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

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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
SEIU LOCAL NO. 4 PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

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)
TRUSTEES OF SEIU LOCAL NO. 4 PENSION FUND

2229 S. HALSTED ST.
CHICAGO, IL 60608

2b Employer Identification Number (EIN) 36-4198045

2c Plan Sponsor's telephone number 773-385-9300

2d Business code (see instructions) 813000

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	JAMES JONES
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	15353
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)**	8316
a(2) Total number of active participants at the end of the plan year	**6a(2)**	7557
b Retired or separated participants receiving benefits	**6b**	1660
c Other retired or separated participants entitled to future benefits	**6c**	5706
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	14923
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	44
f Total. Add lines **6d** and **6e**	**6f**	14967
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	152

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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

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
SEIU LOCAL NO. 4 PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES OF SEIU LOCAL NO. 4 PENSION FUND

D Employer Identification Number (EIN)
36-4198045

E Type of plan: **(1)** [X] 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)**	74130544
(2)	Actuarial value of assets for funding standard account	**1b(2)**	70584624
c (1)	Accrued liability for plan using immediate gain methods	**1c(1)**	63644790
(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)**	63644790
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)**	141437033
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	6695337
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	2891064
(3)	Expected plan disbursements for the plan year	**1d(3)**	4491064

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

	09/30/2022
Signature of actuary	Date
GEOFF BRIDGES, FSA, MAAA	20-06597
Type or print name of actuary	Most recent enrollment number
SEGAL	312-984-8500
Firm name	Telephone number (including area code)
101 NORTH WACKER DRIVE, SUITE 500, CHICAGO, IL 60606-1724	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	74130544
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1722	30535718
(2) For terminated vested participants		5315	54646699
(3) For active participants:			
(a) Non-vested benefits			4824343
(b) Vested benefits			51430273
(c) Total active		8316	56254616
(4) Total		15353	141437033
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**		52.41 %

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
07/01/2021	4420340	0			
			Totals ► **3(b)**	4420340	**3(c)** 0

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	4420340

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	110.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		**6a**	2.43 %		
			Pre-retirement	Post-retirement	
b Rates specified in insurance or annuity contracts			☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**		A	A	
(2) Females	**6c(2)**		A	A	
d Valuation liability interest rate	**6d**		7.00 %	7.00 %	
e Expense loading	**6e**	74.7 %	☐ 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**	8.4 %			
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	11.7 %			

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
4	-991234	-101712
1	-680526	-69830

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	3609123
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)**	14469573	2524052
(2) Funding waivers	**9c(2)**		
(3) Certain bases for which the amortization period has been extended	**9c(3)**		
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	429322
e Total charges. Add lines 9a through 9d		**9e**	6562497

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	13504962
g	Employer contributions. Total from column (b) of line 3		**9g**	4420340
		Outstanding balance		
h	Amortization credits as of valuation date	**9h** 7904445		1716742
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	1220231
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)** 10886449		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)** 63048424		
	(3) FFL credit		**9j(3)**	0
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**	20862275
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	14299778
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**	
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.		[X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
SEIU LOCAL NO. 4 PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF SEIU LOCAL NO. 4 PENSION FUND

D Employer Identification Number (EIN)
36-4198045

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] 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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

PNC BANK, NATIONAL ASSOCIATION

22-1146430

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

PACIFIC INV. MANAGEMENT CO.

33-0629048

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

THE VANGUARD GROUP, INC.

23-1945930

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

ABRDN ASSET MANAGEMENT, INC.

1900 MARKET STREET, SUITE 200
PHILADELPHIA, PA 19103

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

ALLIANCE BERNSTEIN L.P.

1345 AVENUE OF AMERICAS
NEW YORK, NY 10105

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

FRANKLIN ADVISERS, INC.

ONE FRANKLIN PARKWAY, SUITE 2100
SAN MATEO, CA 94403

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

PNC REALTY INVESTORS, INC

22-1146430

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

BLACKSTONE REAL ESTATE ASSOC VII LP

45-3450248

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

MERRILL LYNCH, PIERCE, FENNER & SMI

13-5674085

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

CREDIT SUISSE ASSET MANAGEMENT LLC

ELEVEN MADISON AVENUE
NEW YORK, NY 10010

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

BOSTON MANAGEMENT AND RESEARCH

TWO INTERNATIONAL PLACE
BOSTON, MA 02110

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

NEUBERGER BERMAN BD LLC

P.O. BOX 219189
KANSAS CITY, MO 64121

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

MFS INVESTMENT MANAGEMENT

30 DAN ROAD
CANTON, MA 02021

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

LEGG MASON PARTNERS FUND ADVISOR

100 INTERNATIONAL DRIVE
BALTIMORE, MD 21202

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

BLACKSTONE TOTAL ALTERNATIVES SOLUT

81-4165175

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

CHEVY CHASE TRUST COMPANY

52-2037618

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

ASB CAPITAL MANAGEMENT

80-0618452

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

DELAWARE MANAGEMENT COMPANY

4400 COMPUTER DRIVE
WESTBOROUGH, MA 01581-1722

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

HARDING, LOEVNER FUNDS INC.

333 S. WABASH AVE.
CHICAGO, IL 60604

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

AFL-CIO HOUSING INVESTEMENT TRUST

52-6220193

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

BNY MELLON

25-6078093

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

STRATEGIC PARTNERS FUND SOLUTIONS

26-0288589

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

JOHN HANCOCK INVESTMENT MANAGEMENT

200 BERKELEY ST.
BOSTON, MA 02116

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

BLACKROCK ADVISORS, LLC

4400 COMPUTER DRIVE
WESTBOROUGH, MA 01581-1722

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

BREA IX (DELAWARE) LP

84-1857129

(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

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)

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	109230	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

S. MITCHELL

36-4198045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	91287	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	80900	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)

THE SEGAL COMPANY (MIDWEST), INC.

13-1975125

(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 16	NONE	73998	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

B. LEMON

36-4198045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72092	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

C. ABRAMS

36-4198045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70358	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)

HEALTH PLAN SYSTEMS, INC.

01-0589640

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16	NONE	68005	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J. MACK

36-4198045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49540	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

E. COSTA

36-4198045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 30	ADMINISTRATOR	47694	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)

G.RED

36-4198045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43976	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MICHAEL WESCLITZ, LLC

1196 GOLDENROD LANE
GRAYSLAKE, IL 60030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	35895	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ASHER, GITTLER & D'ALBA

36-2786883

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	34420	Yes [ ] No [X]	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)

J. JONES

36-4198045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	30754	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

C. HARRIS-ARMSTRONG

36-4198045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29530	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

C. BARNETT

36-4198045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	28556	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)

R. WHITAKER

36-4198045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	26640	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

C. SHELBY

36-4198045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	26375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANSLEY AND KIENER LLP

36-2152389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	24413	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)

COMERICA BANK

42-1741646

(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 49 59 62 99	NONE	21811	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

MANAGED CARE STAFFERS

36-4411050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	20630	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE RESERVES NETWORK, INC.

34-1711012

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	17270	Yes [ ] No [X]	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)

APPLEGATE CONSULTING GROUP

45-4769589

(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?
16	NONE	11020	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

K-PLUS COMPUTER SERVICES LLC

36-4282001

(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	NONE	10063	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOMMERS & FAHRENBACH, INC.

