan with the following schedules:

Preferred Schedule (Contribution Increases):

- Annual contribution rate increases of 3.9 cents per hour (clerk rates with other proportional).
- No change to existing benefits.

Default Schedule:

- No contribution rate increases.
- New hires have actuarial equivalent early retirement reductions from age 65.
- New hires are entitled to Rule of 85.
- For all participants not in pay status, disability benefit is eliminated.
- For all participants, future benefit accruals are reduced 29%.

The major bargaining agreements expired in 2012 and have since been renegotiated to include provisions consistent with the Preferred Schedule. As of January 1, 2021, the Plan was classified as neither in endangered status nor in critical status (green zone) because the Plan's actuary has certified that the Plan's funded percentage for the current Plan year is at least 80%, and the Plan has no projected deficiency in its funding standard account for the current or next six Plan Years.

NOTE 13 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 3, 2022, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H - PART IV, LINE 4

E.I.N. 51-6029925; PLAN NO. 001

SUPPLEMENTAL SCHEDULES REQUIRED
BY THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental
Schedules Required by the Department of Labor

Board of Trustees
Southern California United Food and
Commercial Workers Unions and Drug
Employers Pension Fund
2220 Hyperion Avenue
Los Angeles, California 90027

Members of the Board:

Our audits were 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) as of December 31, 2021 and reportable transactions for the year ended December 31, 2021 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.

Miller Kaplan Arase LLP
MILLER KAPLAN ARASE LLP

North Hollywood, California

October 3, 2022

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

No. of Shares	Short Term Investment Funds	Fair Value	Carry Value
13,483,201	COLTV Short-Term Investment Fund	\$ 13,483,201	\$ 13,483,201
857,413	PIMCO Short-Term Floating NAV Portfolio	8,583,558	8,581,140
TOTALS - SHORT TERM INVESTMENT FUNDS		\$ 22,066,759	\$ 22,064,341

Par Value	Government Debt Securities	Interest Rate (%)	Maturity Date		
\$ 250,000	California State Bonds	7.550	04/01/39	\$ 417,214	\$ 252,395
3,423,335	Federal Home Loan Banks	2.500	11/01/50	3,512,029	3,634,858
105,869	Federal Home Loan Mortgage Corporation Gold	4.500	10/01/42	117,075	116,320
16,479	Federal Home Loan Mortgage Corporation Gold	6.500	10/01/38	19,263	17,493
196,965	Federal Home Loan Mortgage Corporation Gold	4.500	06/01/47	212,984	211,415
261,508	Federal Home Loan Mortgage Corporation Gold	4.000	03/01/46	285,183	269,353
40,099	Federal Home Loan Mortgage Corporation Multiclass Series	7.500	05/20/27	44,319	42,561
418,382	Federal Home Loan Mortgage Corporation Pool	2.000	07/01/50	418,163	429,626
63,185	Federal Home Loan Mortgage Corporation Pool	2.261	07/01/36	67,580	63,246
75,235	Federal Home Loan Mortgage Corporation Pool	1.765	11/01/35	77,808	74,104
80,057	Federal Home Loan Mortgage Corporation Pool	2.943	02/01/45	83,132	82,821
96,218	Federal Home Loan Mortgage Corporation Pool	2.576	06/01/46	99,215	99,841
76,649	Federal Home Loan Mortgage Corporation Pool	3.374	08/01/44	79,740	80,074
186,884	Federal Home Loan Mortgage Corporation UMBS	2.000	09/01/50	187,102	194,834
770,584	Federal National Mortgage Association	2.500	10/01/50	792,540	816,699
180,628	Federal National Mortgage Association	4.000	01/01/47	194,016	186,414
163,621	Federal National Mortgage Association	7.000	02/25/42	195,284	183,869
1,133,270	Federal National Mortgage Association	2.500	10/01/50	1,167,566	1,186,746
209,149	Federal National Mortgage Association	4.500	12/15/43	224,739	232,548
403,253	Federal National Mortgage Association	2.000	02/01/51	404,100	419,951
865,703	Federal National Mortgage Association	2.000	12/01/50	868,592	900,298
93,844	Federal National Mortgage Association	7.000	09/25/41	101,114	101,967
170,123	Federal National Mortgage Association	7.500	11/25/40	187,110	185,779
10,243	Federal National Mortgage Association Pool	2.200	03/01/37	10,290	11,069
4,311	Federal National Mortgage Association Pool	4.500	09/01/10	4,769	4,610
104,416	Federal National Mortgage Association Pool	4.000	10/01/31	112,030	109,735
475,105	Federal National Mortgage Association Pool	3.500	04/01/37	506,668	492,179
2,273	Federal National Mortgage Association Pool	6.000	09/01/22	2,298	2,302
55,515	Federal National Mortgage Association Pool	5.500	01/01/35	62,276	60,338
60,158	Federal National Mortgage Association Pool	6.500	12/01/32	68,756	61,315
20,690	Federal National Mortgage Association Pool	4.500	07/01/26	21,611	22,113
41,873	Federal National Mortgage Association Pool	6.000	01/01/24	43,254	44,634
186,376	Federal National Mortgage Association Pool	4.500	02/01/45	204,370	202,277
166,204	Federal National Mortgage Association Pool	4.500	03/01/46	182,006	183,343
4,483	Federal National Mortgage Association Pool	6.500	09/01/37	4,960	4,528
2,241,669	Federal National Mortgage Association Pool	2.000	08/01/50	2,249,448	2,332,736
113,660	Federal National Mortgage Association Pool	1.880	11/01/44	117,621	118,189
55,228	Federal National Mortgage Association Pool	1.860	10/01/44	57,247	57,170
106,649	Federal National Mortgage Association Pool	1.925	12/01/44	110,434	109,919
Forward				\$ 13,513,906	\$ 13,599,669

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

Par Value	Government Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Carry Value
	<u>Forwarded</u>			\$ 13,513,906	\$ 13,599,669
\$ 310,616	Federal National Mortgage Association Pool	3.178	02/01/45	322,761	314,911
56,101	Federal National Mortgage Association Pool	4.500	08/01/26	58,463	59,704
20,966	Federal National Mortgage Association Pool	5.000	09/01/25	21,608	22,817
201,053	Federal National Mortgage Association Pool	4.500	01/01/31	217,213	215,127
119,700	Federal National Mortgage Association Pool	1.804	11/01/43	124,407	123,852
114,962	Federal National Mortgage Association Pool	5.500	10/01/38	130,996	127,015
51,605	Federal National Mortgage Association Pool	1.872	05/01/44	53,616	53,298
138,163	Federal National Mortgage Association Pool	4.500	07/01/42	152,352	149,756
32,998	Federal National Mortgage Association Pool	4.500	01/01/31	35,624	35,937
80,578	Federal National Mortgage Association Pool	4.500	09/01/45	87,938	88,397
47,177	Federal National Mortgage Association Pool	4.500	09/01/42	51,638	51,817
958,853	Federal National Mortgage Association Pool	2.500	07/01/50	984,334	1,002,001
51,104	Federal National Mortgage Association Pool	4.000	11/01/30	54,731	54,426
20,249	Federal National Mortgage Association Pool	6.500	08/01/39	23,573	22,048
50,306	Federal National Mortgage Association Pool	5.500	09/01/38	56,872	55,408
63,724	Federal National Mortgage Association Pool	5.500	04/01/37	71,346	68,573
24,883	Federal National Mortgage Association Pool	5.000	04/01/25	25,649	26,909
4,114	Federal National Mortgage Association Pool	5.500	01/01/25	4,203	4,444
54,522	Federal National Mortgage Association Pool	2.053	04/01/42	57,030	56,433
90,933	Federal National Mortgage Association Pool	2.280	03/01/43	93,695	92,872
59,847	Federal National Mortgage Association Pool	1.830	05/01/44	62,107	61,626
84,679	Federal National Mortgage Association Pool	3.225	08/01/47	88,251	86,763
103,290	Federal National Mortgage Association Pool	4.500	06/01/48	111,160	107,579
157,335	Federal National Mortgage Association Pool	4.500	07/01/44	172,286	170,020
163,862	Federal National Mortgage Association Pool	4.500	01/01/43	178,679	177,573
114,099	Federal National Mortgage Association Pool	4.500	03/01/48	122,906	118,631
1,038,610	Federal National Mortgage Association Pool	2.500	07/01/50	1,068,174	1,091,109
795,164	Federal National Mortgage Association Pool	2.500	07/01/50	817,783	837,593
650,752	Federal National Mortgage Association Pool	2.500	07/01/50	669,282	683,773
1,111,693	Federal National Mortgage Association Pool	2.000	09/01/50	1,112,991	1,155,556
297,010	Federal National Mortgage Association Pool	2.500	12/01/50	305,998	310,422
450,884	Federal National Mortgage Association Pool	2.500	02/01/51	461,790	471,174
1,142,169	Federal National Mortgage Association Pool	2.500	07/01/50	1,172,537	1,191,603
95,508	Federal National Mortgage Association Pool	4.000	01/01/36	102,971	102,746
111,839	Federal National Mortgage Association Pool	3.500	04/01/37	117,705	115,963
14,220	Federal National Mortgage Association Pool	7.000	08/01/37	16,839	14,901
13,424	Federal National Mortgage Association Pool	7.000	11/01/37	16,512	14,112
12,649	Federal National Mortgage Association Pool	6.500	02/01/38	14,656	13,896
205,099	Federal National Mortgage Association Pool	4.500	06/01/36	226,114	219,872
56,178	Federal National Mortgage Association Pool	5.500	06/01/33	63,476	59,943
138,645	Federal National Mortgage Association Pool	6.000	03/01/34	157,799	150,603
28,963	Federal National Mortgage Association Pool	6.500	12/01/32	32,823	29,812
70,653	Federal National Mortgage Association Pool	1.941	07/01/34	71,415	69,063
50,672	Federal National Mortgage Association Pool	7.000	03/01/37	61,775	56,191
39,914	Federal National Mortgage Association Pool	6.500	12/01/37	46,302	44,454
1,046	Federal National Mortgage Association Pool	6.000	03/01/23	1,059	1,066
15,195	Federal National Mortgage Association Pool	6.500	10/01/38	17,587	16,850
	<u>Forward</u>			\$ 23,432,932	\$ 23,598,308

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

Par Value	Government Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Carry Value
	<u>Forwarded</u>			\$ 23,432,932	\$ 23,598,308
\$ 6,441,000	Federal National Mortgage Association Single Family	2.500	02/15/49	6,559,786	6,561,524
257,023	Government National Mortgage Association	0.382	09/20/68	252,743	255,431
548,000	Government National Mortgage Association	0.870	12/20/71	560,913	558,789
400,000	Illinois State Taxable Pension Bonds	5.100	06/01/33	462,354	365,664
150,000	New Jersey Turnpike Authority Bonds	7.102	01/01/41	235,338	159,823
100,000	New Jersey Turnpike Authority Bonds	7.414	01/01/40	160,973	132,022
22,917	Small Business Administration	5.350	02/01/26	24,134	22,917
13,436	Small Business Administration	4.760	06/01/23	13,702	13,436
15,880	Small Business Administration	4.070	06/01/23	16,158	15,880
19,513	Small Business Administration	6.070	07/01/26	20,646	20,543
225,000	United States Treasury Bonds	1.625	11/15/50	210,612	230,660
16,000,000	United States Treasury Bonds	2.500	05/15/46	17,751,250	16,052,786
24,110,000	United States Treasury Bonds	2.250	08/15/46	25,593,330	21,684,378
6,000,000	United States Treasury Bonds	2.500	02/15/46	6,653,437	6,043,681
2,783,000	United States Treasury Notes	0.750	04/30/26	2,729,297	2,772,459
1,220,000	United States Treasury Notes	1.625	05/15/31	1,236,775	1,265,416
190,000	United States Treasury Notes	0.875	09/30/26	186,608	189,042
1,800,000	United States Treasury Notes	0.750	03/31/26	1,766,742	1,790,297
158,000	United States Treasury Notes	0.625	08/15/30	147,508	153,514
1,645,000	United States Treasury Notes	0.125	02/15/24	1,623,794	1,641,594
2,680,000	United States Treasury Notes	1.125	10/31/26	2,663,878	2,677,383
565,000	United States Treasury Notes	0.625	12/31/27	541,054	558,710
408,000	United States Treasury Notes	0.125	01/15/24	402,916	407,108
5,155,000	United States Treasury Notes	0.875	11/15/30	4,906,513	5,111,826
14,000,000	United States Treasury Bond Striped	1.978	08/15/45	8,811,158	7,331,634
6,915,000	United States Treasury Bond Striped	1.983	05/15/45	4,368,602	3,278,819
12,000,000	United States Treasury Bond Striped	1.965	11/15/45	7,538,281	6,171,224
2,055,000	US Treasury N/B	2.375	05/15/29	2,192,187	2,090,713
	<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>			<u>\$ 121,063,621</u>	<u>\$ 111,155,581</u>

