

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan 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.	10/15/2025	RP WHITAKER
	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 ☒ 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	16252
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		
	6a(1)	8277
	6a(2)	9515
	6b	1638
	6c	6407
	6d	17560
	6e	67
	6f	17627
6g(1)		
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	171

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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ 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) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets.....	1b(1) 80832292
(2) Actuarial value of assets for funding standard account	1b(2) 86986343
c (1) Accrued liability for plan using immediate gain methods	1c(1) 79551518
(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) 79551518
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) 142545292
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 5198415
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 3385757
(3) Expected plan disbursements for the plan year.....	1d(3) 5385757

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

SIGN HERE	10/03/2025
Signature of actuary DANIEL REUSZ, FSA, MAAA, EA	Date 23-09055
Type or print name of actuary THE SEGAL COMPANY	Most recent enrollment number 312-984-8668
Firm name 101 NORTH WACKER DR., SUITE 1800 CHICAGO, NY 60606-1722	Telephone number (including area code)
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	81085281
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1870	29015450
(2) For terminated vested participants	6104	56625647
(3) For active participants:		
(a) Non-vested benefits		3801572
(b) Vested benefits		53102623
(c) Total active	8277	56904195
(4) Total	16251	142545292
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.88 %

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
07/01/2024	5508639				
Totals ►			3(b)	5508639	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 158149

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	109.3 %
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, does line 1(c) reflect any benefit reductions for the first time (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 plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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	3.29 %
		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 Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		6.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		8.5 %
i Expense load included in normal cost reported in line 9b	6i		☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)		%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)		1928395
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-525261	-53898

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 Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See 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 the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	4145917

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	13498965	2663627
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 476668**e** Total charges. Add lines 9a through 9d.....**9e** 7286212**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 14866309**g** Employer contributions. Total from column (b) of line 3.....**9g** 5508639**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 1342289**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

	Outstanding balance	
9h	6067481	1554922
9j(1)	18972654	
9j(2)	46744672	
9j(3)		0

k (1) Waived funding deficiency

(2) Other credits

9k(1)**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 23272159**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 15985947**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current 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

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

(3) Total as of valuation date

9o(2)(a)**9o(2)(b)** 0**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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
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)..... ☒ 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	
PACIFIC INV. MANAGEMENT CO.	
33-0629048	
(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

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 & SM

13-5674085

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

UBS 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

FRANKLIN TEMPLETON FUND ADVISORS, L

280 PARK AVENUE
NEW YORK, NY 10017

(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

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 INVESTMENT 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

295 MADISON AVE, 12TH FLOOR
NEW YORK, NY 10017

(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

BLACKSTONE MANAGEMENT ASS. VIII LP

84-3767616

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

BARINGS LLC

111 S WACKER, STE. 3100
CHICAGO, IL 60606

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

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

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

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(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 15	NONE	147552	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	110268	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

C. FRESAS

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	103780	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	96650	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(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?
12 15 49 99	NONE	86269	Yes ☒ No ☐	Yes ☒ No ☐	4653	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	83939	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)

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	80330	Yes ☐ No ☒	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	78104	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	68044	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)

K. MICKLES

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	62161	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	52915	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 38	NONE	37978	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)

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	36081	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	28816	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 28 49 59 72	NONE	20970	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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	10976	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LHH RECRUITMENT SOLUTIONS

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	9893	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	9612	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)

MNJ TECHNOLOGIES

01-0560518

(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 49	NONE	9569	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(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?
53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	7861	Yes ☐ No ☒

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

DOWD, BLOCH, BENNETT, CERVONE, AUER

36-3371377

(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	7297	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)

C. HARRIS-ARMSTRONG

2229 S HALSTED STREET
CHICAGO, IL 60608

(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	6267	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:	THE SEGAL COMPANY (MIDWEST), INC.	b EIN:	13-1975125
c Position:	ACTUARY		
d Address:	101 NORTH WACKER DR. SUITE 500 CHICAGO, IL 60606	e Telephone:	312-984-8500

Explanation: CURRENTLY, DANIEL REUSZ, FSA, MAAA, EA OF SEGAL IS ENGAGED BY THE PLAN SPONSOR AS THE ENROLLED ACTUARY FOR THE PLAN. FORMERLY, AIDA DOMLIJA, FSA, MAAA, EA OF THE SAME FIRM HELD THAT POSITION. THE CHANGE WAS MADE DUE TO A REASSIGNMENT OF DUTIES.