36-1796440

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	6632	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)

ACCOUNTING PRINCIPALS

59-3482208

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6084	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: HENRY WONG
b EIN: 13-1975125
c Position: ENROLLED ACTUARY
d Address: 101 NORTH WACKER DRIVE, SUITE 500
CHICAGO, IL 60606
e Telephone: 312-984-8500

Explanation: CURRENTLY, GEOFF BRIDGES, FSA, MAAA, EA OF SEGAL IS ENGAGED BY THE PLAN SPONSOR AS THE ENROLLED ACTUARY FOR THE PLAN. FORMERLY, HENRY WONG, ASA, MAAA, FCA, EA OF THE SAME FIRM HELD THAT POSITION. THE CHANGE WAS MADE DUE TO THE RETIREMENT OF THE PRIOR

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.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
SEIU LOCAL NO. 4 PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF SEIU LOCAL NO. 4 PENSION FUND

D Employer Identification Number (EIN)
36-4198045

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

a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST

b Name of sponsor of entity listed in (a): PNC BANK, NATIONAL ASSOCIATION

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)
52-6328901-001	C	3583762

a Name of MTIA, CCT, PSA, or 103-12 IE: BARINGS INT'L SMALL CAP EQUITY CIF

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

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)
30-6617568-003	C	1602982

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM AFL-CIO SL LARGE CAP STOCK IND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

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)
25-6078093-355	C	19984770

a Name of MTIA, CCT, PSA, or 103-12 IE: ASB LABOR EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY

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)
27-3350609-010	C	0

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)

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
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 01/01/2021 and ending 12/31/2021

A Name of plan
SEIU LOCAL NO. 4 PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF SEIU LOCAL NO. 4 PENSION FUND

D Employer Identification Number (EIN)
36-4198045

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	535908	514437
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	573727	722878
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	592356	278136
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	894803	21364412
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	9142088	17882311
(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)	25566754	25171514
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	37040925	41570406
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	423250	241730

			(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	220102	314375
f	Total assets (add all amounts in lines 1a through 1e)	1f	74989913	108060199
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	39536	29329
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	482403	21424148
k	Total liabilities (add all amounts in lines 1g through1j)	1k	521939	21453477
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	74467974	86606722

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)	4264397	
	(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)		4264397
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	121	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		121
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2075590	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2075590
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	548781	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	353437	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		195344
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	5244277	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		5244277

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5590708
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-224875
c Other income	2c		20722
d Total income. Add all **income** amounts in column (b) and enter total	2d		17166284
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2657856	
(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)		2657856
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)	290376	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	426257	
(4) Other	2i(4)	1653047	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2369680
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5027536
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		12138748
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) [X] 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)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: LEGACY PROFESSIONALS LLP **(2)** EIN: 32-0043599

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
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.)	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?	**4e**	X		3000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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		21707803
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.)	**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.)	**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?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 446026.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
SEIU LOCAL NO. 4 PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF SEIU LOCAL NO. 4 PENSION FUND

D Employer Identification Number (EIN)
36-4198045

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

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** | 5

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	950
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**	1024
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**	962

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**	1.06
b The corresponding number for the second preceding plan year	**15b**	1.05

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 46.1 % Investment-Grade Debt: 24.2 % High-Yield Debt: 0.0 % Real Estate: 10.7 % Other: 19.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:
[ ] 0-3 years [X] 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)?
[X] 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 [X] 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 _____

SEIU LOCAL NO. 4 PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2021

SEIU LOCAL NO. 4 PENSION FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION

DECEMBER 31, 2021 AND 2020

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LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS

To the Participants and Trustees of
SEIU Local No. 4 Pension Fund

Opinion

We have audited the financial statements of SEIU Local No. 4 Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of SEIU Local No. 4 Pension Fund as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2020, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

Legacy Professionals LLP

Westchester, Illinois

October 12, 2022

SEIU Local No. 4 Pension Fund

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	2021	2020
Assets		
Investments		
Mutual funds	$ 39,908,122	$ 35,361,136
Collective investment funds	23,250,036	24,066,469
Real estate investment funds	9,577,975	6,232,646
Private equity funds	11,888,098	6,089,516
Hedge fund	241,730	423,250
Investment cash and money market funds	21,364,412	894,803
Total investments	106,230,373	73,067,820
Receivables		
Employer contributions - net	722,878	573,727
Withdrawal liability assessments - net	198,535	337,430
Accrued interest and dividends	30,072	23,960
Total receivables	951,485	935,117
Property and equipment - net	314,375	220,102
Prepaid expenses	49,529	230,966
Cash	514,437	535,908
Total assets	108,060,199	74,989,913
Liabilities and Net Assets		
Liabilities		
Accounts payable	29,329	39,536
Due to related organizations - net	90,552	168,473
Due to broker - net	21,333,596	313,930
Total liabilities	21,453,477	521,939
Net assets available for benefits	$ 86,606,722	$ 74,467,974

See accompanying notes to financial statements.

SEIU Local No. 4 Pension Fund

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2021 and 2020

	2021	2020
Additions		
Investment income		
Net appreciation in fair value of investments	$ 10,805,454	$ 6,787,365
Interest and dividends	2,075,711	1,303,107
	12,881,165	8,090,472
Less investment expenses	(426,257)	(358,246)
Less UBIT expenses	(32,427)	(40,623)
Investment income - net	12,422,481	7,691,603
Employer contributions	4,187,292	4,637,351
Withdrawal liability assessments	17,048	54,565
Employer contributions - payroll compliance audits	41,769	103,932
Liquidated damages, interest, and fees	35,336	62,200
Miscellaneous income	3,674	5,128
Total additions	16,707,600	12,554,779
Deductions		
Pension benefits	2,657,856	2,652,368
Write-off of uncollectible amounts - withdrawal liability assessments	-	81,730
Administrative expenses	1,910,996	1,603,278
Total deductions	4,568,852	4,337,376
Net increase	12,138,748	8,217,403
Net assets available for benefits		
Beginning of year	74,467,974	66,250,571
End of year	$ 86,606,722	$ 74,467,974

See accompanying notes to financial statements.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements of SEIU Local No. 4 Pension Fund (the Plan) have been prepared using the accrual basis of accounting.

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

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

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

Contributions Receivable - Employer contributions due and not paid prior to year end, including payroll compliance audit deficiencies and liquidated damages, interest and fees associated with these deficiencies, are recorded as contributions receivable. An allowance for uncollectible accounts is provided for uncertain collections based on management's estimate of uncollectibility, including such factors as prior collection history and the nature of the deficiency. Contributions receivable are shown net of an allowance for uncollectible accounts of $123,956 and $75,601 at December 31, 2021 and 2020, respectively.

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

Withdrawal Liability Assessments - The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. As set forth in the Employee Retirement Income Security Act of 1974 (ERISA), as amended, a portion of the Plan's actuarially determined unfunded vested liability is allocated to a withdrawing employer in proportion to the employer's contributions in the years before withdrawal compared with total employer contributions during the same period. The Plan recognizes withdrawal liability income when entitlement to the assessment has been determined, net of any amounts deemed uncollectible. An allowance for uncollectible accounts is provided for uncertain collections based on management's estimate of uncollectibility, including such factors as prior collection history, changes in ownership, the continuity of operations at the affected facility and the nature of the withdrawal. The withdrawal liability assessment receivable is shown at the present value of future cash flows to be received, net of amounts deemed uncollectible.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

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

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

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

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

Subsequent Events - Subsequent events have been evaluated through October 12, 2022, which is the date the financial statements were available to be issued.

NOTE 2. DESCRIPTION OF THE PLAN

The Plan was established effective January 1, 1998 under the terms of a collective bargaining agreement between the union and various employers to provide benefits for eligible participants. The Plan is primarily funded by employer contributions as specified in the collective bargaining agreement. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of ERISA, as amended.

Under current provisions of the Plan, participants are credited with one year of vesting service upon completing 1,000 hours of service in one Plan year. Vesting of benefits is attained by participants who have five years of vesting service. Participants may be eligible for pension benefits if they reach the normal retirement age, decease, become disabled, or if the Plan terminates.

Benefits may be paid in several options including life annuity and variations of monthly payments. Pension benefits generally are paid in equal installments for the participant's lifetime and, if applicable, to the participant's beneficiary in equal installments as determined by the elected form of benefit payment.

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

NOTE 3. PRIORITIES UPON TERMINATION

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

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

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter dated October 7, 2015, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore believe that the Plan was qualified and the related trust was tax-exempt as the financial statement date. The Plan is subject to tax, however, on the flow-through of partnership income through its investments in certain funds structured as limited partnerships.

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

NOTE 5. FUNDING POLICY

Participating employers contribute such amounts as required by collective bargaining agreements. The hourly employer contribution rates in effect ranged from $.22 to $.90 during the years ended December 31, 2021 and 2020, with the primary hourly rate being $.31.