Corporate Debt Securities

\$ 185,000	Abbvie Inc.	4.050	11/21/39	\$ 213,251	\$ 216,690
75,000	Anheuser Busch	5.550	01/23/49	104,096	97,584
75,000	Anheuser Busch	4.350	06/01/40	88,374	74,953
310,000	AT&T Inc.	8.750	11/15/31	454,658	394,009
316,000	AT&T Inc.	3.500	09/15/53	320,054	327,567
16,000	AT&T Inc.	3.650	09/15/59	16,226	16,407
236,000	AT&T Inc.	4.500	03/09/48	276,047	246,579
150,000	Bank of America Corp.	4.183	11/25/27	164,218	146,768
150,000	Bank of America Corp.	4.250	10/22/26	165,608	148,599
75,000	Bank of America Corp.	4.450	03/03/26	82,613	74,551
335,000	Bank of America Corp.	3.004	12/20/23	341,944	323,865
400,000	Bank One Corp.	8.750	09/01/30	604,309	546,884
	<u>Forward</u>			<u>\$ 2,831,398</u>	<u>\$ 2,614,456</u>

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Carry Value
	<u>Forwarded</u>			\$ 2,831,398	2,614,456
\$ 450,000	Barclays Plc.	4.375	09/11/24	480,959	447,255
350,000	Bayer US Financial	4.375	12/15/28	391,244	347,830
350,000	BNP Paribas Bonds	4.250	10/15/24	377,561	349,079
225,000	BNP Paribas Fixed	4.375	05/12/26	244,804	234,017
450,000	BNP PARIBAS Sub	4.625	03/13/27	499,105	493,231
200,000	Boston Properties Limited	3.250	01/30/31	209,319	200,302
125,000	Boston Properties Limited	3.650	02/01/26	133,976	129,860
75,000	Boston Properties Limited	3.800	02/01/24	78,448	74,110
150,000	Boston Properties Limited	4.500	12/01/28	169,182	159,977
25,000	British American Tobacco Capital Corp.	3.734	09/25/40	24,077	25,000
25,000	British American Tobacco Capital Corp.	3.984	09/25/50	24,114	25,000
75,000	British American Tobacco Capital Corp.	2.259	03/25/28	73,143	75,000
175,000	British American Tobacco Capital Corp.	2.726	03/25/31	170,013	174,548
49,378	Burlington Northern Santa Fe Railway	5.629	04/01/24	51,291	49,378
85,000	Capital One Financial Corp.	3.500	06/15/23	88,087	80,144
200,000	Capital One Financial Corp.	4.200	10/25/29	217,544	197,298
175,000	CCO Holdings LLC	4.250	01/15/34	172,170	175,000
200,000	CCO Holdings LLC	4.500	06/01/33	204,046	198,500
375,000	CEMEX S.A.B. de C.V.	5.200	09/17/30	402,656	382,510
200,000	CEMEX S.A.B. de C.V.	7.375	06/05/27	220,202	220,750
825,000	Charter	6.484	10/23/45	1,129,767	960,216
300,000	Charter Fixed	5.750	04/01/48	375,247	284,676
201,000	Cigna Corp.	7.870	05/15/27	260,022	263,872
138,724	CMO GS Mortgage Securities	8.000	06/25/34	149,885	151,903
150,000	Coca Cola Company	3.450	03/25/30	166,228	149,498
107,923	CSX Transportation, Inc.	6.251	01/15/23	113,356	107,923
75,000	Dell International	6.020	06/15/26	86,732	89,143
500,000	Dominion, Inc.	5.750	10/01/54	533,661	500,000
102,000	Dow Chemical Company	9.400	05/15/39	183,299	162,314
35,000	Dow Chemical Company	7.375	11/01/29	47,129	37,978
50,000	Elanco Animal Health Inc.	4.272	08/28/23	53,201	52,392
160,000	Elanco Animal Health Inc.	4.900	08/28/28	185,600	184,219
375,000	Enel Finance International N.V.	6.800	09/15/37	534,834	386,988
125,000	Exxon Mobil Corp.	2.610	10/15/30	129,687	125,000
75,000	Exxon Mobil Corp.	4.227	03/19/40	88,909	77,661
200,000	FedEx Corp.	5.250	05/15/50	268,463	211,297
200,000	Ford Motor Credit Company	4.134	08/04/25	212,250	212,500
275,000	Ford Motor Credit Company	3.375	11/13/25	285,703	275,000
200,000	Ford Motor Credit Company	4.140	02/15/23	204,760	199,738
425,000	Ford Motor Credit Company	4.250	09/20/22	432,650	428,162
200,000	Ford Motor Credit Company	5.125	06/16/25	217,500	219,000
100,000	HCA Inc.	5.125	06/15/39	123,444	100,075
225,000	HSBC Holdings Plc	0.976	05/19/25	222,322	225,677
200,000	HSBC Holdings Plc	3.950	05/18/24	207,429	198,842
200,000	HSBC Holdings Plc	4.950	03/31/30	234,903	237,528
560,000	HSBC Holdings Plc	6.500	09/15/37	776,445	624,007
200,000	Imperial Brands Financial	3.875	07/26/29	212,011	198,266
	<u>Forward</u>			\$ 14,498,776	\$ 13,317,120

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Carry Value
	<u>Forwarded</u>			\$ 14,498,776	13,317,120
\$ 800,000	Imperial Tobacco Financial	4.250	07/21/25	859,266	835,017
330,000	JP Morgan Chase	2.522	04/22/31	333,885	330,586
225,000	JP Morgan Chase	2.956	05/13/31	233,196	225,518
275,000	JP Morgan Chase	4.493	03/24/31	318,539	277,871
75,000	JP Morgan Chase	4.125	12/15/26	82,769	73,058
575,000	Kinder Morgan	5.500	03/01/44	706,825	606,783
275,000	Lloyds Banking Group Plc	4.500	11/04/24	296,358	286,622
200,000	Lloyds Banking Group Plc	4.582	12/10/25	218,270	210,842
50,000	LYB International Financial	4.200	05/01/50	57,994	49,687
225,000	Microchip Technology Inc.	0.983	09/01/24	220,913	225,000
500,000	Myriad International Holdings	4.850	07/06/27	558,040	505,250
300,000	Natwest Group Plc	1.642	06/14/27	296,052	299,275
50,000	Occidental Pete Corp.	3.200	08/15/26	51,526	49,966
275,000	Occidental Pete Fixed	2.900	08/15/24	280,706	229,088
225,000	Occidental Petroleum Corp.	3.500	08/15/29	230,839	225,696
100,000	Oracle Corp.	2.950	04/01/30	101,235	99,897
100,000	Oracle Corp.	3.600	04/01/40	100,681	99,731
250,000	Pemex Project Funding Master Trust	6.625	06/15/35	240,199	292,500
125,000	Petrobras Global	6.900	03/19/49	133,125	124,687
75,000	Petrobras Global Financial	7.250	03/17/44	83,063	72,468
513,000	Petrobras Global Financial	5.093	01/15/30	533,556	551,475
150,000	Petrobras Global Financial	5.500	06/10/51	139,125	140,250
285,000	Petroleos Mexicanos	6.950	01/28/60	254,362	216,778
600,000	Petroleos Mexicanos	7.690	01/23/50	579,000	514,606
460,000	Petroleos Mexicanos	6.700	02/16/32	464,600	460,386
475,000	Prosus N.V	3.680	01/21/30	489,306	458,500
526,954	Rio Oil Finance Trust	6.250	07/06/24	565,158	516,885
735,000	Royal Bank of Scotland	6.125	12/15/22	768,797	740,085
1,372,997	SLM Student Loan	0.724	01/25/41	1,371,360	1,371,802
1,496,531	SLM Student Loan	1.252	10/25/34	1,525,871	1,532,073
200,000	Southern Co	3.750	09/15/51	200,000	199,125
350,000	Southern Co	4.000	01/15/51	357,875	350,562
400,000	Telecom Italia	5.303	05/30/24	420,984	411,248
300,000	Telecom Italia	7.721	06/04/38	352,581	315,474
125,000	T-Mobile USA	3.500	04/15/31	130,000	126,250
75,000	T-Mobile USA	4.375	04/15/40	85,955	82,891
150,000	T-Mobile USA	2.225	02/15/26	150,375	150,375
125,000	T-Mobile USA	3.375	04/15/29	127,368	126,250
200,000	T-Mobile USA	3.875	4/15/30	219,025	214,576
50,000	T-Mobile USA	4.500	04/15/50	58,722	56,515
375,000	TransCanada Trust	5.300	03/15/77	387,656	377,062
175,000	TransCanada Trust	5.500	09/15/79	186,813	175,000
200,000	TransCanada Trust	5.875	08/15/76	218,500	160,500
400,000	TransCanada Trust	5.625	05/20/75	420,000	400,000
300,000	Ultrapar Intl.	5.250	06/06/29	310,053	299,994
200,000	Ultrapar Intl.	5.250	10/06/26	211,252	188,250
200,000	Unicredit Spa	5.459	06/30/35	218,110	200,000
	<u>Forward</u>			\$ 30,648,661	\$ 28,773,574

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Carry Value
	<u>Forwarded</u>			\$ 30,648,661	28,773,574
\$ 375,000	Unicredit Spa	7.296	04/02/34	449,844	375,000
196,515	Union Pacific Railroad Company	5.082	01/02/29	213,539	209,259
107,000	Unum Corporation	6.750	12/15/28	132,824	100,481
250,000	Verizon Communications, Inc.	4.272	01/15/36	293,685	227,922
275,000	Vodafone Group	7.000	04/04/79	332,706	275,000
85,000	Vmware Inc.	0.600	08/15/23	84,412	84,911
100,000	Vmware Inc.	1.400	08/15/26	98,336	99,830
200,000	Wells Fargo & Co.	5.013	04/15/51	274,063	200,000
275,000	Wells Fargo & Co.	4.300	07/22/27	306,571	275,533
175,000	Wells Fargo & Co.	4.100	06/03/26	190,832	184,041
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>			<u>\$ 33,025,473</u>	<u>\$ 30,805,551</u>
	<u>Preferred Stocks</u>				
\$ 30,300	Citigroup Capital			<u>\$ 845,370</u>	<u>\$ 818,014</u>
No. of Shares	<u>Common Stocks</u>				
7,185	ABM Industries, Inc.			\$ 293,507	\$ 235,969
9,989	Acco Brands Corp.			82,509	121,494
11,243	Adobe Systems Inc.			6,375,456	1,005,964
75,700	ADR Aegon N.V.			373,958	534,183
13,745	ADR Anheuser Busch			832,260	777,317
3,882	ADR ASML Hldg N.V.			3,090,615	819,731
75,900	ADR Glaxosmithkline PLC			3,347,190	2,804,361
33,000	ADR Honda Motor LTD			938,850	985,298
24,672	ADR Micro Focus Intl. PLC			137,423	522,436
24,000	ADR Novartis AG			2,099,280	1,677,135
28,500	ADR Roche Holdings Ltd.			1,473,165	1,115,691
5,436	Align Technology Inc.			3,572,430	1,359,105
2,424	Allison Transmission Holding			88,112	100,315
3,300	Alnylam Pharmaceuticals Inc.			559,614	219,878
150	Alphabet Inc. Cap STK Class A			434,556	125,017
4,100	Alphabet Inc. Cap STK Class C			11,863,719	1,638,317
1,033	Altra Industrial Motion Corp.			53,272	59,627
2,057	Amazon.com, Inc.			6,858,737	381,570
2,317	American Eagle Outfitters Inc.			58,666	62,952
6,700	American Express Co			1,096,120	482,154
15,239	American Tower Corp.			4,457,408	1,003,941
1,161	Ameris Bancorp			57,678	59,264
2,998	Ares Coml Real Estate Corp.			43,591	39,552
2,941	Artisan Partners Asset Management Inc.			140,109	157,082
2,208	Asgn Incorporated			272,467	117,655
	<u>Forward</u>			<u>\$ 48,600,692</u>	<u>\$ 16,406,008</u>