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 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 52-6328901-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2292824
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 25-6078093-355	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25382802
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM AFL-CIO SL SMALL CAP STOCK IND		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-342	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3780490
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 30-6617568-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE:		
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, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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	954063	1378545
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	699479	834967
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	333766	748872
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	750212	943528
(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)	18387547	20673867
(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)	26651601	31456116
(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)	33134085	32510375
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	52449	52878

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	289214	228947
f Total assets (add all amounts in lines 1a through 1e)	1f	81252416	88828095
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	65857	97747
i Acquisition indebtedness	1i		
j Other liabilities	1j	101278	82400
k Total liabilities (add all amounts in lines 1g through 1j)	1k	167135	180147
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	81085281	88647948

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)	5350490	
(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)		5350490
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	21012	
(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)		21012
(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)	2022691	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2022691
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	315976	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	248669	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		67307
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	211400	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5149852
(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)		-504045
c Other income	2c		710634
d Total income. Add all income amounts in column (b) and enter total	2d		13029341

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2928503	
(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)		2928503
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	673094	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	99902	
(4) IQPA audit fees	2i(4)	47650	
(5) Investment advisory and investment management fees	2i(5)	405654	
(6) Bank or trust company trustee/custodial fees	2i(6)	2771	
(7) Actuarial fees	2i(7)	96650	
(8) Legal fees	2i(8)	85401	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1127049	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2538171
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5466674

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7562667
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **LEGACY PROFESSIONALS LLP**

(2) EIN: **32-0043599**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?	☒		23019569
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.			

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 563448.

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 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
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	20
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **GOLFVIEW DEVELOPMENTAL CENTER**

b EIN **36-2935353**

c Dollar amount contributed by employer **65123**

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 **12** Day **31** Year **2026**

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

(1) Contribution rate (in dollars and cents) **0.42**

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

a Name of contributing employer **ALDEN DEBES**

b EIN **36-4367437**

c Dollar amount contributed by employer **63913**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **0.31**

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

a Name of contributing employer **ALDEN WENTWORTH REHAB. & HEALTH CARE**

b EIN **10-0000003**

c Dollar amount contributed by employer **66080**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **0.31**

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

a Name of contributing employer **APERION CARE FOREST PARK**

b EIN **26-0309909**

c Dollar amount contributed by employer **59076**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **0.31**

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

a Name of contributing employer **APERION CARE INTERNATIONAL**

b EIN **26-3342373**

c Dollar amount contributed by employer **59650**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **0.31**

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

a Name of contributing employer **UPTOWN CARE CENTER, LLC**

b EIN **81-5037842**

c Dollar amount contributed by employer **67062**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **0.31**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **PAVILION OF LOGAN SQUARE**

b EIN **36-3585796**

c Dollar amount contributed by employer **63570**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **0.31**

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

a Name of contributing employer **ALDEN TOWN MANOR REHAB. & CARE CTR**

b EIN **36-3695814**

c Dollar amount contributed by employer **62165**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **0.31**

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

a Name of contributing employer **71ST AND EXCHANGE OPCO**

b EIN **93-3156231**

c Dollar amount contributed by employer **61138**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **0.31**

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

a Name of contributing employer **THE AUSTIN OASIS**

b EIN **36-3801333**

c Dollar amount contributed by employer **59367**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **0.31**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	819
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	1332
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	1154
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	1.02
b The corresponding number for the second preceding plan year.....	15b	1.03
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	1
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	150000
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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 46.0 % Private Equity: 18.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 16.0 %