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

NOTE 6. ACTUARIAL INFORMATION

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

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	$ 28,814,053
Other vested benefits	56,461,652
Total vested benefits	85,275,705
Nonvested benefits	1,969,085
Total actuarial present value of accumulated plan benefits	$ 87,244,790

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

Actuarial present value of accumulated plan benefits at beginning of year		$ 82,175,832
Increase (decrease) during the year attributable to:		
Benefits accumulated, net experience gain or loss, and changes in data	$ 3,060,749	
Interest	5,651,739	
Benefits paid	(2,652,368)	
Changes in actuarial assumptions	(991,162)	
Net increase		5,068,958
Actuarial present value of accumulated plan benefits at end of year		$ 87,244,790

NOTE 6. ACTUARIAL INFORMATION (CONTINUED)

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

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

- Mortality rates:
  Healthy - 98.6% of the Pri-2012 Blue Collar Healthy Annuitant Amount-Weighted Mortality tables (sex distinct), projected generationally using Scale MP-2021
  Disabled - 98.6% of the Pri-2012 Disabled Retiree Amount-Weighted Mortality tables (sex distinct), projected generationally projected using Scale MP-2021
  Pre-retirement – 98.6% of the Pri-2012 Blue Collar Employee Amount-Weighted Mortality tables (sex distinct), projected generationally using Scale MP-2021

- Retirement age:
  Age 65 - 70 (10% active, 20% inactive vested) and age 71 (100%)

- Net investment rate of return:
  7.00%

- Annual administrative expenses:
  $1,600,000

The changes in actuarial assumptions include updating the mortality projection scale and updating the annual administrative expenses assumption.

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

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

As of January 1, 2022, the Plan was certified by its actuary to be in neither critical nor endangered status (“green zone”), within the meaning of the Pension Protection Act of 2006 (PPA).

NOTE 7. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement

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

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

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

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

		Fair Value Measurements at 12/31/21 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 39,908,122	$ 39,908,122	$ -	$ -
Investment cash and money market funds	21,364,412	-	21,364,412	-
	61,272,534	$ 39,908,122	$ 21,364,412	$ -
Investments measured at net asset value:				
Collective investment funds	23,250,036			
Real estate investment funds	9,577,975			
Private equity funds	11,888,098			
Hedge fund	241,730			
Total	$ 106,230,373			

		Fair Value Measurements at 12/31/20 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 35,361,136	$ 35,361,136	$ -	$ -
Investment cash and money market funds	894,803	-	894,803	-
	36,255,939	$ 35,361,136	$ 894,803	$ -
Investments measured at net asset value:				
Collective investment funds	24,066,469			
Real estate investment funds	6,232,646			
Private equity funds	6,089,516			
Hedge fund	423,250			
Total	$ 73,067,820			

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1 Measurements

The fair values of the mutual funds are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

Level 2 Measurements

Investment cash and money market funds are valued at cost, which approximates fair value.

Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued by the respective investment managers, without further adjustment, using the net asset value per share as a practical expedient to estimate fair value. The net asset values are based on the fair values of the underlying investments held by the funds less their liabilities. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

Certain collective investment funds and one real estate investment fund are direct filing entities (DFEs) that file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the investment strategies of DFE investments. Redemptions from the collective investment funds are available daily with no notice period. Redemptions from the real estate investment fund are allowed quarterly without notice.

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

Measurements Using Net Asset Value as a Practical Expedient (continued)

The following tables summarize information regarding the investments using net asset value as a practical expedient, excluding those that are DFEs, as of December 31, 2021 and 2020:

December 31, 2021							
		Underlying Assets		Redemption			Capital
Description	Fair Value	Type	Concentration	Frequency	Notice Period	Termination	Commitment
Collective investment fund	$ 1,662,284	Multifamily mortgage-backed	57%	Monthly	15 days	N/A	N/A
		Single family mortgage-backed	12%				
		Construction and permanent management	11%				
		U.S. Treasuries	6%				
		Other	14%				
Real estate investment fund	$ 1,627,735	Americas	80%	Not eligible	N/A	April 2022	$ 319,213
		Asia	12%				
		Europe	7%				
		Australia	1%				
Real estate investment fund	$ 4,366,478	North America	79%	Not eligible	N/A	December 2029	$ 2,229,553
		Europe	16%				
		Asia	4%				
		Australia	1%				
Private equity fund	$ 1,358,269	Leveraged buyout	53%	Not eligible	N/A	September 2024	$ 1,734,098
		Venture capital	24%				
		Fund of funds	9%				
		Other	14%				
Private equity fund	$ 4,778,689	Leveraged buyout	70%	Not eligible	N/A	March 2029	$ 3,262,623
		Venture capital	20%				
		Fund of funds	5%				
		Other	5%				
Private equity fund	$ 2,437,385	Opportunities	40%	Not eligible	N/A	January 2025	$ 667,043
		Credit	25%				
		Private equity	19%				
		Real estate	16%				
Private equity fund	$ 2,018,485	North America	73%	Not eligible	N/A	February 2026	$ 3,526,352
		Asia	17%				
		Europe	10%				
Private equity fund	$ 1,295,270	Leveraged buyout	56%	Not eligible	N/A	October 2031	$ 8,145,000
		Venture capital	29%				
		Fund of funds	11%				
		Other	4%				
Hedge fund	$ 241,730	Credit and special situations	94%	Quarterly	95 days	N/A	N/A
		Private	2%				
		Activist	1%				
		Other	3%				

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

Measurements Using Net Asset Value as a Practical Expedient (continued)

December 31, 2020					
		Underlying Assets		Redemption	
Description	Fair Value	Type	Concentration	Frequency	Notice Period
Collective investment fund	$ 1,679,789	Multifamily mortgage-backed	61%	Monthly	15 days
		Single family mortgage-backed	14%		
		Construction and permanent management	6%		
		U.S. Treasuries	6%		
		Other	13%		
Real estate investment fund	$ 1,271,648	Americas	72%	Not eligible	N/A
		Asia	17%		
		Europe	10%		
		Australia	1%		
Real estate investment fund	$ 1,780,924	North America	71%	Not eligible	N/A
		Asia	26%		
		Europe	3%		
Private equity fund	$ 1,510,954	Leveraged buyout	57%	Not eligible	N/A
		Venture capital	23%		
		Fund of funds	8%		
		Other	12%		
Private equity fund	$ 2,104,062	Leveraged buyout	70%	Not eligible	N/A
		Venture capital	17%		
		Fund of funds	7%		
		Real estate	6%		
Private equity fund	$ 2,474,500	Real estate	35%	Not eligible	N/A
		Private equity	26%		
		Credit	20%		
		Opportunistic	19%		
Hedge fund	$ 423,250	Credit and special situations	73%	Quarterly	95 days
		Activist	15%		
		Other	8%		
		Private equity	4%		

NOTE 8. RISKS AND UNCERTAINTIES

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

Real estate investment funds owned by the Plan may use interest rate swaps and caps in order to reduce the effect of interest rate fluctuations of certain real estate investments' interest expense on variable rate debt. The estimated fair values of these funds, as determined by the investment managers, may vary significantly from the prices at which the real estate investments within the funds would sell, and the amounts could be material.

NOTE 8. RISKS AND UNCERTAINTIES (CONTINUED)

The underlying investments in the hedge fund are subject to various risk factors including market and credit risk, interest rate and foreign exchange risk, and the risks associated with investing in private securities. The investments in private securities and partnerships are illiquid and there can be no assurances that the limited partnership will be able to realize the value of such investments in a timely manner. Additionally, the underlying fund investments may be highly concentrated in certain industries.

The Plan has a significant portion of its assets invested in a large cap collective investment fund. The investment represents approximately 23% and 28% of the Plan's net assets available for benefits as of December 31, 2021 and 2020, respectively.

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

NOTE 9. PROPERTY AND EQUIPMENT

Property and equipment at December 31, 2021 and 2020 consisted of the following:

	2021	2020
Furniture and equipment	$ 47,426	$ 46,452
Computer equipment and software	456,063	351,605
Leasehold improvements	79,710	79,710
	583,199	477,767
Less accumulated depreciation	(268,824)	(257,665)
Net property and equipment	$ 314,375	$ 220,102

Depreciation expense was $11,159 for 2021 and $13,291 for 2020. Included in the computer equipment and software are customized programming costs totaling $228,026 associated with a new benefit administration system. No depreciation has been taken on these costs as the completed system has not been placed into service.

NOTE 10. RELATED ORGANIZATIONS

The Plan has three related tax-exempt organizations, Local No. 4 SEIU Health and Welfare Fund (the H&W Nursing Home Fund), SEIU Healthcare Illinois Homecare and Childcare Fund (the Homecare and Childcare Fund) and SEIU Healthcare Illinois & Indiana (the Union).