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 48,600,692	\$ 16,406,008
6,386	Assured Guaranty Limited	320,577	194,707
2,571	Avnet Inc.	106,002	102,626
4,267	Axis Capital Holdings Ltd.	232,423	193,997
37,500	Baker Hughes Co	902,250	1,011,298
44,000	Bank New York Mellon Corp.	2,555,520	1,502,041
51,500	Bank of America Corp.	2,291,235	751,117
4,715	BankUnited Inc.	199,492	167,142
4,032	Belden, Inc.	265,023	171,201
10,400	Blomarin Pharmaceutical, Inc.	918,840	789,253
5,570	Blackstone Mortgage Trust Inc.	170,553	169,867
2,000	Block H&R, Inc.	47,120	50,018
450	Booking Holdings Inc.	1,079,653	704,657
42,192	Boston Scientific Corp.	1,792,316	1,684,386
11,877	Bright Health Group, Inc.	40,857	98,140
7,681	Brighthouse Financial Inc.	397,876	349,209
6,095	Brightview Holdings, Inc.	85,818	91,600
2,261	Brinks Co.	148,254	165,706
21,000	Bristol Myers Squibb Corporation	1,309,350	1,209,721
2,778	Cactus Inc.	105,925	90,816
7,446	Callaway Golf Co.	204,318	209,263
24,800	Capital One Financial Corporation	3,598,232	1,255,987
14,000	Carrier Global Corp.	759,360	277,032
600	Carter, Inc.	60,732	59,996
4,400	Celanese Corporation	739,464	227,605
9,042	Championx Corp.	182,739	121,784
12,727	Change Healthcare Inc.	272,103	169,222
3,700	Charter Communications Inc.	2,412,289	1,050,767
15,500	Cigna Corp.	3,559,265	2,865,616
37,500	Cisco Systems, Inc.	2,376,375	1,420,128
21,500	Cognizant Tech Solutions Corp.	1,907,480	1,322,293
1,763	Columbia Banking System, Inc.	57,685	60,350
60,000	Comcast Corp.	3,019,800	1,380,284
6,752	Commscope Holding Co.	74,542	106,259
1,779	Concentrix Properties Inc.	317,765	78,331
17,000	Conocophillips	1,227,060	782,000
5,474	Costco Wholesale Corp.	3,107,590	442,100
5,699	Cousins Properties Inc.	229,556	174,550
1,697	Curtiss-Wright Corp.	235,323	176,852
5,128	Delek US Holdings, Inc.	76,869	108,632
22,800	Dell Technologies Inc.	1,280,676	592,546
5,048	Dexcom, Inc.	2,710,524	1,821,430
26,500	Dish Network Corp.	859,660	911,138
4,688	Ecovyst, Inc.	48,005	79,567
17,500	Elanco Animal Health, Inc.	496,650	569,818
578	Emcor Group Inc.	73,631	39,601
1,645	Employers Holdings, Inc.	68,070	66,760
	<u>Forward</u>	\$ 91,525,539	\$ 42,273,421

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
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FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 91,525,539	\$ 42,273,421
5,886	Energizer Holdings Inc.	236,029	279,519
12,873	Enerplus Corp.	136,196	59,927
1,768	EnerSys Corp.	139,778	86,557
6,897	Envista Holdings Corp.	310,779	166,145
2,249	Equinix, Inc.	1,902,294	525,950
4,027	Essent Group, Ltd.	183,349	110,184
2,186	Evercore Inc.	296,968	187,255
2,888	Evertec Inc.	144,342	84,610
1,174	Federal Agriculture Mortgage	145,494	92,079
12,500	FedEx Corp.	3,233,000	1,954,799
855	First American Financial Copr.	66,887	40,055
8,040	First Hawaiian Inc.	219,733	205,106
2,538	First Merchants Corp.	106,317	104,194
26,000	Fiserv Inc.	2,698,540	2,738,468
4,506	Footlocker Inc.	196,597	169,130
35,000	Fox Corp. Class A	1,291,500	1,224,078
12,500	Fox Corp. Class B	428,375	404,770
4,616	Fresh Del Monte Produce Inc.	127,402	165,219
3,375	Frontdoor Inc.	123,694	128,748
1,126	FTI Consulting, Inc.	172,751	49,631
17,500	GAP Inc.	308,875	387,103
31,000	Gilead Sciences Inc.	2,250,910	2,119,950
5,600	Goldman Sachs Group, Inc.	2,142,280	816,723
7,310	Graftech International Ltd.	86,477	68,979
26,501	Graphic Packaging Holding Company	516,769	261,959
3,471	Gray T.V. Inc.	69,975	79,510
1,037	Haemonetices Corp.	55,002	66,188
4,500	Halliburton Company	102,915	136,681
7,337	Hanes Brands Inc.	122,675	68,516
1,712	Hanover Insurance Group Inc.	224,375	160,176
6,703	Harley Davidson	252,636	213,697
6,220	Harsco Corp.	103,936	89,270
4,187	Helmerich & Payne Inc.	99,232	93,924
8,300	Hess Corp.	614,449	444,326
92,523	Hewlett-Packard Company	1,459,088	889,685
1,918	Hillenbrand Inc.	99,717	44,896
5,465	HollyFrontier Corp.	179,143	172,177
7,495	Home Depot Inc.	3,110,500	1,300,100
80,500	HP Inc.	3,032,435	1,314,005
956	Hub Group, Inc.	80,533	58,746
22,171	IHS Markit Ltd.	2,946,969	1,185,167
2,400	II-VI, Inc.	163,992	146,044
2,151	Illumina, Inc.	818,326	428,136
10,500	Incyte Corp.	770,700	805,236
1,564	Ingevity Corp.	112,139	64,211
4,001	Insight Enterprises, Inc.	426,507	103,644
2,496	Interdigital Inc.	178,788	147,377
	<u>Forward</u>	\$ 124,014,907	\$ 62,716,271

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
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FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 124,014,907	\$ 62,716,271
2,226	International Game Technology	64,354	14,576
7,266	Investors Bancorp, Inc.	110,080	98,394
9,971	IQVIA Holdings Inc.	2,813,218	1,530,830
37,500	Johnson Controls International Plc.	3,049,125	1,413,717
32,000	Juniper Networks, Inc.	1,142,720	835,759
12,039	Kar Auction Services Inc.	188,049	240,419
930	Korn Ferry	70,429	29,187
38,514	Kosmos Energy, LTD.	133,258	125,284
310	Landstar Systems Inc.	55,496	35,378
1,552	LCI Industries	241,910	121,149
4,000	Lincoln National Corp.	273,040	99,288
1,600	Lyondellbasell Industries N.V.	147,568	84,682
4,024	Madden Steven Ltd.	186,995	97,834
766	Masonite International Corp.	90,350	86,991
8,357	Mastercard Inc.	3,002,837	1,040,935
720	Maximus, Inc.	57,362	23,955
3,100	Medtronic, Inc.	320,695	272,391
1,101	Meritage Homes Corp.	134,388	101,739
20,518	Meta Platforms, Inc.	6,901,229	2,404,355
46,000	MetLife, Inc.	2,874,540	1,683,801
21,000	Microchip Technology Inc.	1,828,260	801,373
7,000	Microsoft Corp.	2,354,240	189,568
722	Minerals Technologies Inc.	52,814	40,551
23,700	Molson Coors Brewing Company	1,098,495	1,254,138
3,042	Mr. Cooper Group	126,578	25,794
4,342	National Energy Services	41,032	43,025
10,218	Navient Corp.	214,916	98,459
5,948	NCR Corp.	239,110	161,608
1,229	Nelnet, Inc.	120,049	45,572
4,275	Netflix, Inc.	2,575,431	2,328,380
8,625	News Corp.	192,424	84,084
1,478	Nexstar Media Group Inc.	223,148	142,431
10,509	Nextier Oilfield Solutions, Inc.	37,307	40,779
11,559	Nike, Inc.	1,926,538	1,798,730
5,407	NMI Holdings Inc.	118,143	106,020
8,252	Nomad Foods Limited	209,518	191,160
23,432	Nvidia Corp.	6,891,585	1,299,021
80,000	Occidental Petroleum Corp.	2,319,200	3,714,485
10,571	Ortho Clinical Diagnostics Holdings	226,114	192,101
4,850	Otis Worldwide Corp.	422,289	312,690
3,254	Pacwest Bancorp	146,983	113,191
20,360	Paypal Holdings Inc.	3,839,489	796,038
2,080	PDC Energy, Inc.	101,462	80,486
1,677	Pennymac Financial Services Inc.	117,021	96,053
5,238	Peti, Inc.	118,955	164,122
985	PFD BK L AL CAL	70,713	62,403
2,541	PRA Group Inc.	127,584	75,879
	<u>Forward</u>	\$ 171,611,948	\$ 87,315,076

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

No. of Shares	<u>Common Stocks</u> (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 171,611,948	\$ 87,315,076
4,700	Proassurance Corp.	118,910	154,843
39,600	Qurata Retail Inc.	300,960	370,093
2,780	Rackspace Technologiy Inc.	37,447	49,807
29,000	Raytheon Technologies Corp.	2,495,740	1,831,587
7,591	Realogy Holdings, Corp.	127,605	123,713
300	Regeneraon Pharmacueticals, Inc.	189,456	178,987
3,899	Resideo Technologies, Inc.	101,491	106,373
3,247	R1 RCM Inc.	82,766	32,115
3,641	S&P Global Inc.	1,718,297	528,015
17,012	Salesforce.com, Inc.	4,323,259	468,961
6,597	Sally Beauty Holdings Inc.	121,781	92,194
76,000	Sanofi Sponsored ADR	3,807,600	3,404,205
37,000	Schlumberger Limited	1,108,150	1,618,812
84,680	Schwab Charles Corp.	7,121,588	1,924,167
4,121	Schweitzer-Mauduit International, Inc.	123,218	163,869
2,432	Science Applications International Corp.	203,291	172,852
10,194	Servicenow, Inc.	6,617,027	624,287
2,685	Sketchers USA Inc. Class A	116,529	65,767
18,926	SLM Corp.	372,274	154,806
4,742	Snowflake Inc.	1,606,352	1,023,251
752	SouthState Corp.	60,243	48,224
1,955	Spectrum Brands Holdings Inc.	198,863	86,503
1,480	Spirit Realty Capital Inc.	71,321	57,768
1,053	Standard Motor Products Inc.	55,167	47,120
6,777	Starwood Property Trust Inc.	164,681	103,326
18,000	State Street Corp.	1,674,000	1,152,466
6,106	Steelcase, Inc.	59,842	61,315
7,453	Stride Inc.	248,408	194,370
2,800	Syneos Health Inc.	287,504	124,075
4,273	Synovus Financial Corp.	204,548	145,337
12,000	T-Mobile US, Inc.	1,391,760	1,412,517
1,786	TD Synnex Coporation	204,247	64,436
9,800	TE Connectivity, Ltd.	1,581,132	471,201
10,729	Tegna, Inc.	199,130	198,899
2,712	Tempur Sealy International Inc.	127,545	32,209
1,291	Terex Corp.	56,739	23,740
36,957	The Trade Desk, Inc.	3,386,739	712,915
1,217	Toll Brothers Inc.	88,099	46,654
22,610	Transunion	2,681,094	1,101,279
2,583	Travel + Lelsure Co	142,762	118,146
12,000	Truist Financial Corp.	702,600	438,650
2,041	TTEC Holdings Inc.	184,812	62,853
1,637	Turning Pt Brands, Inc.	61,846	73,655
6,696	Twilio, Inc.	1,763,325	2,078,952
4,735	Ultra Beauty Inc.	1,952,430	1,026,152
3,093	Ultra Clean Holdings Inc.	177,414	60,294
6,378	Umpqua Holdings Corp.	122,713	112,464
	<u>Forward</u>	\$ 220,154,653	\$ 110,459,300

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

No. of Shares	<u>Common Stocks</u> (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 220,154,653	\$ 110,459,300
7,236	Unisys Corp.	148,845	98,794
4,000	United Health Group, Inc.	2,008,560	531,011
2,309	Universal Corp.	126,810	122,208
11,445	Val Natl Bancorp	157,369	133,683
10,253	Valvoline Inc.	382,334	229,656
985	Viad, Corp.	38,297	41,419
6,466	Viper Energy Partners LP	137,790	126,379
19,673	Visa, Inc.	4,263,336	367,299
18,117	VMWare Inc.	2,099,398	1,543,855
4,074	Wabash Natl Corp.	79,524	65,369
1,632	Walker & Dunlop, Inc.	246,236	54,455
13,508	Waste Connections Inc.	1,840,735	893,251
100,000	Wells Fargo & Company	4,798,000	3,616,970
1,299	Werner Enterprises, Inc.	61,910	59,883
3,686	WESCO International, Inc.	485,041	175,085
193	White Mountains Insurance Group	195,683	175,142
1,243	Whiting Pete Corp.	80,397	63,574
60,000	Williams Company Inc.	1,562,400	1,173,501
747	Wintrust Financial Corp.	67,843	57,219
9,184	World Fuel Services Corp.	243,100	304,304
4,563	Yelp Inc.	165,363	139,347
15,520	Zoetis Inc.	3,787,356	1,021,082
	<u>TOTALS - COMMON STOCKS</u>	<u>\$ 243,130,980</u>	<u>\$ 121,452,786</u>
	<u>Mutual Funds</u>		
846,495	American Europacific Growth Fund	\$ 54,599,444	\$ 30,558,880
998,750	Bank of New York Mellon Small Mid Cap Growth Fund	34,386,950	20,847,890
1,052,925	Fidelity Small Cap Value Fund	22,764,243	16,622,658
2,434,104	GMO Global Equity Allocation Fund	74,240,171	63,763,158
7,457,265	JP Morgan Trust II Core Bond Fund	88,219,448	87,129,915
346,488	Vanguard International Equity Index Total World Stock Fund	76,036,702	55,557,934
8,507,097	PIMCO All Asset All Authority Fund	70,183,546	74,477,240
688,214	PIMCO Asset Backed Security Portfolio Fund	8,540,732	8,332,438
207,841	PIMCO Emerging Markets Portfolio Fund	1,989,036	2,019,770
309,386	PIMCO High Yield Portfolio Fund	2,601,934	2,338,053
343,887	PIMCO International Portfolio Fund	1,863,867	2,713,644
3,163,225	PIMCO Investment Grade Corporate Portfolio Fund	30,714,915	30,636,023
1,037,944	PIMCO Mortgage Portfolio Fund	11,074,859	11,253,111
139,606	PIMCO Municipal Sector Portfolio Fund	984,222	1,076,517
74,791	PIMCO Real Return Bond Portfolio Fund	454,729	557,319
1,827,915	PIMCO U.S. Government Sector Portfolio Fund	17,273,793	17,705,942
	<u>TOTALS - MUTUAL FUNDS</u>	<u>\$ 495,928,591</u>	<u>\$ 425,590,492</u>