High-Yield Debt: 9.0 % Real Assets: 9.0 % Cash or Cash Equivalents: 1.0 % Other: 1.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

SEIU Local No. 4 Pension Fund

Financial Statements

December 31, 2024

SEIU Local No. 4 Pension Fund

Financial Statements with Supplementary Information

December 31, 2024 and 2023

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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, 2024 and 2023, 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, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2023, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Responsibilities of Management for the Financial Statements (continued)

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Legacy Professionals LLP

Westchester, Illinois

September 18, 2025

SEIU Local No. 4 Pension Fund

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value		
Mutual funds	\$ 30,963,444	\$ 31,616,538
Collective investment funds	30,710,223	25,885,018
Real estate investment funds	7,812,225	8,375,969
Private equity funds	15,154,466	12,295,708
Hedge fund	52,878	52,449
Investment cash and money market funds	943,528	750,212
Total investments	<u>85,636,764</u>	<u>78,975,894</u>
Receivables		
Employer contributions - net	834,967	699,479
Withdrawal liability assessments - net	664,061	252,989
Accrued interest and dividends	39,674	39,185
Total receivables	<u>1,538,702</u>	<u>991,653</u>
Property and equipment - net	<u>228,947</u>	<u>289,214</u>
Prepaid expenses	<u>45,137</u>	<u>41,592</u>
Cash	<u>1,378,545</u>	<u>954,063</u>
Total assets	<u>88,828,095</u>	<u>81,252,416</u>
 Liabilities and Net Assets		
Liabilities		
Accounts payable	97,747	65,857
Due to related organization - net	<u>82,400</u>	<u>101,278</u>
Total liabilities	<u>180,147</u>	<u>167,135</u>
Net assets available for benefits	<u>\$ 88,647,948</u>	<u>\$ 81,085,281</u>

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, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 4,924,514	\$ 5,141,138
Interest and dividends	<u>2,043,703</u>	<u>1,609,171</u>
	6,968,217	6,750,309
Less investment expenses	(405,654)	(426,472)
Less UBIT expenses	<u>(495)</u>	<u>(2,311)</u>
Investment income - net	6,562,068	6,321,526
Employer contributions	5,215,067	4,685,596
Withdrawal liability assessments	672,179	104,270
Employer contributions - payroll compliance audits	113,542	7,134
Liquidated damages, interest and fees	21,881	29,436
Miscellaneous income	<u>38,455</u>	<u>13,913</u>
Total additions	<u>12,623,192</u>	<u>11,161,875</u>
Deductions		
Pension benefits	2,928,503	2,998,156
Write-off of uncollectible amounts - withdrawal liability assessments	102,958	-
Administrative expenses	<u>2,029,064</u>	<u>1,775,580</u>
Total deductions	<u>5,060,525</u>	<u>4,773,736</u>
Net increase	7,562,667	6,388,139
Net assets available for benefits		
Beginning of year	<u>81,085,281</u>	<u>74,697,142</u>
End of year	<u>\$ 88,647,948</u>	<u>\$ 81,085,281</u>

See accompanying notes to financial statements.

SEIU Local No. 4 Pension Fund

Notes to Financial Statements

December 31, 2024 and 2023

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, as determined by a review of historical losses, the aging of receivables and adjusted for management's assessment of current conditions, and reasonable and supportable forecasts regarding future events. Contributions receivable are shown net of an allowance for uncollectible accounts of \$203,019 and \$147,763 at December 31, 2024 and 2023, respectively.

Withdrawal Liability Assessments - The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. As set forth in the Employee Retirement Income Security Act of 1974 (ERISA), as amended, a portion of the Plan's actuarially determined unfunded vested liability is allocated to a withdrawing employer in proportion to the employer's contributions in the years before withdrawal compared with total employer contributions during the same period. The Plan recognizes withdrawal liability assessment income when entitlement has been determined. 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)

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 and amortization are computed on the straight-line method over estimated useful lives of five to ten years.

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 in covered employment and the contribution rates set forth in the collective bargaining agreements. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 within 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.