The Plan shares staff with the H&W Nursing Home Fund and the Homecare and Childcare Fund. Salaries, payroll taxes, benefits and other expenses including rent are initially paid by the H&W Nursing Home Fund. Such expenses allocated to the Plan totaled $888,928 for the year ended December 31, 2021 and $712,499 for 2020.

Rent expense of $77,699 for the year ended December 31, 2021 and $58,938 for 2020 is included in the allocated expenses reimbursed to the H&W Nursing Home Fund.

NOTE 11. PARTICIPATION IN MULTIEMPLOYER PENSION PLAN

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

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

Pension Plan	EIN/PN	Pension Protection Act Zone Status		FIP/RP Status Pending / Implemented	Contributions		Most Recently Available Annual Report (Form 5500)
		2021	2020		2021	2020	
SEIU Affiliates' Officers and Employees Pension Plan	52-0812348/001	Green as of 1/1/2022	Green as of 1/1/2021	N/A	$ 107,598	$ 88,219	12/31/20

NOTE 11. PARTICIPATION IN MULTIEMPLOYER PENSION PLAN (CONTINUED)

Contributions to the plan are made monthly under a participation agreement by the related H&W Nursing Home Fund and reimbursed on a monthly basis. The participation agreement does not have an expiration date. The Plan's shared contributions do not represent more than 5% of total contributions to this plan as indicated in the plan's most recently available annual report. The zone status certifications reflect extended amortization and asset smoothing provisions provided by law to amortize losses incurred from 2008. Contributions increased as a result of additional time dedicated to the Plan by employees shared with the related H&W Nursing Home Fund.

NOTE 12. WITHDRAWAL LIABILITY ASSESSMENTS

Withdrawal liability assessments receivable are comprised of amounts owed from three employers as of December 31, 2021 and four employers as of December 31, 2020.
No employers withdrew from the Plan during the years ended December 31, 2021 and 2020.
The assessments are scheduled to be paid in quarterly installments through February 2028. Because the remaining amounts will be received over an extended period of time, the withdrawal liability assessments receivable at December 31, 2021 and 2020 are shown net of present value discounts of $33,803 and $50,851 respectively, which were estimated using an interest rate assumption of 7%. During the year ended December 31, 2020, a total of $81,730 of previously recognized withdrawal liability assessment income was written off as uncollectible.

NOTE 13. IMPACT OF COVID-19 AND NEWLY ENACTED LEGISLATION

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

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

LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
SEIU Local No. 4 Pension Fund

We have audited the financial statements of SEIU Local No. 4 Pension Fund (the Plan) as of and for the years ended December 31, 2021 and 2020, and our report thereon dated October 12, 2022, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Legacy Professionals LLP

Westchester, Illinois

October 12, 2022

FOOTNOTES STATEMENT 1

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

SCHEDULE C - THE ADMINISTRATOR AND CERTAIN EMPLOYEES OF THE PLAN ARE SHARED EMPLOYEES WITH THE RELATED WELFARE PLAN. THE WELFARE PLAN INITIALLY PAYS THE SALARIES AND BENEFITS. AMOUNTS ARE PERIODICALLY REIMBURSED BASED ON AN ALLOCATION APPROVED BY THE TRUSTEES. THE ALLOCATED AMOUNTS ARE REPORTED IN THIS FORM 5500 FILING.

SCHEDULE C OTHER SERVICE PROVIDER SERVICE CODES STATEMENT 2

NAME	SERVICE CODES
COMERICA BANK	19
COMERICA BANK	49
COMERICA BANK	59
COMERICA BANK	62
COMERICA BANK	99

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE C STATEMENT 3

CURRENTLY, GEOFF BRIDGES, FSA, MAAA, EA OF SEGAL IS ENGAGED BY THE PLAN SPONSOR AS THE ENROLLED ACTUARY FOR THE PLAN. FORMERLY, HENRY WONG, ASA, MAAA, FCA, EA OF THE SAME FIRM HELD THAT POSITION. THE CHANGE WAS MADE DUE TO THE RETIREMENT OF THE PRIOR ACTUARY.

SCHEDULE H OTHER RECEIVABLES STATEMENT 4

DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS	23,960.	30,072.
PREPAID EXPENSES	230,966.	49,529.
WITHDRAWAL LIABILITY	337,430.	198,535.
TOTAL TO SCHEDULE H, LINE 1B(3)	592,356.	278,136.

SCHEDULE H OTHER GENERAL INVESTMENTS STATEMENT 5

DESCRIPTION	BEGINNING	ENDING
ENTRUST CAPITAL DIVERSIFIED FUND QP	423,250.	241,730.
TOTAL TO SCHEDULE H, LINE 1C(15)	423,250.	241,730.

SCHEDULE H OTHER PLAN LIABILITIES STATEMENT 6

DESCRIPTION	BEGINNING	ENDING
DUE TO BROKER - NET	313,930.	21,333,596.
DUE TO RELATED FUNDS - NET	168,473.	90,552.
TOTAL TO SCHEDULE H, LINE 1J	482,403.	21,424,148.

SCHEDULE H OTHER INCOME STATEMENT 7

DESCRIPTION	AMOUNT
MISCELLANEOUS	3,674.
WITHDRAWAL LIABILITY INCOME	17,048.
TOTAL TO SCHEDULE H, LINE 2C	20,722.

SCHEDULE H OTHER ADMINISTRATIVE EXPENSES STATEMENT 8

DESCRIPTION	AMOUNT
BANK FEES	8,621.
COMPUTER CONSULTING AND MAINTENANCE	118,913.
CONFERENCE, MEETING AND TRAVEL	3,082.
CONTRACT LABOR	46,536.
DEPRECIATION	11,159.
HEALTH INSURANCE PREMIUMS	102,057.
INSURANCE	30,439.
OFFICE SUPPLIES AND EXPENSES	20,343.
PAYROLL TAXES	43,745.
PENSION PLAN CONTRIBUTIONS	107,598.
PLAN TERMINATION INSURANCE	475,943.
PRINTING AND POSTAGE	35,379.
RENT, MAINTENANCE, AND UTILITIES	77,699.
SALARIES	539,106.
UNRELATED BUSINESS INCOME TAX	32,427.
TOTAL TO SCHEDULE H, LINE 2I(4)	1,653,047.

S.E.I.U. LOCAL NO. 4
PENSION FUND

ACCOUNT STATEMENT

Statement Period 01/01/2021 through 12/31/2021 041

Report Of 5% Transactions

BY ASSET **VALUATION** **71,665,551.63** **THRESHOLD** **3,583,277.58**

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET PREV ANNL MKT	NET GAIN/LOSS
CUSIP # 38141W273 GOLDMAN SACHS FINANCIAL SQUARE FUNDS- GOVERNMENT FUND-FS	BUY	06/28/2021 4,750,000.000	4,750,000.00		4,750,000.00 4,750,000.00	
CUSIP # CIFE02735 AFL-CIO EQUITY INDEX FUND	SEL	07/12/2021 120,345.175	4,750,000.00		2,185,086.40 4,138,778.89	611,221.11
CUSIP # CIFE02735 AFL-CIO EQUITY INDEX FUND	SEL	12/13/2021 211,272.565	9,000,000.00		3,836,039.18 7,265,853.66	1,734,146.34
CUSIP # CIFE02735 AFL-CIO EQUITY INDEX FUND	SEL	12/13/2021 238,770.534	10,306,100.30		4,335,315.01 8,211,533.54	2,094,566.76
CUSIP # CIFE11207 AFL-CIO LARGE CAP SIF UCI	BUY	02/10/2022 558,659.218	9,000,000.00		9,000,000.00 9,000,000.00	
CUSIP # CIFE11207 AFL-CIO LARGE CAP SIF UCI	BUY	02/10/2022 582,464.746	9,500,000.00		9,500,000.00 9,500,000.00	