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

<u>No. of Shares</u>		<u>Fair Value</u>	<u>Carry Value</u>
	<u>103-12 Investment Entities</u>		
47,107	Bridgewater All Weather Portfolio Limited	<u>\$ 81,810,185</u>	<u>\$ 49,000,000</u>
	<u>Futures and Options</u>		
8,812	Occidental Pete Corp.	<u>\$ 111,120</u>	<u>\$ 49,788</u>

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS*

E.I.N. 51-6029925; PLAN NO. 001

JANUARY 1, 2021 TO DECEMBER 31, 2021

Issuer	Description	Transaction	Interest Rate (%)	Maturity Date	Purchase Price	Proceeds	Cost	Gain (Loss)
Northern Trust	COLTV Short Term Investment Fund	Purchases	Var.	-	\$ 233,891,271	\$ -	\$ 233,891,271	\$ -
		Sales	Var.	-	-	234,864,387	234,864,387	-
Bridgewater	Pure Alpha Fund I	Purchases	Var.	-	-	-	-	-
		Sales	Var.	-	-	48,914,930	24,252,954	24,661,976
PIMCO	All Asset All Authority Fund	Purchases	Var.	-	74,477,240	-	74,477,240	-
		Sales	Var.	-	-	-	-	-

* Under the Employee Retirement Income Security Act of 1974 (ERISA), a reportable transaction is a transaction or series of transactions during the year that involve more than 5% of the value of the Plan's total assets at the beginning of the year.

Section 3: Certificate of Actuarial Valuation

Exhibit F: Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2020.

Age	Years of Credited Service										
	Total	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	1,663	1,047	606	10	–	–	–	–	–	–	–
25 - 29	1,663	477	846	329	11	–	–	–	–	–	–
30 - 34	1,529	202	566	477	274	10	–	–	–	–	–
35 - 39	1,412	120	330	351	394	204	13	–	–	–	–
40 - 44	1,101	64	206	172	249	277	129	4	–	–	–
45 - 49	1,162	69	148	134	207	240	230	125	9	–	–
50 - 54	1,085	56	129	113	165	170	185	156	104	7	–
55 - 59	919	41	106	96	127	133	151	115	104	42	4
60 - 64	602	25	63	56	93	72	112	75	48	34	24
65 - 69	207	11	31	27	33	29	38	13	14	6	5
70 & over	40	2	13	2	4	7	7	1	3	–	1
Unknown	–	–	–	–	–	–	–	–	–	–	–
Total	11,383	2,114	3,044	1,767	1,557	1,142	865	489	282	89	34

Section 3: Certificate of Actuarial Valuation

Exhibit J: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates

Healthy: Pri-2012 Healthy Annuitant Amount-weighted Tables (95% of base rates for males), with generational projection using Scale MP-2021.

Disabled: Pri-2012 Disabled Annuitant Amount-weighted Tables, with generational projection using Scale MP-2021.

Contingent Annuitant: Pri-2012 Contingent Survivor Amount-weighted Tables, with generational projection using Scale MP-2021.

Employee: Pri-2012 Employee Amount-weighted Tables, with generational projection using Scale MP-2021.

The underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date.

These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

The mortality rates were based on historical and current demographic data, adjusted to estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of and the projected number based on the prior year's assumption over the most recent five years.

Annuitant Mortality Rates

Age	Rate (%) ¹					
	Healthy		Disabled		Contingent	
	Male	Female	Male	Female	Male	Female
55	0.6	0.4	2.1	1.5	1.6	0.8
60	0.8	0.6	2.4	1.8	2.1	1.1
65	1.1	0.8	2.9	2.1	2.7	1.4
70	1.6	1.2	3.8	2.6	3.3	1.8
75	2.5	2.1	5.4	3.7	4.3	2.6
80	4.4	3.8	8.3	5.8	6.3	4.1
85	8.0	6.8	13.0	9.5	9.7	6.9
90	14.3	12.1	19.7	15.7	15.7	12.1

¹ Mortality rates shown for base table, including projection from base year (2012) to the measurement date.

Section 3: Certificate of Actuarial Valuation

Termination Rates before Retirement

<u>Age</u>	<u>Rate (%)</u>							
	<u>Mortality¹</u>		<u>Disability²</u>	<u>Withdrawal³</u>				
	<u>Male</u>	<u>Female</u>		<u>Non-Kaiser</u>		<u>Kaiser</u>		
				<u>Pharmacists</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
20	0.06	0.02	0.05	7.00	15.00	5.00	7.00	6.00
25	0.06	0.02	0.07	7.00	15.00	4.00	7.00	6.00
30	0.07	0.03	0.09	7.00	10.00	4.00	7.00	6.00
35	0.09	0.04	0.12	7.00	10.00	4.00	7.00	5.00
40	0.10	0.05	0.18	6.00	7.00	4.00	7.00	2.00
45	0.11	0.06	0.29	5.00	3.00	4.00	2.00	2.00
50	0.14	0.09	0.48	5.00	0.00	0.00	2.00	2.00
55	0.23	0.15	0.81	3.00	0.00	0.00	2.00	2.00

¹ Mortality rates shown for base table, including projection from base year (2012) to the measurement date.`

² Disability rates applicable to employees with 10 or more years of service

³ Withdrawal rates shown are applicable after select period (first 5 years of service for pharmacists and Kaiser clerks, and first 10 years for other clerks). Select rates are shown on the next two pages. Withdrawal rates are assumed to be cut off at earliest retirement age.

The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number based on the prior year's assumption over the most recent five years.

Section 3: Certificate of Actuarial Valuation

Termination Rates before Retirement (continued)

Kaiser Clerks and Pharmacists Select Period Withdrawal Rates			
For the First Five Years of Employment			
Age	Kaiser Clerk (male)	Kaiser Clerk (female)	Pharmacists
20	16%	18%	35%
25	16%	18%	25%
30	16%	12%	20%
35	16%	12%	15%
40	16%	8%	15%
45	16%	8%	15%
50	16%	6%	15%
55	16%	5%	15%
60	0%	0%	15%

Section 3: Certificate of Actuarial Valuation

Termination Rates before Retirement (continued)

Chart for Male Clerks' (other than Kaiser) Select Period Combined
Disability and Withdrawal Rates

Completed Years of Vesting Credit						
Age	0	1	2	3	4	5-9
20	57.00%	40.00%	30.00%	20.00%	20.00%	16.00%
25	56.00	37.00	30.00	20.00	20.00	16.00
30	55.00	35.00	30.00	20.00	20.00	15.00
35	50.00	35.00	20.00	20.00	15.00	10.00
40	50.00	25.00	20.00	15.00	15.00	10.00
45	45.00	25.00	20.00	15.00	12.00	5.00
50	40.00	20.00	15.00	15.00	12.00	5.00
55	35.00	20.00	12.00	10.00	10.00	5.00
60	35.00	20.00	12.00	10.00	10.00	5.00
65	35.00	20.00	12.00	0.00	0.00	0.00

Section 3: Certificate of Actuarial Valuation

Termination Rates before Retirement (continued)

Chart for Female Clerks' (other than Kaiser) Select Period Combined
Disability and Withdrawal Rates

Completed Years of Vesting Credit						
Age	0	1	2	3	4	5-9
20	50.00%	32.00%	24.00%	20.00%	10.00%	9.00%
25	50.00	32.00	24.00	18.00	10.00	9.00
30	45.00	28.00	20.00	18.00	9.00	9.00
35	43.00	25.00	18.00	15.00	9.00	8.00
40	43.00	25.00	18.00	11.00	9.00	7.00
45	43.00	23.00	18.00	11.00	9.00	5.00
50	43.00	23.00	16.00	7.00	7.00	5.00
55	35.00	23.00	12.00	7.00	7.00	5.00
60	35.00	20.00	12.00	7.00	7.00	4.00
65	35.00	15.00	12.00	7.00	5.00	0.00

Section 3: Certificate of Actuarial Valuation

Retirement Rates

Clerks		Pharmacists	
Age	Rate	Age	Rate
50	2%	50	1%
51	2	51	1
52	2	52	1
53	2	53	1
54	4	54	1
55	4	55	1
56	5	56	1
57	5	57	1
58	8	58	2
59	8	59	2
60	20	60	10
61	15	61	7
62	20	62	7
63	15	63	7
64	15	64	10
65	25	65	25
66	12	66	20
67	12	67	20
68	12	68	20
69	12	69	20
70+	100	70+	100

The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements and the projected number based on the prior year's assumption over the most recent five years.

Section 3: Certificate of Actuarial Valuation

Description of Weighted Average Retirement Age	Age 62.3, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2021 actuarial valuation.
Retirement Age for Inactive Vested Participants	60 with 10 years of Vesting Credit; 65 otherwise The retirement ages for inactive vested participants were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.
Future Benefit Accruals	Actual Credited Service from previous year, but not less than 0.6 years of Credited Service. The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent five years.
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants	Active participants are defined as those with at least 300 hours in the most recent Plan year, excluding those who have retired as of the valuation date.
Exclusion of Inactive Vested Participants	Inactive participants over age 70 are excluded from the valuation. The exclusion of inactive vested participants over age 70 was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.
Percent Married	80% of male employees and 50% of female employees.
Age of Spouse	Females 3 years younger than males.
Benefit Election	65% of future pensioners are assumed to elect the Straight Life Annuity and 35% assumed to elect the 50% Joint and Survivor Annuity. The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent five years.
Delayed Retirement Factors	Active participants work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases. For valuation purposes, benefits are increased by 6% for each year the retirement age is past the later of normal retirement date or date of termination of employment.

Section 3: Certificate of Actuarial Valuation

Net Investment Return	6.75% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	\$2,200,000, payable monthly (equivalent to \$2,123,897 payable at the beginning of the year) or 24.5% of Normal Cost. The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years beginning with the Plan year beginning January 1, 2021. Unrecognized return is equal to the difference between the actual and expected market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Entry Age Normal Actuarial Cost Method. Entry Age is defined as the current age minus years of Vesting Credit. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit K.
Current Liability Assumptions	<i>Interest:</i> 2.43%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally using scale MP-2019 (previously, MP-2018)
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 17.6%, for the Plan Year ending December 31, 2020 <i>On current (market) value of assets (Schedule MB, line 6h):</i> 14.8%, for the Plan Year ending December 31, 2020
FSA Contribution Timing (Schedule MB, line 3a)	Pursuant to Board policy, contributions for the plan year are made for hours worked from August (payable September) of the current plan year through July (payable August) of the next plan year. The interest credited to the Funding Standard Account for contributions made in current plan year assumes contributions are made on the 15th of each month. No interest is credited for contributions made after the plan year.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Section 3: Certificate of Actuarial Valuation

Justification for Change in Actuarial Assumptions and Methods (Schedule MB, line 11)

For purposes of determining current liability, the current liability interest rate was changed from 2.95% to 2.43% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Pursuant to discussions between Segal and the Board of Trustees, the asset valuation method was changed as of January 1, 2021; the previous method was as follows:

- The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the actuarial value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Based on past experience and future expectations, the following actuarial assumptions were changed:

- Net investment return, previously 7.25%
- Mortality for healthy retirees, previously RP-2006 Healthy Annuitant Mortality Tables, with generational projection using Scale MP-2019.
- Mortality for disabled retirees, previously RP-2006 Disabled Retiree Mortality Tables, with generational projection using Scale MP-2019.
- Mortality for contingent annuitants, previously equivalent to mortality for healthy retirees.
- Mortality for employees, previously RP-2006 Employee Mortality Tables, with generational projection using Scale MP-2019.

Attachment to 2021 Schedule MB (Form 5500) for
Southern California United Food and Commercial Workers Unions and Drug Employers Pension Plan
(EIN: 51-6029925, PN: 001)

FOOTNOTES TO SCHEDULE MB

- Line 1(b)(1) and Line 2(a) The current value of assets used for the valuation does not match the figure as reported per the Form 5500 because it does not reflect \$9,984,725 in unrealized appreciation of real estate as of 12/31/2020.
- Line 3 Contributions are made for hours from August 2021 (payable in September 2021) through July 2022 (payment in August 2022), pursuant to collective bargaining agreements. All contributions received after December 31, 2021 are included together in the contributions dated January 15, 2022. The contribution amounts were provided by the plan's independent auditor, and include \$31,980 in withdrawal liability payments made during 2021.