Leases - The Plan has determined that because the Plan has not directly entered into a lease and only reimburses a related party for shared facilities, the provisions of generally accepted accounting principles related to recognition of right-of-use assets and lease liabilities are not applicable to the Plan's arrangement. In addition, the reimbursements owed are not considered to be material to the financial statements.

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

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

Subsequent Events - Subsequent events have been evaluated through September 18, 2025, 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 certain investments 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, 2024 and 2023, 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, 2024.

Note 6. Actuarial Information

An actuarial valuation of the Plan was made by The Segal Company as of December 31, 2023. Information shown in the report included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 30,580,224
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Other vested benefits	<u>76,197,326</u>
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Total vested benefits	106,777,550
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Nonvested benefits	<u>2,273,968</u>
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Total actuarial present value of accumulated plan benefits	<u><u>\$ 109,051,518</u></u>
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Note 6. Actuarial Information (continued)

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended December 31, 2023 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		\$ 105,163,765
Increase (decrease) during the year attributable to:		
Benefits accumulated/net experience	\$ (361,874)	
Interest	7,247,783	
Benefits paid	<u>(2,998,156)</u>	
Net increase		<u>3,887,753</u>
Actuarial present value of accumulated plan benefits at end of year		<u>\$ 109,051,518</u>

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 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 - 65 - 70 (10% active, 20% inactive vested) and 71 (100%)
- Net investment rate of return - 7.00%
- Annual administrative expenses - \$2,000,000

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were 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.

Note 6. Actuarial Information (continued)

Since information on the accumulated plan benefits at December 31, 2024 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, 2024 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, 2024. The complete financial status is presented as of December 31, 2023.

As of January 1, 2025, 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), as amended.

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.

Note 7. Fair Value Measurements (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2024 and 2023. 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.

		Fair Value Measurements at 12/31/24 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
Mutual funds	\$ 30,963,444	\$ 30,963,444	\$ -	\$ -
Investment cash and money market funds	943,528	-	943,528	-
	31,906,972	<u>\$ 30,963,444</u>	<u>\$ 943,528</u>	<u>\$ -</u>
Investments measured at net asset value:				
Collective investment funds	30,710,223			
Real estate investment funds	7,812,225			
Private equity funds	15,154,466			
Hedge fund	52,878			
Total	<u>\$ 85,636,764</u>			

		Fair Value Measurements at 12/31/23 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
Mutual funds	\$ 31,616,538	\$ 31,616,538	\$ -	\$ -
Investment cash and money market funds	750,212	-	750,212	-
	32,366,750	<u>\$ 31,616,538</u>	<u>\$ 750,212</u>	<u>\$ -</u>
Investments measured at net asset value:				
Collective investment funds	25,885,018			
Real estate investment funds	8,375,969			
Private equity funds	12,295,708			
Hedge fund	52,449			
Total	<u>\$ 78,975,894</u>			

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 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 generally available daily with no notice period. In May 2023, all redemptions from the real estate investment fund with a fair value of \$2,292,824 and \$2,284,130 at December 31, 2024 and 2023, respectively, were restricted pending the implementation of a three-phase strategy to stabilize, reposition and grow its portfolio in light of economic, interest rate and liquidity challenges. The fund manager stated that it cannot predict the duration of this restriction on redemptions. An adjustment to the fund's net asset value was not considered necessary as of either December 31, 2024 or 2023.

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, 2024 and 2023:

December 31, 2024							
Description	Fair Value	Underlying Assets		Redemption		Scheduled Termination	Capital Commitment
		Type	Concentration	Frequency	Notice Period		
Collective investment fund	\$1,546,931	Multifamily mortgage-backed Single family mortgage-backed Construction and permanent management Direct construction loans Other	61% 14% 6% 4% 15%	Monthly	15 days	N/A	\$0
Real estate investment fund	\$405,987	Americas Asia Europe Australia	50% 31% 14% 5%	Not eligible	N/A	In liquidation	\$202,056
Real estate investment fund	\$5,113,414	North America Europe Australia Asia	77% 15% 4% 4%	Not eligible	N/A	December 2029	\$774,937
Private equity fund	\$557,077	Leveraged buyout Venture capital Fund of funds Other	52% 23% 7% 18%	Not eligible	N/A	September 2025	\$655,321
Private equity fund	\$3,411,076	Leveraged buyout Venture capital Credit Other	76% 12% 3% 9%	Not eligible	N/A	March 2030	\$2,658,193
Private equity fund	\$1,540,436	Opportunities Credit Real estate Private equity	49% 22% 18% 11%	Not eligible	N/A	March 2026	\$646,588
Private equity fund	\$4,581,482	North America Asia Europe	69% 18% 13%	Not eligible	N/A	February 2031	\$1,575,275
Private equity fund	\$5,064,395	Leveraged buyout Venture capital Growth equity Other	82% 6% 4% 8%	Not eligible	N/A	October 2031	\$4,739,617
Hedge fund	\$52,878	Credit and special situations Private Activist	89% 8% 3%	Not eligible	N/A	In liquidation	\$0
						Total	\$11,255,536

Note 7. Fair Value Measurements (continued)**Measurements Using Net Asset Value as a Practical Expedient (continued)**

December 31, 2023					
Description	Fair Value	Underlying Assets		Redemption	
		Type	Concentration	Frequency	Notice Period
Collective investment fund	\$1,517,548	Multifamily mortgage-backed Single family mortgage-backed Construction and permanent management Direct construction loans Other	60% 14% 8% 6% 12%	Monthly	15 days
Real estate investment fund	\$512,326	Americas Asia Europe Australia	52% 30% 14% 4%	Not eligible	N/A
Real estate investment fund	\$5,579,513	North America Europe Australia Asia	79% 14% 4% 3%	Not eligible	N/A
Private equity fund	\$781,288	Leveraged buyout Venture capital Fund of funds Other	52% 24% 8% 16%	Not eligible	N/A
Private equity fund	\$3,633,344	Leveraged buyout Venture capital Credit Other	74% 13% 3% 10%	Not eligible	N/A
Private equity fund	\$1,682,306	Opportunities Credit Real estate Private equity	43% 24% 17% 16%	Not eligible	N/A
Private equity fund	\$3,724,431	North America Asia Europe	75% 18% 7%	Not eligible	N/A
Private equity fund	\$2,474,339	Leveraged buyout Venture capital Growth equity Other	79% 8% 5% 8%	Not eligible	N/A
Hedge fund	\$52,449	Credit and special situations Private Activist	91% 6% 3%	Not eligible	N/A

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. The current economic environment has increased the degree of uncertainty.

Note 8. Risks and Uncertainties (continued)

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.

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 29% and 24% of the Plan's net assets available for benefits as of December 31, 2024 and 2023, 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, 2024 and 2023 consisted of the following:

	<u>2024</u>	<u>2023</u>
Furniture and equipment	\$ 47,426	\$ 47,426
Computer equipment and software	479,855	479,856
Leasehold improvements	<u>79,710</u>	<u>79,710</u>
	606,991	606,992
Less accumulated depreciation and amortization	<u>(378,044)</u>	<u>(317,778)</u>
Net property and equipment	<u>\$ 228,947</u>	<u>\$ 289,214</u>

Depreciation and amortization expense was \$61,043 for the year ended December 31, 2024 and \$36,401 for 2023.

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 and facilities 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 \$805,541 for the year ended December 31, 2024 and \$737,075 for 2023. Rent expense of \$63,971 for the year ended December 31, 2024 and \$70,609 for 2023 is included in the allocated expenses reimbursed to the H&W Nursing Home Fund.

The Plan makes estimated monthly reimbursements to the H&W Nursing Home Fund. Additionally, the H&W Nursing Home Fund makes payments to common vendors and the Plan make reimbursements for its direct allocation of such payments. Shared expenses and direct allocations to the Plan, net of estimated reimbursements, resulted in a net amount due to the H&W Nursing Home Fund of \$82,400 and \$101,278 as of December 31, 2024 and 2023, respectively.