3 PURCHASES FOR 23,250,000.00 3 SALES FOR 24,056,100.30 ISSUE AGGREGATE TOTAL 47,306,100.30

S.E.I.U. LOCAL NO. 4
PENSION FUND

ACCOUNT STATEMENT

Statement Period 01/01/2021 through 12/31/2021 041

Report Of 5% Transactions

AGGREGATE BY ASSET **VALUATION** **71,665,551.63** **THRESHOLD** **3,583,277.58**

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
CUSIP # 38141W273						
GOLDMAN SACHS FINANCIAL SQUARE						
FUNDS- GOVERNMENT FUND-FS	BUY	01/04/2021	9.81		9.81	
		9.810			9.81	
	BUY	02/01/2021	13.99		13.99	
		13.990			13.99	
	BUY	02/01/2021	12,638.03		12,638.03	
		12,638.030			12,638.03	
	BUY	02/02/2021	75,464.33		75,464.33	
		75,464.330			75,464.33	
	SEL	02/03/2021	25,000.00		25,000.00	
		25,000.000			25,000.00	
	SEL	02/08/2021	14,892.09		14,892.09	
		14,892.090			14,892.09	
	SEL	02/25/2021	63,656.44		63,656.44	
		63,656.440			63,656.44	
	SEL	02/26/2021	535,041.91		535,041.91	
		535,041.910			535,041.91	
	BUY	03/01/2021	13.87		13.87	
		13.870			13.87	
	BUY	03/01/2021	49,370.50		49,370.50	
		49,370.500			49,370.50	
	BUY	03/25/2021	800,000.00		800,000.00	
		800,000.000			800,000.00	
	SEL	03/26/2021	373,695.42		373,695.42	
		373,695.420			373,695.42	
	BUY	04/01/2021	7.31		7.31	
		7.310			7.31	
	SEL	04/12/2021	85,362.85		85,362.85	
		85,362.850			85,362.85	
	BUY	04/22/2021	85,401.79		85,401.79	
		85,401.790			85,401.79	
	SEL	04/26/2021	161,496.04		161,496.04	
		161,496.040			161,496.04	
	BUY	04/30/2021	77,642.82		77,642.82	
		77,642.820			77,642.82	
	BUY	05/03/2021	5.56		5.56	
		5.560			5.56	
	SEL	05/03/2021	25,000.00		25,000.00	
		25,000.000			25,000.00	
	BUY	05/05/2021	6,098.45		6,098.45	
		6,098.450			6,098.45	
	BUY	05/28/2021	32,674.33		32,674.33	
		32,674.330			32,674.33	
	BUY	06/01/2021	6.22		6.22	
		6.220			6.22	
	BUY	06/01/2021	18,864.01		18,864.01	
		18,864.010			18,864.01	

**S.E.I.U. LOCAL NO. 4
PENSION FUND**

ACCOUNT STATEMENT

Statement Period 01/01/2021 through 12/31/2021 041

Report Of 5% Transactions

AGGREGATE BY ASSET **VALUATION** **71,665,551.63** **THRESHOLD** **3,583,277.58**

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET PREV ANNL MKT	NET GAIN/LOSS
CUSIP # 38141W273 GOLDMAN SACHS FINANCIAL SQUARE FUNDS- GOVERNMENT FUND-FS						
	SEL	06/02/2021 84,562.910	84,562.91		84,562.91 84,562.91	
	SEL	06/14/2021 10,149.680	10,149.68		10,149.68 10,149.68	
	BUY	06/25/2021 17,538.410	17,538.41		17,538.41 17,538.41	
	BUY	06/28/2021 4,750,000.000	4,750,000.00		4,750,000.00 4,750,000.00	
	SEL	06/29/2021 876,881.230	876,881.23		876,881.23 876,881.23	
	SEL	06/30/2021 2,000,000.000	2,000,000.00		2,000,000.00 2,000,000.00	
	BUY	07/01/2021 10.110	10.11		10.11 10.11	
	SEL	07/01/2021 2,000,000.000	2,000,000.00		2,000,000.00 2,000,000.00	
	BUY	07/16/2021 111,226.680	111,226.68		111,226.68 111,226.68	
	SEL	07/23/2021 26,659.930	26,659.93		26,659.93 26,659.93	
	BUY	07/26/2021 60,344.310	60,344.31		60,344.31 60,344.31	
	BUY	07/29/2021 15,873.000	15,873.00		15,873.00 15,873.00	
	BUY	08/02/2021 4.930	4.93		4.93 4.93	
	SEL	08/02/2021 28,950.720	28,950.72		28,950.72 28,950.72	
	SEL	08/09/2021 25,000.000	25,000.00		25,000.00 25,000.00	
	SEL	08/10/2021 31,869.760	31,869.76		31,869.76 31,869.76	
	BUY	08/13/2021 600,000.000	600,000.00		600,000.00 600,000.00	
	SEL	08/16/2021 493,159.190	493,159.19		493,159.19 493,159.19	
	BUY	08/18/2021 77,168.080	77,168.08		77,168.08 77,168.08	
	SEL	08/30/2021 172,557.520	172,557.52		172,557.52 172,557.52	
	BUY	09/01/2021 7.180	7.18		7.18 7.18	
	BUY	09/02/2021 6,370.960	6,370.96		6,370.96 6,370.96	

S.E.I.U. LOCAL NO. 4
PENSION FUND

ACCOUNT STATEMENT

Statement Period 01/01/2021 through 12/31/2021 041

Report Of 5% Transactions

AGGREGATE BY ASSET **VALUATION** **71,665,551.63** **THRESHOLD** **3,583,277.58**

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET PREV ANN LMKT	NET GAIN/LOSS
CUSIP # 38141W273 GOLDMAN SACHS FINANCIAL SQUARE FUNDS- GOVERNMENT FUND-FS						
	BUY	09/08/2021 18,654.740	18,654.74		18,654.74 18,654.74	
	BUY	09/09/2021 213,952.890	213,952.89		213,952.89 213,952.89	
	BUY	09/24/2021 700,000.000	700,000.00		700,000.00 700,000.00	
	SEL	09/27/2021 402,028.800	402,028.80		402,028.80 402,028.80	
	BUY	09/28/2021 86,999.980	86,999.98		86,999.98 86,999.98	
	SEL	09/29/2021 259,407.620	259,407.62		259,407.62 259,407.62	
	BUY	10/01/2021 8.740	8.74		8.74 8.74	
	BUY	10/21/2021 104,120.310	104,120.31		104,120.31 104,120.31	
	BUY	10/25/2021 58,581.090	58,581.09		58,581.09 58,581.09	
	BUY	10/26/2021 199,599.580	199,599.58		199,599.58 199,599.58	
	SEL	10/28/2021 54,243.620	54,243.62		54,243.62 54,243.62	
	BUY	11/01/2021 11.310	11.31		11.31 11.31	
	SEL	11/01/2021 3,941.530	3,941.53		3,941.53 3,941.53	
	SEL	11/02/2021 25,000.000	25,000.00		25,000.00 25,000.00	
	SEL	11/05/2021 425,000.000	425,000.00		425,000.00 425,000.00	
	SEL	11/16/2021 22,037.500	22,037.50		22,037.50 22,037.50	
	BUY	11/24/2021 36,361.800	36,361.80		36,361.80 36,361.80	
	BUY	12/01/2021 8.670	8.67		8.67 8.67	
	BUY	12/01/2021 837,174.290	837,174.29		837,174.29 837,174.29	
	BUY	12/02/2021 174,903.710	174,903.71		174,903.71 174,903.71	
	BUY	12/17/2021 75,998.560	75,998.56		75,998.56 75,998.56	
	SEL	12/23/2021 438,914.690	438,914.69		438,914.69 438,914.69	

**S.E.I.U. LOCAL NO. 4
PENSION FUND**

ACCOUNT STATEMENT

Statement Period 01/01/2021 through 12/31/2021 041

Report Of 5% Transactions

AGGREGATE BY ASSET **VALUATION** **71,665,551.63** **THRESHOLD** **3,583,277.58**

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET PREV ANNL MKT	NET GAIN/LOSS
CUSIP # 38141W273						
GOLDMAN SACHS FINANCIAL SQUARE FUNDS- GOVERNMENT FUND-FS						
	SEL	12/27/2021	1,000,000.00		1,000,000.00	
		1,000,000.000			1,000,000.00	
	BUY	12/28/2021	0.03		0.03	
		0.030			0.03	
41 PURCHASES FOR 9,303,130.38		28 SALES FOR	9,664,509.45	ISSUE AGGREGATE TOTAL	18,967,639.83	
CUSIP # CIFE02735						
AFL-CIO EQUITY INDEX FUND	SEL	03/25/2021	800,000.00		406,460.08	30,122.70
		22,386.076			769,877.30	
	SEL	07/12/2021	4,750,000.00		2,185,086.40	611,221.11
		120,345.175			4,138,778.89	
	SEL	10/05/2021	600,000.00		261,041.46	105,560.56
		14,377.043			494,439.44	
	SEL	12/13/2021	9,000,000.00		3,836,039.18	1,734,146.34
		211,272.565			7,265,853.66	
	SEL	12/13/2021	10,306,100.30		4,335,315.01	2,094,566.76
		238,770.534			8,211,533.54	
0 PURCHASES FOR 0.00		5 SALES FOR	25,456,100.30	ISSUE AGGREGATE TOTAL	25,456,100.30	
CUSIP # CIFE11207						
AFL-CIO LARGE CAP SIF UCI	BUY	02/10/2022	9,000,000.00		9,000,000.00	
		558,659.218			9,000,000.00	
	BUY	02/10/2022	9,500,000.00		9,500,000.00	
		582,464.746			9,500,000.00	
	BUY	02/10/2022	1,000,000.00		1,000,000.00	
		60,606.061			1,000,000.00	
3 PURCHASES FOR 19,500,000.00		0 SALES FOR	0.00	ISSUE AGGREGATE TOTAL	19,500,000.00	