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 _____ and ending _____	
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.)
B This return/report is: ☐ a single-employer plan	☐ a DFE (specify) _____
☐ 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 SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 40%; padding: 5px;">001</td> </tr> <tr> <td colspan="2" style="padding: 5px;">1c Effective date of plan 01/01/1958</td> </tr> <tr> <td colspan="2" style="padding: 5px;">2b Employer Identification Number (EIN) 51-6029925</td> </tr> <tr> <td colspan="2" style="padding: 5px;">2c Plan Sponsor's telephone number 323-666-8910</td> </tr> <tr> <td colspan="2" style="padding: 5px;">2d Business code (see instructions) 446110</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/1958		2b Employer Identification Number (EIN) 51-6029925		2c Plan Sponsor's telephone number 323-666-8910		2d Business code (see instructions) 446110	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 01/01/1958											
2b Employer Identification Number (EIN) 51-6029925											
2c Plan Sponsor's telephone number 323-666-8910											
2d Business code (see instructions) 446110											
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) BOARD OF TRUSTEES, SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND 2220 HYPERION AVE LOS ANGELES, CA 90027											

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	 Signature of plan administrator	10-12-22 Date	Kathy Finn Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	10/12/2022 Date	Rob Francin Enter name of individual signing as employer or plan sponsor
SIGN HERE	 Signature of DFE	 Date	 Enter name of individual signing as DFE

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS*

E.I.N. 51-6029925; PLAN NO. 001

JANUARY 1, 2021 TO DECEMBER 31, 2021

Issuer	Description	Transaction	Interest Rate (%)	Maturity Date	Purchase Price	Proceeds	Cost	Gain (Loss)
Northern Trust	COLTV Short Term Investment Fund	Purchases	Var.	-	\$ 233,891,271	\$ -	\$ 233,891,271	\$ -
		Sales	Var.	-	-	234,864,387	234,864,387	-
Bridgewater	Pure Alpha Fund I	Purchases	Var.	-	-	-	-	-
		Sales	Var.	-	-	48,914,930	24,252,954	24,661,976
PIMCO	All Asset All Authority Fund	Purchases	Var.	-	74,477,240	-	74,477,240	-
		Sales	Var.	-	-	-	-	-

* Under the Employee Retirement Income Security Act of 1974 (ERISA), a reportable transaction is a transaction or series of transactions during the year that involve more than 5% of the value of the Plan's total assets at the beginning of the year.

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 SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND DRUG EMPLOYERS 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 BOARD OF TRUSTEES, SOUTHERN CALIFORNIA UNITED FOOD	D Employer Identification Number (EIN) 51-6029925

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)	941,612,005
(2) Actuarial value of assets for funding standard account	1b(2)	941,612,005
c (1) Accrued liability for plan using immediate gain methods	1c(1)	949,216,768
(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)	842,733,569
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)	1,645,582,801
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	46,910,421
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	48,025,350
(3) Expected plan disbursements for the plan year.....	1d(3)	50,225,350

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	MH Mark Hamwee	10/07/2022 Date
	Signature of actuary	
	MARK HAMWEE, FSA, MAAA	2005829
	Type or print name of actuary	Most recent enrollment number
		415-263-8200
	Firm name	Telephone number (including area code)

180 HOWARD STREET, SUITE 1100
 SAN FRANCISCO CA 94105-6147

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 ☐

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

**Schedule MB (Form 5500) 2021
v. 201209**

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 %
b Rates specified in insurance or annuity contracts	Pre-retirement ☐ Yes ☐ No ☒ N/A Post-retirement ☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	8P A
(2) Females	6c(2)	8FP 8FP
d Valuation liability interest rate	6d	6.75 % 6.75 %
e Expense loading	6e	24.5 % ☐ 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	17.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	14.8 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	58,834,201	5,956,021
1	-21,058,113	-2,131,797
5	-68,226,655	-8,994,837

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	792,564
b Employer's normal cost for plan year as of valuation date.....	9b	10,808,453

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)	136,090,192	20,227,046
(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	2,148,394
e Total charges. Add lines 9a through 9d.....	9e	33,976,457

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	0
g Employer contributions. Total from column (b) of line 3.....	9g	19,519,767

		Outstanding balance	
h Amortization credits as of valuation date.....	9h	129,277,993	16,968,122
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		1,220,357

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	19,656,108	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	563,253,405	
(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	37,708,246
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	3,731,789
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
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9 o 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	
--	-----------	--

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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Section 3: Certificate of Actuarial Valuation

Exhibit E: Schedule of Projection of Expected Benefit Payments

(Schedule MB, Line 8b(1))

Plan Year	Expected Annual Benefit Payments
2021	\$48,009,347
2022	49,714,600
2023	51,398,556
2024	53,094,239
2025	54,762,398
2026	56,158,840
2027	57,489,118
2028	58,782,554
2029	60,107,371
2030	61,335,837

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.

Attachment to 2021 Form 5500 - Schedule MB, Line 3 - Withdrawal Liability Amounts
Southern California United Food and Commercial Workers Unions and Drug Employers Pension Plan
(EIN: 51-6029925, PN: 001)

Withdrawal Liability <u>Payment</u>	Payment <u>Date</u>
\$10,660	04/30/2021
\$10,660	07/31/2021
\$10,660	10/31/2021

Section 3: Certificate of Actuarial Valuation

Exhibit K: Summary of Plan Provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Year	January 1 through December 31
Pension Credit Year	January 1 through December 31
Plan Status	Ongoing plan
Normal Pension	• <i>Age and Service Requirements:</i> 60 and 10 years of Vesting Credit, or 65 and the fifth anniversary of participation. • <i>Amount:</i> For Clerks (other than Kaiser), \$27.30 per month for each of the first ten years of Credited Service, plus \$36.40 per month for each additional year of Credited Service. For Kaiser Clerks, \$40.00 per month for each of the first ten years of Credited Service plus \$53.30 per month for each additional year of Credited Service. For Pharmacists, \$78.50 per month for each of the first ten years of Credited Service plus \$104.60 for each additional year of Credited Service. • Benefits accrued for 2009 and 2011 are increased by 10%.
Early Retirement	• <i>Age and Service Requirements:</i> Age 50 and 10 years of Credited Service • <i>Amount:</i> Accrued Normal Retirement Benefit, reduced 6% for each of the first 5 years that the retiring employee is younger than age 60 and further reduced 3.6% for each of the next 5 years, to a maximum reduction of 48%.
Late Retirement	• If a Participant delays applying and benefits are deferred beyond Normal Retirement Age for reasons other than a suspension of benefits, then the monthly amount of benefit payable as of the Annuity Starting Date will be the actuarial equivalent of a benefit commencing as of the first day of the month following the month in which the Participant attained Normal Retirement Age, unless the Participant elects a Retroactive Annuity Starting Date, in which case his delayed benefits will be paid in the form of a lump sum. "Actuarial equivalent" for this purpose is based on Article I, section 10 of the Plan: UP-84 mortality and PBGC interest rates for valuing immediate annuities (rates in effect for January of the relevant plan year).
Rule of 85 Retirement	• <i>Age and Service Requirements:</i> Age plus Credited Service equal at least 85 • <i>Other Requirements:</i> Not a Pharmacist • <i>Amount:</i> Accrued Normal Retirement Benefit

Section 3: Certificate of Actuarial Valuation

Disability	• <i>Age and Service Requirements:</i> 10 years of Credited Service • <i>Other Requirement:</i> Totally and permanently disabled and eligible for a Social Security disability benefit and worked 300 hours in covered service in either the Plan Year of the disability or in the prior Plan Year. • <i>Amount:</i> Regular pension accrued
Vesting	• <i>Age and Service Requirements:</i> 5 years of Vesting Credit • <i>Amount:</i> Accrued Normal Retirement Benefit, payable commencing at Normal Retirement Age or, on a reduced basis, as early as age 50 (if eligible). • <i>Normal Retirement Age:</i> Age 60 with at least 10 years of Vesting Credit or the later of age 65 and the fifth anniversary of participation.
Spouse's Pre-Retirement Death Benefit	• <i>Age and Service Requirements:</i> 5 years of Vesting Credit • <i>Amount:</i> 50% of the benefit participant would have received had he or she retired the day before he or she died and elected the joint and survivor option. If death occurs prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date participant would have first been eligible to retire. • <i>Charge for Coverage:</i> None
Post-Retirement Death Benefit	<i>Joint and Survivor:</i> If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, and the spouse predeceases the participant, the participant's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected. If rejected, or if not married, benefits are payable for the life of the participant without reduction, or in any other available optional form elected by the participant in an actuarially equivalent amount.
Optional Forms of Benefits	• 50% Joint & Survivor (with reversionary feature) – QJSA • 75% Joint & Survivor (with reversionary feature) – QOSA • Straight Life Annuity Level Income Option – Not available for annuity starting dates after April 30, 2012.
Credited Past Service	Credited Past Service is granted at a rate of 1/12 year for each 150 hours of service of employment before January 1, 1958.
Credited Future Service	Beginning January 1, 1976, a participant who works at least 1,800 hours in a Plan Year receives one year of Credited Future Service. Fractional credit is given based on hours of service in covered employment (minimum of 300 hours) divided by 2,000.
Vesting Credit	Beginning January 1, 1976, a participant who works at least 750 hours in a Plan Year receives one year of Vesting Credit. Fractional credit is given based on hours of service in covered employment (minimum of 300 hours) divided by 2,000.

Section 3: Certificate of Actuarial Valuation

Break in Service Rules:

One Year Break: A participant incurs a One Year Break in Service upon failure to work at least 300 hours of service in covered employment in a Plan Year.

Permanent Break: A nonvested participant incurs a Permanent Break in Service if the number of consecutive One Year Breaks in Service is at least five and it equals or exceeds the number of full years of Vesting Credit previously accumulated. At this time, all accumulated Vesting Credit, Credited Past Service, and Credited Future Service are cancelled.

Participation: An employee becomes a "Participant" upon completion of at least 300 hours of service in covered employment.

Termination of Participation: A Participant who incurs a One Year Break in Service ceases to be a Participant as of the last day of the Plan Year which constituted the One Year Break in Service unless he or she has retired or attained vested rights.

Changes in Plan Provisions

There were no changes in plan provisions reflected in this actuarial valuation.

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

No. of Shares	Short Term Investment Funds	Fair Value	Carry Value
13,483,201	COLTV Short-Term Investment Fund	\$ 13,483,201	\$ 13,483,201
857,413	PIMCO Short-Term Floating NAV Portfolio	8,583,558	8,581,140
TOTALS - SHORT TERM INVESTMENT FUNDS		\$ 22,066,759	\$ 22,064,341

Par Value	Government Debt Securities	Interest Rate (%)	Maturity Date		
\$ 250,000	California State Bonds	7.550	04/01/39	\$ 417,214	\$ 252,395
3,423,335	Federal Home Loan Banks	2.500	11/01/50	3,512,029	3,634,858
105,869	Federal Home Loan Mortgage Corporation Gold	4.500	10/01/42	117,075	116,320
16,479	Federal Home Loan Mortgage Corporation Gold	6.500	10/01/38	19,263	17,493
196,965	Federal Home Loan Mortgage Corporation Gold	4.500	06/01/47	212,984	211,415
261,508	Federal Home Loan Mortgage Corporation Gold	4.000	03/01/46	285,183	269,353
40,099	Federal Home Loan Mortgage Corporation Multiclass Series	7.500	05/20/27	44,319	42,561
418,382	Federal Home Loan Mortgage Corporation Pool	2.000	07/01/50	418,163	429,626
63,185	Federal Home Loan Mortgage Corporation Pool	2.261	07/01/36	67,580	63,246
75,235	Federal Home Loan Mortgage Corporation Pool	1.765	11/01/35	77,808	74,104
80,057	Federal Home Loan Mortgage Corporation Pool	2.943	02/01/45	83,132	82,821
96,218	Federal Home Loan Mortgage Corporation Pool	2.576	06/01/46	99,215	99,841
76,649	Federal Home Loan Mortgage Corporation Pool	3.374	08/01/44	79,740	80,074
186,884	Federal Home Loan Mortgage Corporation UMBS	2.000	09/01/50	187,102	194,834
770,584	Federal National Mortgage Association	2.500	10/01/50	792,540	816,699
180,628	Federal National Mortgage Association	4.000	01/01/47	194,016	186,414
163,621	Federal National Mortgage Association	7.000	02/25/42	195,284	183,869
1,133,270	Federal National Mortgage Association	2.500	10/01/50	1,167,566	1,186,746
209,149	Federal National Mortgage Association	4.500	12/15/43	224,739	232,548
403,253	Federal National Mortgage Association	2.000	02/01/51	404,100	419,951
865,703	Federal National Mortgage Association	2.000	12/01/50	868,592	900,298
93,844	Federal National Mortgage Association	7.000	09/25/41	101,114	101,967
170,123	Federal National Mortgage Association	7.500	11/25/40	187,110	185,779
10,243	Federal National Mortgage Association Pool	2.200	03/01/37	10,290	11,069
4,311	Federal National Mortgage Association Pool	4.500	09/01/10	4,769	4,610
104,416	Federal National Mortgage Association Pool	4.000	10/01/31	112,030	109,735
475,105	Federal National Mortgage Association Pool	3.500	04/01/37	506,668	492,179
2,273	Federal National Mortgage Association Pool	6.000	09/01/22	2,298	2,302
55,515	Federal National Mortgage Association Pool	5.500	01/01/35	62,276	60,338
60,158	Federal National Mortgage Association Pool	6.500	12/01/32	68,756	61,315
20,690	Federal National Mortgage Association Pool	4.500	07/01/26	21,611	22,113
41,873	Federal National Mortgage Association Pool	6.000	01/01/24	43,254	44,634
186,376	Federal National Mortgage Association Pool	4.500	02/01/45	204,370	202,277
166,204	Federal National Mortgage Association Pool	4.500	03/01/46	182,006	183,343
4,483	Federal National Mortgage Association Pool	6.500	09/01/37	4,960	4,528
2,241,669	Federal National Mortgage Association Pool	2.000	08/01/50	2,249,448	2,332,736
113,660	Federal National Mortgage Association Pool	1.880	11/01/44	117,621	118,189
55,228	Federal National Mortgage Association Pool	1.860	10/01/44	57,247	57,170
106,649	Federal National Mortgage Association Pool	1.925	12/01/44	110,434	109,919
Forward				\$ 13,513,906	\$ 13,599,669