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, 2024 and 2023 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 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		Contributions		Most Recently Available Annual Report (Form 5500)
		Zone Status				
		2024	2023	2024	2023	
SEIU Affiliates' Officers and Employees Pension Plan	52-0812348/001	Green as of 1/1/25	Green as of 1/1/24	\$ 95,461	\$ 87,803	12/31/23

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.

Note 12. Withdrawal Liability Assessments

Withdrawal liability assessments receivable are comprised of amounts owed from two employers as of December 31, 2024, and three employers as of December 31, 2023. Two employers withdrew from the Plan during the year ended December 31, 2024, whose assessments totaled \$1,710,103. One employer withdrew from the Plan during the year ended December 31, 2023, whose assessment totaled \$127,317. The assessments receivable are scheduled to be paid in full through January 2032. Because the remaining amounts are scheduled to be received over an extended period of time, the withdrawal liability assessments receivable at December 31, 2024 and 2023 are shown net of present value discounts of \$374,027 and \$24,523 respectively, which were estimated using an interest rate assumption of 7%. During the year ended December 31, 2024, a total of \$102,958 of previously recognized withdrawal liability assessment income was written off as uncollectible. The withdrawal liability receivable at December 31, 2024 is shown net of an allowance for uncollectible accounts of \$664,061.

The following presents a summary by year of withdrawal liability assessments receivable at December 31, 2024:

Year ending December 31,	
2025	\$ 67,395
2026	87,056
2027	93,311
2028	100,017
2029	107,204
Thereafter	<u>209,078</u>
Total	<u>\$ 664,061</u>



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, 2024 and 2023, and our report thereon dated September 18, 2025, 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 Schedule 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Legacy Professionals LLP

Westchester, Illinois

September 18, 2025

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	28
COMERICA BANK	49
COMERICA BANK	59
COMERICA BANK	72
BRIDGEWAY BENEFIT TECHNOLOGIES	12
BRIDGEWAY BENEFIT TECHNOLOGIES	15
BRIDGEWAY BENEFIT TECHNOLOGIES	49
BRIDGEWAY BENEFIT TECHNOLOGIES	99

CODES TO SCHEDULE C, LINE 2(B)

SCH C P6

STATEMENT 3

CURRENTLY, DANIEL REUSZ, FSA, MAAA, EA OF SEGAL IS ENGAGED BY THE PLAN SPONSOR AS THE ENROLLED ACTUARY FOR THE PLAN. FORMERLY, AIDA DOMLIJA, FSA, MAAA, EA OF THE SAME FIRM HELD THAT POSITION. THE CHANGE WAS MADE DUE TO A REASSIGNMENT OF DUTIES.

SCHEDULE H

OTHER RECEIVABLES

STATEMENT 4

DESCRIPTION

BEGINNING

ENDING

ACCRUED INTEREST AND DIVIDENDS

39,185.

39,674.

PREPAID EXPENSES

41,592.

45,137.

WITHDRAWAL LIABILITY

252,989.

664,061.

TOTAL TO SCHEDULE H, LINE 1B(3)

333,766.

748,872.

SCHEDULE H

OTHER GENERAL INVESTMENTS

STATEMENT 5

DESCRIPTION

BEGINNING

ENDING

ENTRUST CAPITAL DIVERSIFIED FUND QP

52,449.

52,878.

TOTAL TO SCHEDULE H, LINE 1C(15)

52,449.

52,878.

SCHEDULE H

OTHER PLAN LIABILITIES

STATEMENT 6

DESCRIPTION

BEGINNING

ENDING

DUE TO RELATED FUNDS - NET

101,278.

82,400.

TOTAL TO SCHEDULE H, LINE 1J

101,278.

82,400.