S.E.I.U. LOCAL NO. 4
PENSION FUND

ACCOUNT STATEMENT

Statement Period 01/01/2021 through 12/31/2021 041

Report Of 5% Transactions

AGGREGATE BY BROKER **VALUATION** **71,665,551.63** **THRESHOLD** **3,583,277.58**

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET PREV ANNL MKT	NET GAIN/LOSS
NO REPORTABLE TRANSACTIONS						

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 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
SEIU LOCAL NO. 4 PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES OF SEIU LOCAL NO. 4 PENSION FUND

D Employer Identification Number (EIN)
36-4198045

E Type of plan: **(1)** [X] 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)	74,130,544
(2)	Actuarial value of assets for funding standard account	1b(2)	70,584,624
c (1)	Accrued liability for plan using immediate gain methods	1c(1)	63,644,790
(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)	63,644,790
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)	141,437,033
(b)	Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	6,695,337
(c)	Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	2,891,064
(3)	Expected plan disbursements for the plan year	1d(3)	4,491,064

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

Geoff Bridges GWB
Signature of actuary

9/30/2022
Date

Geoff Bridges, FSA, MAAA
Type or print name of actuary

2006597
Most recent enrollment number

SEGAL
Firm name

312-984-8500
Telephone number (including area code)

101 NORTH WACKER DRIVE SUITE 500
CHICAGO IL 60606-1724
Address of the firm

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

2 Operational information as of beginning of this plan year:

		(1) Number of participants	(2) Current liability
a Current value of assets (see instructions)	2a		74,130,544
b "RPA '94" current liability/participant count breakdown:			
(1) For retired participants and beneficiaries receiving payment		1,722	30,535,718
(2) For terminated vested participants		5,315	54,646,699
(3) For active participants:			
(a) Non-vested benefits			4,824,343
(b) Vested benefits			51,430,273
(c) Total active		8,316	56,254,616
(4) Total		15,353	141,437,033
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c		52.41%

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
07/01/2021	4,420,340	0			

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	2.43 %			
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	A		A	
(2) Females	**6c(2)**	A		A	
d Valuation liability interest rate	**6d**	7.00 %		7.00 %	
e Expense loading	**6e**	74.7 %	☐ 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**	8.4 %			
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	11.7 %			

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	-991,234	-101,712
1	-680,526	-69,830

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:				
Charges to funding standard account:				
a Prior year funding deficiency, if any			9a	0
b Employer's normal cost for plan year as of valuation date			9b	3,609,123
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)	14,469,573		2,524,052
(2) Funding waivers	9c(2)			
(3) Certain bases for which the amortization period has been extended	9c(3)			
d Interest as applicable on lines 9a, 9b, and 9c			9d	429,322
e Total charges. Add lines 9a through 9d			9e	6,562,497
Credits to funding standard account:				
f Prior year credit balance, if any			9f	13,504,962
g Employer contributions. Total from column (b) of line 3			9g	4,420,340
		Outstanding balance		
h Amortization credits as of valuation date	9h	7,904,445		1,716,742
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			9i	1,220,231
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	9j(1)	10,886,449		
(2) "RPA '94" override (90% current liability FFL)	9j(2)	63,048,424		
(3) FFL credit			9j(3)	0
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	20,862,275
m Credit balance: If line 9l is greater than line 9e, enter the difference			9m	14,299,778
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	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		☒ Yes ☐ No

Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2021.

Age	Total	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	923	696	217	10	–	–	–	–	–	–	–
25 - 29	917	473	325	114	4	–	–	–	1	–	–
30 - 34	823	342	278	156	46	1	–	–	–	–	–
35 - 39	875	274	252	174	123	49	3	–	–	–	–
40 - 44	986	249	250	212	138	90	45	2	–	–	–
45 - 49	920	204	207	171	156	109	64	9	–	–	–
50 - 54	887	161	192	163	145	131	63	25	6	1	–
55 - 59	899	129	178	157	148	140	86	38	18	4	1
60 - 64	639	69	104	117	123	88	65	37	26	10	–
65 - 69	335	25	46	54	69	57	36	25	14	9	–
70 & over	100	9	16	12	20	18	14	8	2	1	–
Unknown	12	11	1	–	–	–	–	–	–	–	–
Total	**8,316**	**2,642**	**2,066**	**1,340**	**972**	**683**	**376**	**144**	**67**	**25**	**1**

Segal

Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates

Healthy Annuitant: 98.6% of the Pri-2012 Blue Collar Heathy Annuitant Amount-Weighted Mortality tables (sex distinct), projected generationally using Scale MP-2021

Disabled Annuitant: 98.6% of the Pri-2012 Disabled Retiree Amount-Weighted Mortality tables (sex distinct), projected generationally using Scale MP-2021

Pre-Retirement participant: 98.6% of the Pri-2012 Blue Collar Employee Amount-Weighted Mortality tables (sex distinct), projected generationally using Scale MP-2021

The underlying tables (including the 98.6% adjustment factor) with the projection to the ages of participants as of the valuation date reasonably reflect the mortality experience of the Plan as of the valuation date. These mortality tables were then projected to future years using the generational projection to reflect future mortality improvement.

The mortality 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 deaths and the projected number based on the prior years' assumption over the most recent five years.

Annuitant Mortality Rates

	Rate (%)[1]			
	Healthy		Disabled	
Age	Male	Female	Male	Female
55	0.63	0.48	2.14	1.45
60	0.92	0.70	2.32	1.69
65	1.25	1.07	2.82	2.10
70	2.02	1.61	3.88	2.80
75	3.28	2.58	5.72	3.98
80	5.64	4.29	8.80	6.06
85	9.65	7.38	13.52	9.73
90	16.31	12.86	20.23	15.89

[1] Mortality rates shown for base year.

Termination Rates

	Rate (%)			
	Mortality[1]			
Age	Male	Female	Disability	Withdrawal[2]
20	0.07	0.02	0.02	17.94
25	0.06	0.03	0.03	17.22
30	0.06	0.03	0.04	15.83
35	0.07	0.04	0.05	13.70
40	0.09	0.06	0.07	11.25
45	0.12	0.09	0.12	8.43
50	0.17	0.13	0.20	5.06
55	0.28	0.20	0.33	1.72
60	0.44	0.30	0.54	0.16

[1] Mortality rates shown for base year.

[2] During the first 5 years of employment, 165% of the above rates are used.

The withdrawal 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 withdrawals and disability retirements by age and the projected number based on the prior years' assumption over the most recent five years.

Retirement Rates

	Annual Retirement Rates	
Age	Annual	Inactive Vested
65 – 70[1]	10%	20%
71	100%	100%

[1] Rates double at the Social Security Normal Retirement Age

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 by age/type of participants and the projected number based on the prior years' assumption over the most recent five years.

Description of Weighted Average Retirement Age

Age 69, 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.