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

Par Value	Government Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Carry Value
	<u>Forwarded</u>			\$ 13,513,906	\$ 13,599,669
\$ 310,616	Federal National Mortgage Association Pool	3.178	02/01/45	322,761	314,911
56,101	Federal National Mortgage Association Pool	4.500	08/01/26	58,463	59,704
20,966	Federal National Mortgage Association Pool	5.000	09/01/25	21,608	22,817
201,053	Federal National Mortgage Association Pool	4.500	01/01/31	217,213	215,127
119,700	Federal National Mortgage Association Pool	1.804	11/01/43	124,407	123,852
114,962	Federal National Mortgage Association Pool	5.500	10/01/38	130,996	127,015
51,605	Federal National Mortgage Association Pool	1.872	05/01/44	53,616	53,298
138,163	Federal National Mortgage Association Pool	4.500	07/01/42	152,352	149,756
32,998	Federal National Mortgage Association Pool	4.500	01/01/31	35,624	35,937
80,578	Federal National Mortgage Association Pool	4.500	09/01/45	87,938	88,397
47,177	Federal National Mortgage Association Pool	4.500	09/01/42	51,638	51,817
958,853	Federal National Mortgage Association Pool	2.500	07/01/50	984,334	1,002,001
51,104	Federal National Mortgage Association Pool	4.000	11/01/30	54,731	54,426
20,249	Federal National Mortgage Association Pool	6.500	08/01/39	23,573	22,048
50,306	Federal National Mortgage Association Pool	5.500	09/01/38	56,872	55,408
63,724	Federal National Mortgage Association Pool	5.500	04/01/37	71,346	68,573
24,883	Federal National Mortgage Association Pool	5.000	04/01/25	25,649	26,909
4,114	Federal National Mortgage Association Pool	5.500	01/01/25	4,203	4,444
54,522	Federal National Mortgage Association Pool	2.053	04/01/42	57,030	56,433
90,933	Federal National Mortgage Association Pool	2.280	03/01/43	93,695	92,872
59,847	Federal National Mortgage Association Pool	1.830	05/01/44	62,107	61,626
84,679	Federal National Mortgage Association Pool	3.225	08/01/47	88,251	86,763
103,290	Federal National Mortgage Association Pool	4.500	06/01/48	111,160	107,579
157,335	Federal National Mortgage Association Pool	4.500	07/01/44	172,286	170,020
163,862	Federal National Mortgage Association Pool	4.500	01/01/43	178,679	177,573
114,099	Federal National Mortgage Association Pool	4.500	03/01/48	122,906	118,631
1,038,610	Federal National Mortgage Association Pool	2.500	07/01/50	1,068,174	1,091,109
795,164	Federal National Mortgage Association Pool	2.500	07/01/50	817,783	837,593
650,752	Federal National Mortgage Association Pool	2.500	07/01/50	669,282	683,773
1,111,693	Federal National Mortgage Association Pool	2.000	09/01/50	1,112,991	1,155,556
297,010	Federal National Mortgage Association Pool	2.500	12/01/50	305,998	310,422
450,884	Federal National Mortgage Association Pool	2.500	02/01/51	461,790	471,174
1,142,169	Federal National Mortgage Association Pool	2.500	07/01/50	1,172,537	1,191,603
95,508	Federal National Mortgage Association Pool	4.000	01/01/36	102,971	102,746
111,839	Federal National Mortgage Association Pool	3.500	04/01/37	117,705	115,963
14,220	Federal National Mortgage Association Pool	7.000	08/01/37	16,839	14,901
13,424	Federal National Mortgage Association Pool	7.000	11/01/37	16,512	14,112
12,649	Federal National Mortgage Association Pool	6.500	02/01/38	14,656	13,896
205,099	Federal National Mortgage Association Pool	4.500	06/01/36	226,114	219,872
56,178	Federal National Mortgage Association Pool	5.500	06/01/33	63,476	59,943
138,645	Federal National Mortgage Association Pool	6.000	03/01/34	157,799	150,603
28,963	Federal National Mortgage Association Pool	6.500	12/01/32	32,823	29,812
70,653	Federal National Mortgage Association Pool	1.941	07/01/34	71,415	69,063
50,672	Federal National Mortgage Association Pool	7.000	03/01/37	61,775	56,191
39,914	Federal National Mortgage Association Pool	6.500	12/01/37	46,302	44,454
1,046	Federal National Mortgage Association Pool	6.000	03/01/23	1,059	1,066
15,195	Federal National Mortgage Association Pool	6.500	10/01/38	17,587	16,850
	<u>Forward</u>			\$ 23,432,932	\$ 23,598,308

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

Par Value	Government Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Carry Value
	<u>Forwarded</u>			\$ 23,432,932	\$ 23,598,308
\$ 6,441,000	Federal National Mortgage Association Single Family	2.500	02/15/49	6,559,786	6,561,524
257,023	Government National Mortgage Association	0.382	09/20/68	252,743	255,431
548,000	Government National Mortgage Association	0.870	12/20/71	560,913	558,789
400,000	Illinois State Taxable Pension Bonds	5.100	06/01/33	462,354	365,664
150,000	New Jersey Turnpike Authority Bonds	7.102	01/01/41	235,338	159,823
100,000	New Jersey Turnpike Authority Bonds	7.414	01/01/40	160,973	132,022
22,917	Small Business Administration	5.350	02/01/26	24,134	22,917
13,436	Small Business Administration	4.760	06/01/23	13,702	13,436
15,880	Small Business Administration	4.070	06/01/23	16,158	15,880
19,513	Small Business Administration	6.070	07/01/26	20,646	20,543
225,000	United States Treasury Bonds	1.625	11/15/50	210,612	230,660
16,000,000	United States Treasury Bonds	2.500	05/15/46	17,751,250	16,052,786
24,110,000	United States Treasury Bonds	2.250	08/15/46	25,593,330	21,684,378
6,000,000	United States Treasury Bonds	2.500	02/15/46	6,653,437	6,043,681
2,783,000	United States Treasury Notes	0.750	04/30/26	2,729,297	2,772,459
1,220,000	United States Treasury Notes	1.625	05/15/31	1,236,775	1,265,416
190,000	United States Treasury Notes	0.875	09/30/26	186,608	189,042
1,800,000	United States Treasury Notes	0.750	03/31/26	1,766,742	1,790,297
158,000	United States Treasury Notes	0.625	08/15/30	147,508	153,514
1,645,000	United States Treasury Notes	0.125	02/15/24	1,623,794	1,641,594
2,680,000	United States Treasury Notes	1.125	10/31/26	2,663,878	2,677,383
565,000	United States Treasury Notes	0.625	12/31/27	541,054	558,710
408,000	United States Treasury Notes	0.125	01/15/24	402,916	407,108
5,155,000	United States Treasury Notes	0.875	11/15/30	4,906,513	5,111,826
14,000,000	United States Treasury Bond Striped	1.978	08/15/45	8,811,158	7,331,634
6,915,000	United States Treasury Bond Striped	1.983	05/15/45	4,368,602	3,278,819
12,000,000	United States Treasury Bond Striped	1.965	11/15/45	7,538,281	6,171,224
2,055,000	US Treasury N/B	2.375	05/15/29	2,192,187	2,090,713
	<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>			<u>\$ 121,063,621</u>	<u>\$ 111,155,581</u>

Corporate Debt Securities

\$ 185,000	Abbvie Inc.	4.050	11/21/39	\$ 213,251	\$ 216,690
75,000	Anheuser Busch	5.550	01/23/49	104,096	97,584
75,000	Anheuser Busch	4.350	06/01/40	88,374	74,953
310,000	AT&T Inc.	8.750	11/15/31	454,658	394,009
316,000	AT&T Inc.	3.500	09/15/53	320,054	327,567
16,000	AT&T Inc.	3.650	09/15/59	16,226	16,407
236,000	AT&T Inc.	4.500	03/09/48	276,047	246,579
150,000	Bank of America Corp.	4.183	11/25/27	164,218	146,768
150,000	Bank of America Corp.	4.250	10/22/26	165,608	148,599
75,000	Bank of America Corp.	4.450	03/03/26	82,613	74,551
335,000	Bank of America Corp.	3.004	12/20/23	341,944	323,865
400,000	Bank One Corp.	8.750	09/01/30	604,309	546,884
	<u>Forward</u>			<u>\$ 2,831,398</u>	<u>\$ 2,614,456</u>

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Carry Value
	<u>Forwarded</u>			\$ 2,831,398	2,614,456
\$	450,000 Barclays Plc.	4.375	09/11/24	480,959	447,255
	350,000 Bayer US Financial	4.375	12/15/28	391,244	347,830
	350,000 BNP Paribas Bonds	4.250	10/15/24	377,561	349,079
	225,000 BNP Paribas Fixed	4.375	05/12/26	244,804	234,017
	450,000 BNP PARIBAS Sub	4.625	03/13/27	499,105	493,231
	200,000 Boston Properties Limited	3.250	01/30/31	209,319	200,302
	125,000 Boston Properties Limited	3.650	02/01/26	133,976	129,860
	75,000 Boston Properties Limited	3.800	02/01/24	78,448	74,110
	150,000 Boston Properties Limited	4.500	12/01/28	169,182	159,977
	25,000 British American Tobacco Capital Corp.	3.734	09/25/40	24,077	25,000
	25,000 British American Tobacco Capital Corp.	3.984	09/25/50	24,114	25,000
	75,000 British American Tobacco Capital Corp.	2.259	03/25/28	73,143	75,000
	175,000 British American Tobacco Capital Corp.	2.726	03/25/31	170,013	174,548
	49,378 Burlington Northern Santa Fe Railway	5.629	04/01/24	51,291	49,378
	85,000 Capital One Financial Corp.	3.500	06/15/23	88,087	80,144
	200,000 Capital One Financial Corp.	4.200	10/25/29	217,544	197,298
	175,000 CCO Holdings LLC	4.250	01/15/34	172,170	175,000
	200,000 CCO Holdings LLC	4.500	06/01/33	204,046	198,500
	375,000 CEMEX S.A.B. de C.V.	5.200	09/17/30	402,656	382,510
	200,000 CEMEX S.A.B. de C.V.	7.375	06/05/27	220,202	220,750
	825,000 Charter	6.484	10/23/45	1,129,767	960,216
	300,000 Charter Fixed	5.750	04/01/48	375,247	284,676
	201,000 Cigna Corp.	7.870	05/15/27	260,022	263,872
	138,724 CMO GS Mortgage Securities	8.000	06/25/34	149,885	151,903
	150,000 Coca Cola Company	3.450	03/25/30	166,228	149,498
	107,923 CSX Transportation, Inc.	6.251	01/15/23	113,356	107,923
	75,000 Dell International	6.020	06/15/26	86,732	89,143
	500,000 Dominion, Inc.	5.750	10/01/54	533,661	500,000
	102,000 Dow Chemical Company	9.400	05/15/39	183,299	162,314
	35,000 Dow Chemical Company	7.375	11/01/29	47,129	37,978
	50,000 Elanco Animal Health Inc.	4.272	08/28/23	53,201	52,392
	160,000 Elanco Animal Health Inc.	4.900	08/28/28	185,600	184,219
	375,000 Enel Finance International N.V.	6.800	09/15/37	534,834	386,988
	125,000 Exxon Mobil Corp.	2.610	10/15/30	129,687	125,000
	75,000 Exxon Mobil Corp.	4.227	03/19/40	88,909	77,661
	200,000 FedEx Corp.	5.250	05/15/50	268,463	211,297
	200,000 Ford Motor Credit Company	4.134	08/04/25	212,250	212,500
	275,000 Ford Motor Credit Company	3.375	11/13/25	285,703	275,000
	200,000 Ford Motor Credit Company	4.140	02/15/23	204,760	199,738
	425,000 Ford Motor Credit Company	4.250	09/20/22	432,650	428,162
	200,000 Ford Motor Credit Company	5.125	06/16/25	217,500	219,000
	100,000 HCA Inc.	5.125	06/15/39	123,444	100,075
	225,000 HSBC Holdings Plc	0.976	05/19/25	222,322	225,677
	200,000 HSBC Holdings Plc	3.950	05/18/24	207,429	198,842
	200,000 HSBC Holdings Plc	4.950	03/31/30	234,903	237,528
	560,000 HSBC Holdings Plc	6.500	09/15/37	776,445	624,007
	200,000 Imperial Brands Financial	3.875	07/26/29	212,011	198,266
	<u>Forward</u>			\$ 14,498,776	\$ 13,317,120