<table>
<tr><td>Future Benefit Accruals</td><td>0.75 years of credited service per year for each active participant.
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 four years.</td></tr>
<tr><td>Unknown Data for Participants</td><td>Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be female and beneficiaries in receipt of benefits are assumed to be male.</td></tr>
<tr><td>Definition of Active Participants</td><td>Non-retired participants who work at least 500 hours in the Plan year immediately prior to the valuation date, excluding those whose employer has withdrawn from the Plan as of the valuation date.</td></tr>
<tr><td>Inactive Vested Participants Over Age 71</td><td>A portion of inactive participants over age 71 are assumed to never return and apply for a benefit:
<table><tr><th>Age</th><th>Portion Not Receiving Benefits</th></tr><tr><td>72</td><td>20%</td></tr><tr><td>73</td><td>40%</td></tr><tr><td>74</td><td>60%</td></tr><tr><td>75</td><td>80%</td></tr><tr><td>76 & Over</td><td>100%</td></tr></table>The exclusion of a portion inactive vested participants over age 71 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 over the most recent five years were reviewed.</td></tr>
<tr><td>Percent Married</td><td>Male: 90%
Female: 80%</td></tr>
<tr><td>Age and Gender of Spouse</td><td>Spouse is assumed to be four years younger than the male participant and be four years older than the female participant. If the spouse’s gender is not provided, the spouse is assumed to be the opposite gender of the participant.</td></tr>
<tr><td>Benefit Election</td><td>Married participants are assumed to elect the 50% joint and survivor form of payment or life annuity with 60 payments guaranteed, whichever is more valuable. Non-married participants are assumed to elect the life annuity with 60 payments guaranteed.
The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, and 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.</td></tr>
<tr><td>Eligibility for Delayed Retirement Factors</td><td>Inactive vested participants after attaining age 65. Active participants’ benefits are subject to suspension of benefit rules and therefore not eligible for delayed retirement factors.</td></tr>
</table>

Net Investment Return	7.00% 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	$1,600,000 for the year beginning January 1, 2021 (equivalent to $1,542,716 payable at the beginning of the year) or 74.7% 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. Unrecognized return is equal to the difference between the actual market return and the projected return on the actuarial value, and is recognized 20% per year over a five – year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit M.
Current Liability Assumptions	*Interest:* 2.43%, within the permissible range prescribed under IRC Section 431(c)(6)(E) *Mortality:* Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2018.
Estimated Rate of Investment Return	*On actuarial value of assets (Schedule MB, line 6g):* 8.4%, for the Plan Year ending December 31, 2020 *On current (market) value of assets (Schedule MB, line 6h):* 11.7%, for the Plan Year ending December 31, 2020
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 1 contribution date.
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 presented 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 actuary.

Justification for Change in Actuarial Assumptions **(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. Based on past experience and future expectations, the following actuarial assumptions were changed as of December 31, 2021: – Administrative expenses, previously $1,450,000. – Mortality for healthy annuitants, previously 105% of the RP-2014 Blue Collar Heathy Annuitant Mortality tables (sex distinct), projected generationally using the Social Security Administration's Intermediate Cost Projections Mortality Improvement Scale for 2014 (Scale SSA-2014). – Mortality for disabled lives, previously 105% of the RP-2014 Disabled Retiree Mortality tables (sex distinct), projected generationally projected using Scale SSA-2014. – Mortality for pre-retirement participants, previously 105% of the RP-2014 Blue Collar Employee Mortality tables (sex distinct), projected generationally using Scale SSA-2014.

Schedule of Projection of Expected Benefit Payments

(Schedule MB, Line 8b(1))

Plan Year	Expected Annual Benefit Payments
2021	$2,899,403
2022	3,098,696
2023	3,330,769
2024	3,550,400
2025	3,766,017
2026	3,964,986
2027	4,172,879
2028	4,348,240
2029	4,549,213
2030	4,719,969

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.

Segal

Justification for Assumption Changes

(Schedule MB, Line 11)

Justification for Change in Actuarial Assumptions (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. Based on past experience and future expectations, the following actuarial assumptions were changed as of December 31, 2021: – Administrative expenses, previously $1,450,000. – Mortality for healthy annuitants, previously 105% of the RP-2014 Blue Collar Heathy Annuitant Mortality tables (sex distinct), projected generationally using the Social Security Administration's Intermediate Cost Projections Mortality Improvement Scale for 2014 (Scale SSA-2014). – Mortality for disabled lives, previously 105% of the RP-2014 Disabled Retiree Mortality tables (sex distinct), projected generationally projected using Scale SSA-2014. – Mortality for pre-retirement participants, previously 105% of the RP-2014 Blue Collar Employee Mortality tables (sex distinct), projected generationally using Scale SSA-2014.

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	• *Age Requirement:* 65 • *Service Requirement:* 5 years of participation • *Amount:* The actuarially equivalent benefit that is provided by the participant's account balance under the SEIU Local No. 4 Annuity Fund that was transferred into this Plan on December 31, 1977; plus A benefit amount determined based on years of credited service and an accrual rate related to the contribution rate paid by the employer. For service accrued prior to January 1, 2004, the accrual rate will be determined based on the highest contribution rate paid prior to January 1, 2004, but not more than $18.50. For service accrued on or after January 1, 2004, the benefit accrual rate will be determined based on the highest contribution rate in effect for the participant during each Plan year, according to the table shown on the following page. Effective January 1, 2010, for participants with a contribution rate of at least $0.22 per hour, the benefit accrual rate applicable to all pre-2010 service would be at least $8.00. For participants who terminated covered employment prior to January 1, 2010, the benefit accrual rate applicable to all pre-2010 service would be determined based on the highest contribution rate paid on their behalf, but in no event shall the benefit accrual rate exceed $18.50.

Segal

Normal Pension (continued)

Employer Contribution Rate per Hour	Monthly Amount per Year of Credited Service	Employer Contribution Rate per Hour	Monthly Amount per Year of Credited Service
$0.05	$1.87	$0.45-$0.49	$16.75
$0.10	$3.74	$0.50-$0.54	$18.50
$0.15	$5.61	$0.55-$0.59	$20.25
$0.17	$6.20	$0.60-$0.64	$22.00
$0.18	$6.50	$0.65-$0.69	$23.75
$0.19-$0.20	$7.00	$0.70-$0.74	$25.50
$0.21-$0.24	$8.00	$0.75-$0.79	$27.25
$0.25-$0.29	$9.75	$0.80-$0.84	$29.00
$0.30-$0.34	$11.50	$0.85-$0.89	$30.75
$0.35-$0.39	$13.25	$0.90-$0.94	$32.50
$0.40-$0.44	$15.00	$0.95-$0.99	$34.25

- *Delayed Retirement Amount:* Normal pension, increased by 1.0% per month for the first 60 months after Normal Retirement Age, and 1.5% per month thereafter.

Early Retirement

- *Age Requirement:* 65
- *Service Requirement :* None
- *Amount:* Actuarial equivalent of the normal pension accrued payable at normal retirement age.

Disability

- *Age Requirement:* None
- *Service Requirement:* 10 years of vesting service
- *Amount:* Actuarial equivalent of the normal pension accrued payable at normal retirement age.

Vesting

- *Age Requirement:* None
- *Service Requirement:* 5 years of vesting service.
- *Amount:* Normal pension accrued based on plan in effect when last active, payable at normal retirement age
- *Normal Retirement Age:* 65 and 5 years of participation

Spouse's Pre-Retirement Death Benefit

- *Age Requirement:* None
- *Service Requirement:* 5 years of vesting service
- *Amount:* 50% of the benefit participant would have received had he or she retired the day before he or she died and elected the 50% joint and survivor option. If the participant died prior to eligibility for a normal retirement pension, the spouse's benefit is deferred to the date participant would have been eligible.
- *Charge for Coverage:* None

Normal Form of Payment

- 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 rejected, or if not married, benefits are payable for the life of the participant with 60 payments guaranteed, or in any other available options form elected by the participant in an actuarially equivalent amount.

Optional Forms of Benefits

75% joint and survivor option, available to married participants

Participation

After completion of one hour of service in covered employment.

Credited Service

- *Credited Service:* The sum of credited past service and credited future service.
- *Credited Past Service:*
  - *For participants whose employer participated in the Plan since 1998*: Years of service with the employer prior to January 1, 1998 provided the participant had worked 1,500 hours in 1997 and a total of 1,800 hours in 1998 and 1999.
  - *For participants whose employer participates in the Plan after 1998:* Years of service with the employer prior to date of participation provided that the participant had worked 1,500 hours in the full 12-month period immediately prior to participation and 1,800 hours in the first full calendar year immediately after participation.