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Carry Value
	<u>Forwarded</u>			\$ 14,498,776	13,317,120
\$ 800,000	Imperial Tobacco Financial	4.250	07/21/25	859,266	835,017
330,000	JP Morgan Chase	2.522	04/22/31	333,885	330,586
225,000	JP Morgan Chase	2.956	05/13/31	233,196	225,518
275,000	JP Morgan Chase	4.493	03/24/31	318,539	277,871
75,000	JP Morgan Chase	4.125	12/15/26	82,769	73,058
575,000	Kinder Morgan	5.500	03/01/44	706,825	606,783
275,000	Lloyds Banking Group Plc	4.500	11/04/24	296,358	286,622
200,000	Lloyds Banking Group Plc	4.582	12/10/25	218,270	210,842
50,000	LYB International Financial	4.200	05/01/50	57,994	49,687
225,000	Microchip Technology Inc.	0.983	09/01/24	220,913	225,000
500,000	Myriad International Holdings	4.850	07/06/27	558,040	505,250
300,000	Natwest Group Plc	1.642	06/14/27	296,052	299,275
50,000	Occidental Pete Corp.	3.200	08/15/26	51,526	49,966
275,000	Occidental Pete Fixed	2.900	08/15/24	280,706	229,088
225,000	Occidental Petroleum Corp.	3.500	08/15/29	230,839	225,696
100,000	Oracle Corp.	2.950	04/01/30	101,235	99,897
100,000	Oracle Corp.	3.600	04/01/40	100,681	99,731
250,000	Pemex Project Funding Master Trust	6.625	06/15/35	240,199	292,500
125,000	Petrobras Global	6.900	03/19/49	133,125	124,687
75,000	Petrobras Global Financial	7.250	03/17/44	83,063	72,468
513,000	Petrobras Global Financial	5.093	01/15/30	533,556	551,475
150,000	Petrobras Global Financial	5.500	06/10/51	139,125	140,250
285,000	Petroleos Mexicanos	6.950	01/28/60	254,362	216,778
600,000	Petroleos Mexicanos	7.690	01/23/50	579,000	514,606
460,000	Petroleos Mexicanos	6.700	02/16/32	464,600	460,386
475,000	Prosus N.V	3.680	01/21/30	489,306	458,500
526,954	Rio Oil Finance Trust	6.250	07/06/24	565,158	516,885
735,000	Royal Bank of Scotland	6.125	12/15/22	768,797	740,085
1,372,997	SLM Student Loan	0.724	01/25/41	1,371,360	1,371,802
1,496,531	SLM Student Loan	1.252	10/25/34	1,525,871	1,532,073
200,000	Southern Co	3.750	09/15/51	200,000	199,125
350,000	Southern Co	4.000	01/15/51	357,875	350,562
400,000	Telecom Italia	5.303	05/30/24	420,984	411,248
300,000	Telecom Italia	7.721	06/04/38	352,581	315,474
125,000	T-Mobile USA	3.500	04/15/31	130,000	126,250
75,000	T-Mobile USA	4.375	04/15/40	85,955	82,891
150,000	T-Mobile USA	2.225	02/15/26	150,375	150,375
125,000	T-Mobile USA	3.375	04/15/29	127,368	126,250
200,000	T-Mobile USA	3.875	4/15/30	219,025	214,576
50,000	T-Mobile USA	4.500	04/15/50	58,722	56,515
375,000	TransCanada Trust	5.300	03/15/77	387,656	377,062
175,000	TransCanada Trust	5.500	09/15/79	186,813	175,000
200,000	TransCanada Trust	5.875	08/15/76	218,500	160,500
400,000	TransCanada Trust	5.625	05/20/75	420,000	400,000
300,000	Ultrapar Intl.	5.250	06/06/29	310,053	299,994
200,000	Ultrapar Intl.	5.250	10/06/26	211,252	188,250
200,000	Unicredit Spa	5.459	06/30/35	218,110	200,000
	<u>Forward</u>			\$ 30,648,661	\$ 28,773,574

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

Par Value	Corporate Debt Securities (Continued)	Interest Rate (%)	Maturity Date	Fair Value	Carry Value
	<u>Forwarded</u>			\$ 30,648,661	28,773,574
\$ 375,000	Unicredit Spa	7.296	04/02/34	449,844	375,000
196,515	Union Pacific Railroad Company	5.082	01/02/29	213,539	209,259
107,000	Unum Corporation	6.750	12/15/28	132,824	100,481
250,000	Verizon Communications, Inc.	4.272	01/15/36	293,685	227,922
275,000	Vodafone Group	7.000	04/04/79	332,706	275,000
85,000	Vmware Inc.	0.600	08/15/23	84,412	84,911
100,000	Vmware Inc.	1.400	08/15/26	98,336	99,830
200,000	Wells Fargo & Co.	5.013	04/15/51	274,063	200,000
275,000	Wells Fargo & Co.	4.300	07/22/27	306,571	275,533
175,000	Wells Fargo & Co.	4.100	06/03/26	190,832	184,041
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>			<u>\$ 33,025,473</u>	<u>\$ 30,805,551</u>
	<u>Preferred Stocks</u>				
\$ 30,300	Citigroup Capital			<u>\$ 845,370</u>	<u>\$ 818,014</u>
No. of Shares	<u>Common Stocks</u>				
7,185	ABM Industries, Inc.			\$ 293,507	\$ 235,969
9,989	Acco Brands Corp.			82,509	121,494
11,243	Adobe Systems Inc.			6,375,456	1,005,964
75,700	ADR Aegon N.V.			373,958	534,183
13,745	ADR Anheuser Busch			832,260	777,317
3,882	ADR ASML Hldg N.V.			3,090,615	819,731
75,900	ADR Glaxosmithkline PLC			3,347,190	2,804,361
33,000	ADR Honda Motor LTD			938,850	985,298
24,672	ADR Micro Focus Intl. PLC			137,423	522,436
24,000	ADR Novartis AG			2,099,280	1,677,135
28,500	ADR Roche Holdings Ltd.			1,473,165	1,115,691
5,436	Align Technology Inc.			3,572,430	1,359,105
2,424	Allison Transmission Holding			88,112	100,315
3,300	Alnylam Pharmaceuticals Inc.			559,614	219,878
150	Alphabet Inc. Cap STK Class A			434,556	125,017
4,100	Alphabet Inc. Cap STK Class C			11,863,719	1,638,317
1,033	Altra Industrial Motion Corp.			53,272	59,627
2,057	Amazon.com, Inc.			6,858,737	381,570
2,317	American Eagle Outfitters Inc.			58,666	62,952
6,700	American Express Co			1,096,120	482,154
15,239	American Tower Corp.			4,457,408	1,003,941
1,161	Ameris Bancorp			57,678	59,264
2,998	Ares Coml Real Estate Corp.			43,591	39,552
2,941	Artisan Partners Asset Management Inc.			140,109	157,082
2,208	Asgn Incorporated			272,467	117,655
	<u>Forward</u>			<u>\$ 48,600,692</u>	<u>\$ 16,406,008</u>

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 48,600,692	\$ 16,406,008
6,386	Assured Guaranty Limited	320,577	194,707
2,571	Avnet Inc.	106,002	102,626
4,267	Axis Capital Holdings Ltd.	232,423	193,997
37,500	Baker Hughes Co	902,250	1,011,298
44,000	Bank New York Mellon Corp.	2,555,520	1,502,041
51,500	Bank of America Corp.	2,291,235	751,117
4,715	BankUnited Inc.	199,492	167,142
4,032	Belden, Inc.	265,023	171,201
10,400	Blomarin Pharmaceutical, Inc.	918,840	789,253
5,570	Blackstone Mortgage Trust Inc.	170,553	169,867
2,000	Block H&R, Inc.	47,120	50,018
450	Booking Holdings Inc.	1,079,653	704,657
42,192	Boston Scientific Corp.	1,792,316	1,684,386
11,877	Bright Health Group, Inc.	40,857	98,140
7,681	BrightHouse Financial Inc.	397,876	349,209
6,095	Brightview Holdings, Inc.	85,818	91,600
2,261	Brinks Co.	148,254	165,706
21,000	Bristol Myers Squibb Corporation	1,309,350	1,209,721
2,778	Cactus Inc.	105,925	90,816
7,446	Callaway Golf Co.	204,318	209,263
24,800	Capital One Financial Corporation	3,598,232	1,255,987
14,000	Carrier Global Corp.	759,360	277,032
600	Carter, Inc.	60,732	59,996
4,400	Celanese Corporation	739,464	227,605
9,042	Championx Corp.	182,739	121,784
12,727	Change Healthcare Inc.	272,103	169,222
3,700	Charter Communications Inc.	2,412,289	1,050,767
15,500	Cigna Corp.	3,559,265	2,865,616
37,500	Cisco Systems, Inc.	2,376,375	1,420,128
21,500	Cognizant Tech Solutions Corp.	1,907,480	1,322,293
1,763	Columbia Banking System, Inc.	57,685	60,350
60,000	Comcast Corp.	3,019,800	1,380,284
6,752	Commscope Holding Co.	74,542	106,259
1,779	Concentrix Properties Inc.	317,765	78,331
17,000	Conocophillips	1,227,060	782,000
5,474	Costco Wholesale Corp.	3,107,590	442,100
5,699	Cousins Properties Inc.	229,556	174,550
1,697	Curtiss-Wright Corp.	235,323	176,852
5,128	Delek US Holdings, Inc.	76,869	108,632
22,800	Dell Technologies Inc.	1,280,676	592,546
5,048	Dexcom, Inc.	2,710,524	1,821,430
26,500	Dish Network Corp.	859,660	911,138
4,688	Ecovyst, Inc.	48,005	79,567
17,500	Elanco Animal Health, Inc.	496,650	569,818
578	Emcor Group Inc.	73,631	39,601
1,645	Employers Holdings, Inc.	68,070	66,760
	<u>Forward</u>	\$ 91,525,539	\$ 42,273,421

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FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 91,525,539	\$ 42,273,421
5,886	Energizer Holdings Inc.	236,029	279,519
12,873	Enerplus Corp.	136,196	59,927
1,768	EnerSys Corp.	139,778	86,557
6,897	Envista Holdings Corp.	310,779	166,145
2,249	Equinix, Inc.	1,902,294	525,950
4,027	Essent Group, Ltd.	183,349	110,184
2,186	Evercore Inc.	296,968	187,255
2,888	Evertec Inc.	144,342	84,610
1,174	Federal Agriculture Mortgage	145,494	92,079
12,500	FedEx Corp.	3,233,000	1,954,799
855	First American Financial Copr.	66,887	40,055
8,040	First Hawaiian Inc.	219,733	205,106
2,538	First Merchants Corp.	106,317	104,194
26,000	Fiserv Inc.	2,698,540	2,738,468
4,506	Footlocker Inc.	196,597	169,130
35,000	Fox Corp. Class A	1,291,500	1,224,078
12,500	Fox Corp. Class B	428,375	404,770
4,616	Fresh Del Monte Produce Inc.	127,402	165,219
3,375	Frontdoor Inc.	123,694	128,748
1,126	FTI Consulting, Inc.	172,751	49,631
17,500	GAP Inc.	308,875	387,103
31,000	Gilead Sciences Inc.	2,250,910	2,119,950
5,600	Goldman Sachs Group, Inc.	2,142,280	816,723
7,310	Graftech International Ltd.	86,477	68,979
26,501	Graphic Packaging Holding Company	516,769	261,959
3,471	Gray T.V. Inc.	69,975	79,510
1,037	Haemonetices Corp.	55,002	66,188
4,500	Halliburton Company	102,915	136,681
7,337	Hanes Brands Inc.	122,675	68,516
1,712	Hanover Insurance Group Inc.	224,375	160,176
6,703	Harley Davidson	252,636	213,697
6,220	Harsco Corp.	103,936	89,270
4,187	Helmerich & Payne Inc.	99,232	93,924
8,300	Hess Corp.	614,449	444,326
92,523	Hewlett-Packard Company	1,459,088	889,685
1,918	Hillenbrand Inc.	99,717	44,896
5,465	HollyFrontier Corp.	179,143	172,177
7,495	Home Depot Inc.	3,110,500	1,300,100
80,500	HP Inc.	3,032,435	1,314,005
956	Hub Group, Inc.	80,533	58,746
22,171	IHS Markit Ltd.	2,946,969	1,185,167
2,400	II-VI, Inc.	163,992	146,044
2,151	Illumina, Inc.	818,326	428,136
10,500	Incyte Corp.	770,700	805,236
1,564	Ingevity Corp.	112,139	64,211
4,001	Insight Enterprises, Inc.	426,507	103,644
2,496	Interdigital Inc.	178,788	147,377
	<u>Forward</u>	\$ 124,014,907	\$ 62,716,271

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

No. of Shares	Common Stocks (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 124,014,907	\$ 62,716,271
2,226	International Game Technology	64,354	14,576
7,266	Investors Bancorp, Inc.	110,080	98,394
9,971	IQVIA Holdings Inc.	2,813,218	1,530,830
37,500	Johnson Controls International Plc.	3,049,125	1,413,717
32,000	Juniper Networks, Inc.	1,142,720	835,759
12,039	Kar Auction Services Inc.	188,049	240,419
930	Korn Ferry	70,429	29,187
38,514	Kosmos Energy, LTD.	133,258	125,284
310	Landstar Systems Inc.	55,496	35,378
1,552	LCI Industries	241,910	121,149
4,000	Lincoln National Corp.	273,040	99,288
1,600	Lyondellbasell Industries N.V.	147,568	84,682
4,024	Madden Steven Ltd.	186,995	97,834
766	Masonite International Corp.	90,350	86,991
8,357	Mastercard Inc.	3,002,837	1,040,935
720	Maximus, Inc.	57,362	23,955
3,100	Medtronic, Inc.	320,695	272,391
1,101	Meritage Homes Corp.	134,388	101,739
20,518	Meta Platforms, Inc.	6,901,229	2,404,355
46,000	MetLife, Inc.	2,874,540	1,683,801
21,000	Microchip Technology Inc.	1,828,260	801,373
7,000	Microsoft Corp.	2,354,240	189,568
722	Minerals Technologies Inc.	52,814	40,551
23,700	Molson Coors Brewing Company	1,098,495	1,254,138
3,042	Mr. Cooper Group	126,578	25,794
4,342	National Energy Services	41,032	43,025
10,218	Navient Corp.	214,916	98,459
5,948	NCR Corp.	239,110	161,608
1,229	Nelnet, Inc.	120,049	45,572
4,275	Netflix, Inc.	2,575,431	2,328,380
8,625	News Corp.	192,424	84,084
1,478	Nexstar Media Group Inc.	223,148	142,431
10,509	Nextier Oilfield Solutions, Inc.	37,307	40,779
11,559	Nike, Inc.	1,926,538	1,798,730
5,407	NMI Holdings Inc.	118,143	106,020
8,252	Nomad Foods Limited	209,518	191,160
23,432	Nvidia Corp.	6,891,585	1,299,021
80,000	Occidental Petroleum Corp.	2,319,200	3,714,485
10,571	Ortho Clinical Diagnostics Holdings	226,114	192,101
4,850	Otis Worldwide Corp.	422,289	312,690
3,254	Pacwest Bancorp	146,983	113,191
20,360	Paypal Holdings Inc.	3,839,489	796,038
2,080	PDC Energy, Inc.	101,462	80,486
1,677	Pennymac Financial Services Inc.	117,021	96,053
5,238	Peti, Inc.	118,955	164,122
985	PFD BK L AL CAL	70,713	62,403
2,541	PRA Group Inc.	127,584	75,879
	<u>Forward</u>	\$ 171,611,948	\$ 87,315,076

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

No. of Shares	<u>Common Stocks</u> (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 171,611,948	\$ 87,315,076
4,700	Proassurance Corp.	118,910	154,843
39,600	Qurata Retail Inc.	300,960	370,093
2,780	Rackspace Technologiy Inc.	37,447	49,807
29,000	Raytheon Technologies Corp.	2,495,740	1,831,587
7,591	Realogy Holdings, Corp.	127,605	123,713
300	Regeneraon Pharmacueticals, Inc.	189,456	178,987
3,899	Resideo Technologies, Inc.	101,491	106,373
3,247	R1 RCM Inc.	82,766	32,115
3,641	S&P Global Inc.	1,718,297	528,015
17,012	Salesforce.com, Inc.	4,323,259	468,961
6,597	Sally Beauty Holdings Inc.	121,781	92,194
76,000	Sanofi Sponsored ADR	3,807,600	3,404,205
37,000	Schlumberger Limited	1,108,150	1,618,812
84,680	Schwab Charles Corp.	7,121,588	1,924,167
4,121	Schweitzer-Mauduit International, Inc.	123,218	163,869
2,432	Science Applications International Corp.	203,291	172,852
10,194	Servicenow, Inc.	6,617,027	624,287
2,685	Sketchers USA Inc. Class A	116,529	65,767
18,926	SLM Corp.	372,274	154,806
4,742	Snowflake Inc.	1,606,352	1,023,251
752	SouthState Corp.	60,243	48,224
1,955	Spectrum Brands Holdings Inc.	198,863	86,503
1,480	Spirit Realty Capital Inc.	71,321	57,768
1,053	Standard Motor Products Inc.	55,167	47,120
6,777	Starwood Property Trust Inc.	164,681	103,326
18,000	State Street Corp.	1,674,000	1,152,466
6,106	Steelcase, Inc.	59,842	61,315
7,453	Stride Inc.	248,408	194,370
2,800	Syneos Health Inc.	287,504	124,075
4,273	Synovus Financial Corp.	204,548	145,337
12,000	T-Mobile US, Inc.	1,391,760	1,412,517
1,786	TD Synnex Coporation	204,247	64,436
9,800	TE Connectivity, Ltd.	1,581,132	471,201
10,729	Tegna, Inc.	199,130	198,899
2,712	Tempur Sealy International Inc.	127,545	32,209
1,291	Terex Corp.	56,739	23,740
36,957	The Trade Desk, Inc.	3,386,739	712,915
1,217	Toll Brothers Inc.	88,099	46,654
22,610	Transunion	2,681,094	1,101,279
2,583	Travel + Lelsure Co	142,762	118,146
12,000	Truist Financial Corp.	702,600	438,650
2,041	TTEC Holdings Inc.	184,812	62,853
1,637	Turning Pt Brands, Inc.	61,846	73,655
6,696	Twilio, Inc.	1,763,325	2,078,952
4,735	Ultra Beauty Inc.	1,952,430	1,026,152
3,093	Ultra Clean Holdings Inc.	177,414	60,294
6,378	Umpqua Holdings Corp.	122,713	112,464
	<u>Forward</u>	\$ 220,154,653	\$ 110,459,300

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

No. of Shares	<u>Common Stocks</u> (Continued)	Fair Value	Carry Value
	<u>Forwarded</u>	\$ 220,154,653	\$ 110,459,300
7,236	Unisys Corp.	148,845	98,794
4,000	United Health Group, Inc.	2,008,560	531,011
2,309	Universal Corp.	126,810	122,208
11,445	Val Natl Bancorp	157,369	133,683
10,253	Valvoline Inc.	382,334	229,656
985	Viad, Corp.	38,297	41,419
6,466	Viper Energy Partners LP	137,790	126,379
19,673	Visa, Inc.	4,263,336	367,299
18,117	VMWare Inc.	2,099,398	1,543,855
4,074	Wabash Natl Corp.	79,524	65,369
1,632	Walker & Dunlop, Inc.	246,236	54,455
13,508	Waste Connections Inc.	1,840,735	893,251
100,000	Wells Fargo & Company	4,798,000	3,616,970
1,299	Werner Enterprises, Inc.	61,910	59,883
3,686	WESCO International, Inc.	485,041	175,085
193	White Mountains Insurance Group	195,683	175,142
1,243	Whiting Pete Corp.	80,397	63,574
60,000	Williams Company Inc.	1,562,400	1,173,501
747	Wintrust Financial Corp.	67,843	57,219
9,184	World Fuel Services Corp.	243,100	304,304
4,563	Yelp Inc.	165,363	139,347
15,520	Zoetis Inc.	3,787,356	1,021,082
	<u>TOTALS - COMMON STOCKS</u>	<u>\$ 243,130,980</u>	<u>\$ 121,452,786</u>
	<u>Mutual Funds</u>		
846,495	American Europacific Growth Fund	\$ 54,599,444	\$ 30,558,880
998,750	Bank of New York Mellon Small Mid Cap Growth Fund	34,386,950	20,847,890
1,052,925	Fidelity Small Cap Value Fund	22,764,243	16,622,658
2,434,104	GMO Global Equity Allocation Fund	74,240,171	63,763,158
7,457,265	JP Morgan Trust II Core Bond Fund	88,219,448	87,129,915
346,488	Vanguard International Equity Index Total World Stock Fund	76,036,702	55,557,934
8,507,097	PIMCO All Asset All Authority Fund	70,183,546	74,477,240
688,214	PIMCO Asset Backed Security Portfolio Fund	8,540,732	8,332,438
207,841	PIMCO Emerging Markets Portfolio Fund	1,989,036	2,019,770
309,386	PIMCO High Yield Portfolio Fund	2,601,934	2,338,053
343,887	PIMCO International Portfolio Fund	1,863,867	2,713,644
3,163,225	PIMCO Investment Grade Corporate Portfolio Fund	30,714,915	30,636,023
1,037,944	PIMCO Mortgage Portfolio Fund	11,074,859	11,253,111
139,606	PIMCO Municipal Sector Portfolio Fund	984,222	1,076,517
74,791	PIMCO Real Return Bond Portfolio Fund	454,729	557,319
1,827,915	PIMCO U.S. Government Sector Portfolio Fund	17,273,793	17,705,942
	<u>TOTALS - MUTUAL FUNDS</u>	<u>\$ 495,928,591</u>	<u>\$ 425,590,492</u>

**SOUTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND**

FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

E.I.N. 51-6029925; PLAN NO. 001

DECEMBER 31, 2021

<u>No. of Shares</u>		<u>Fair Value</u>	<u>Carry Value</u>
	<u>103-12 Investment Entities</u>		
47,107	Bridgewater All Weather Portfolio Limited	<u>\$ 81,810,185</u>	<u>\$ 49,000,000</u>
	<u>Futures and Options</u>		
8,812	Occidental Pete Corp.	<u>\$ 111,120</u>	<u>\$ 49,788</u>

Attachment to 2021 Form 5500 - Schedule MB, Line 3 - Withdrawal Liability Amounts
Southern California United Food and Commercial Workers Unions and Drug Employers Pension Plan
(EIN: 51-6029925, PN: 001)

Withdrawal Liability <u>Payment</u>	Payment <u>Date</u>
\$10,660	04/30/2021
\$10,660	07/31/2021
\$10,660	10/31/2021

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/2009	\$312,071	3	\$110,888
Experience Loss	01/01/2009	9,550,479	3	3,393,551
Experience Loss	01/01/2010	3,929,959	4	1,080,743
Plan Amendment	01/01/2011	526,941	5	119,585
Experience Loss	01/01/2011	1,139,992	5	258,712
Experience Loss	01/01/2012	8,816,692	6	1,719,394
Change in Assumptions	01/01/2012	14,681,002	6	2,863,027
Experience Loss	01/01/2013	7,477,854	7	1,288,496
Experience Loss	01/01/2016	3,449,962	10	454,835
Experience Loss	01/01/2019	18,797,224	13	2,077,133
Change in Assumptions	01/01/2020	3,368,922	14	355,470
Experience Loss	01/01/2020	5,204,893	14	549,191
Change in Assumptions	01/01/2021	58,834,201	15	5,956,021
Total		\$136,090,192		\$20,227,046

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Gain	01/01/2014	\$24,842,162	8	\$3,859,527
Experience Gain	01/01/2015	6,372,150	9	906,476
Experience Gain	01/01/2017	844,903	11	104,239
Change in Assumptions	01/01/2017	6,848,077	11	844,871
Experience Gain	01/01/2018	1,085,933	12	126,375
Experience Gain	01/01/2021	21,058,113	15	2,131,797
Change in Asset Method	01/01/2021	68,226,655	10	8,994,837
Total		\$129,277,993		\$16,968,122

Section 3: Certificate of Actuarial Valuation

Justification for Change in Actuarial Assumptions and Methods (Schedule MB, line 11)

For purposes of determining current liability, the current liability interest rate was changed from 2.95% to 2.43% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Pursuant to discussions between Segal and the Board of Trustees, the asset valuation method was changed as of January 1, 2021; the previous method was as follows:

- The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the actuarial value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Based on past experience and future expectations, the following actuarial assumptions were changed:

- Net investment return, previously 7.25%
- Mortality for healthy retirees, previously RP-2006 Healthy Annuitant Mortality Tables, with generational projection using Scale MP-2019.
- Mortality for disabled retirees, previously RP-2006 Disabled Retiree Mortality Tables, with generational projection using Scale MP-2019.
- Mortality for contingent annuitants, previously equivalent to mortality for healthy retirees.
- Mortality for employees, previously RP-2006 Employee Mortality Tables, with generational projection using Scale MP-2019.