  In any event, credited past service shall exclude any period of employment that precedes a period of 24 or more months during which no work was performed.
- *Credited Future Service:* Beginning January 1, 1998 the following schedule applies:

Hours of Service in Covered Employment	Credited Future Service
Less than 1,000	0.00
1,000 – 1,499	0.50
1,500 – 1,799	0.75
1,800 or more	1.00

Vesting Credit	Credited past service plus one year of vesting service for each year during the contribution period in which the employee works 1,000 or more hours
Contribution Rate	Varies from $0.31 to $0.90 per hour. The average hourly contribution rate for the Plan year beginning January 1, 2021 is $0.3136
Changes in Plan Provisions	There were no changes in plan provisions reflected in this actuarial valuation

Date	Payment
01/05/2021	$7,899.00
03/17/2021	6,451.00
03/17/2021	6,451.00
03/17/2021	35,842.00
04/05/2021	7,899.00
04/05/2021	37,500.00
05/10/2021	6,451.00
07/06/2021	7,899.00
07/13/2021	6,451.00
09/21/2021	6,451.00
10/04/2021	18,750.00
10/07/2021	7,899.00
Total:	$155,943.00

Segal

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Initial liability	01/01/1998	$686,013	7	$118,964
Change in assumptions	01/01/1999	163,697	8	25,621
Plan amendment	01/01/1999	1,159,155	8	181,422
Plan amendment	01/01/2000	1,458,100	9	209,158
Plan amendment	03/21/2001	539,643	10.25	70,583
Plan amendment	01/01/2003	1,143,950	12	134,603
Plan amendment	01/01/2004	96,633	13	10,806
Plan amendment	01/01/2005	1,923	14	206
Plan amendment	07/01/2005	128,269	14.5	13,425
Change in assumptions	01/01/2006	102,367	15	10,504
Plan amendment	01/01/2006	599,318	15	61,497
Experience loss	01/01/2008	78,073	2	40,357
Plan amendment	09/01/2008	118,711	2.67	46,990
Experience Loss	01/01/2009	722,732	3	257,382
Experience Loss	01/01/2010	47,446	4	13,091
Plan amendment	01/01/2010	1,771,524	4	488,788
Plan amendment	01/01/2011	4,157	5	948
Change in assumptions	01/01/2011	369,347	5	84,187
Experience loss	01/01/2011	579,312	5	132,046
Experience loss	01/01/2012	567,048	6	111,182
Experience loss	01/01/2013	275,748	7	47,819
Experience gain	01/01/2015	2,430	9	349
Plan amendment	01/01/2015	920,749	9	132,077
Experience Loss	01/01/2016	247,465	10	32,928

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Loss	01/01/2017	180,583	11	22,507
Experience Loss	01/01/2018	42,719	12	5,027
Experience Loss	01/01/2019	1,701,076	13	190,220
Experience Loss	01/01/2020	761,385	14	81,365
Total		**$14,469,573**		**$2,524,052**

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	01/01/2003	$59,291	12	$6,976
Experience gain	01/01/2007	130,109	1	130,109
Change in assumptions	01/01/2008	162,016	2	83,747
Change in assumptions	01/01/2009	440,644	3	156,923
Experience gain	01/01/2014	646,323	8	101,157
Change in assumptions	01/01/2015	313,663	9	44,993
Change in Funding Method	01/01/2016	4,480,639	5	1,021,295
Actuarial Gain	01/01/2021	680,526	15	69,830
Change in Assumptions	01/01/2021	991,234	15	101,712
Total		**$7,904,445**		**$1,716,742**

SEIU Local No. 4 Pension Fund
Schedule of Assets Held for Investment Purposes
EIN: 36-4198045
Year Ended December 31, 2021

Investment Type	Reference	Cost	FMV	Per 5500 at FMV
Interest Bearing Cash - see Statement of Interest Bearing Cash				
Total Interest Bearing Cash	pg. 2	21,364,412	21,364,412	21,364,412
Partnership / Joint Venture Interest				
Blackstone Capital Partners VIII L.P.	n/a	1,618,350	2,018,485	2,018,485
Blackstone Real Estate Partners IX Fund	n/a	3,096,519	4,366,478	4,366,478
Blackstone Real Estate Partners VII Fund	n/a	1,245,539	1,627,735	1,627,735
Blackstone Total Alternatives Solution Group L.P.	n/a	2,031,825	2,437,385	2,437,385
Strategic Partners Fund VI, L.P.	n/a	1,069,014	1,358,269	1,358,269
Strategic Partners Fund VIII, L.P.	n/a	3,123,728	4,778,689	4,778,689
Strategic Partners Offshore IX L.P.	n/a	855,000	1,295,270	1,295,270
Total Value of Interest in Partnership/joint venture interests		13,039,975	17,882,311	17,882,311
Value of Interest in Common Collective Trust Funds				
AFL-CIO Building Investment Trust	n/a	3,180,074	3,583,762	3,583,762
BNYM Mellon AFL-CIO SL Large Cap Stock Index Fund	n/a	19,500,000	19,984,770	19,984,770
Barings International Small Cap Equity Collective Investment Fund	n/a	1,506,197	1,602,982	1,602,982
Total Value of Interest in Common Collective Trust Funds		24,186,271	25,171,514	25,171,514
Value of Interest in Registered Investment Companies				
Aberdeen Emerging Markets Fund	n/a	2,119,322	1,790,338	1,790,338
AFL-CIO Housing Investment Trust	n/a	1,719,261	1,662,284	1,662,284
Alliance Bernstein High Income Fund - Advisors Class	n/a	1,981,592	1,969,752	1,969,752
Blackrock Strategic Global Bond Fund - Instl Class	n/a	2,015,025	1,980,029	1,980,029
Credit Suisse Floating Rate Hight Income Fund	n/a	1,928,301	1,959,808	1,959,808
Delaware Diversified Income Fund	n/a	2,650,196	2,565,115	2,565,115
Delaware Emerging Markets Fund	n/a	1,883,409	1,785,476	1,785,476
Eaton Vance Floating Rate Advantage Fund	n/a	1,599,694	1,618,987	1,618,987
Harding Loevner FDS Inc. Int'l Equity	n/a	3,521,366	3,723,324	3,723,324
John Hancock Strategic Income Fund, Class I	n/a	1,328,605	1,299,126	1,299,126
MFS International Value Fund	n/a	5,038,156	5,161,542	5,161,542
Neuberger Berman Stategic Income Fund	n/a	1,823,589	1,766,212	1,766,212
PIMCO All Asset Fund	n/a	4,463,865	4,613,952	4,613,952
PIMCO Total Return Fund Instl	n/a	2,847,142	2,791,917	2,791,917
Vanguard Extended Market Fund	n/a	4,086,060	4,317,314	4,317,314
Western Asset Core Plus Bond Fund	n/a	2,644,804	2,565,230	2,565,230
Total Value of Interest in Registered Investment Companies		41,650,387	41,570,406	41,570,406
Value of Interest in Other Investments				
EnTrust Capital Diversified Fund QP	n/a	235,046	241,730	241,730
Total Value of Interest in Other Investments		235,046	241,730	241,730

ACTIVE PARTICIPANT DATA

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB

JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTION

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB

SUMMARY OF PLAN PROVISIONS

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB

ACTUARIAL ASSUMPTION METHODS

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB

WITHDRAWAL LIABILITY AMOUNTS

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB

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

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)

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 ▶ [X]

D Check box if filing under: [X] 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
SEIU LOCAL NO. 4 PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

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)
TRUSTEES OF SEIU LOCAL NO. 4 PENSION FUND

2229 S. HALSTED ST.

CHICAGO IL 60608

2b Employer Identification Number (EIN) 36-4198045

2c Plan Sponsor's telephone number 773-385-9300

2d Business code (see instructions) 813000

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]	8-12-22	Greg Kelley
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	08/04/2022	Marshall A. Mauer
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2021)**
v. 210624

118401 12-30-21

09070804 769095 00043.K 2021.04012 TRUSTEES OF SEIU LOCAL NO 00043.K1

3a Plan administrator's name and address [X] 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**	15353
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)**	8316
a(2) Total number of active participants at the end of the plan year	**6a(2)**	7557
b Retired or separated participants receiving benefits	**6b**	1660
c Other retired or separated participants entitled to future benefits	**6c**	5706
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	14923
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	44
f Total. Add lines **6d** and **6e**	**6f**	14967
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	152

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)