SCHEDULE H	OTHER INCOME	STATEMENT 7
DESCRIPTION		AMOUNT
MISCELLANEOUS		38,455.
WITHDRAWAL LIABILITY INCOME		672,179.
TOTAL TO SCHEDULE H, LINE 2C		710,634.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 8
DESCRIPTION		AMOUNT
COMPUTER CONSULTING AND MAINTENANCE		107,645.
CONFERENCE, MEETING AND TRAVEL		2,953.
CONTRACT LABOR		11,725.
DEPRECIATION		61,043.
INSURANCE		38,054.
OFFICE SUPPLIES AND EXPENSES		38,408.
PAYROLL TAXES		40,980.
PLAN TERMINATION INSURANCE		601,287.
PRINTING AND POSTAGE		40,287.
RENT, MAINTENANCE, AND UTILITIES		63,971.
UNRELATED BUSINESS INCOME TAX		495.
WRITE-OFF OF UNCOLLECTIBLE AMOUNTS - WITHDRAWAL LIABILITY		
ASSESSMENTS		102,958.
CONSULTING FEES		17,243.
TOTAL TO SCHEDULE H, LINE 2I(11)		1,127,049.

SEIU Local No. 4 Pension Fund
Schedule of Assets Held for Investment Purposes
EIN: 36-4198045
Year Ended December 31, 2024

<u>Investment Type</u>	<u>Reference</u>	<u>Cost</u>	<u>FMV</u>	<u>Per 5500 at FMV</u>
Interest Bearing Cash - see Statement of Interest Bearing Cash				
Total Interest Bearing Cash	pg. 2	<u>943,528</u>	<u>943,528</u>	<u>943,528</u>
Partnership / Joint Venture Interest				
Blackstone Capital Partners VIII L.P.	n/a	4,218,941	4,581,482	4,581,482
Blackstone Real Estate Partners IX Fund	n/a	5,623,983	5,113,414	5,113,414
Blackstone Real Estate Partners VII Fund	n/a	428,424	405,987	405,987
Blackstone Total Alternatives Solution Group L.P.	n/a	1,503,601	1,540,436	1,540,436
Strategic Partners Fund VI, L.P.	n/a	576,820	557,077	557,077
Strategic Partners Fund VIII, L.P.	n/a	3,477,082	3,411,076	3,411,076
Strategic Partners Offshore IX L.P.	n/a	4,685,783	5,064,395	5,064,395
Total Value of Interest in Partnership/joint venture interests		<u>20,514,634</u>	<u>20,673,867</u>	<u>20,673,867</u>
Value of Interest in Common Collective Trust Funds				
AFL-CIO Building Investment Trust	n/a	2,284,130	2,292,824	2,292,824
BNYM Mellon AFL-CIO SL Large Cap Stock Index Fund	n/a	20,863,134	25,382,802	25,382,802
BNYM Mellon AFL-CIO Small Cap Stock Index Fund	n/a	3,390,027	3,780,490	3,780,490
Total Value of Interest in Common Collective Trust Funds		<u>26,537,291</u>	<u>31,456,116</u>	<u>31,456,116</u>
Value of Interest in Registered Investment Companies				
Aberdeen Emerging Markets Fund	n/a	1,363,523	1,404,024	1,404,024
AFL-CIO Housing Investment Trust	n/a	1,573,754	1,546,931	1,546,931
Alliance Bernstein High Income Fund - Advisors Class	n/a	1,827,214	1,848,384	1,848,384
Blackrock Strategic Global Bond Fund - Instl Class	n/a	1,856,401	1,809,476	1,809,476
Delaware Emerging Markets Fund	n/a	1,543,941	1,610,992	1,610,992
Eaton Vance Floating Rate Advantage Fund	n/a	4,043,793	4,042,654	4,042,654
Harding Loevner FDS Inc. Int'l Equity	n/a	4,242,565	4,023,221	4,023,221
John Hancock Strategic Income Fund, Class I	n/a	1,303,287	1,288,184	1,288,184
MFS International Value Fund	n/a	3,699,013	3,555,790	3,555,790
Neuberger Berman Strategic Income Fund	n/a	4,089,602	4,074,776	4,074,776
PIMCO Total Return Fund Instl	n/a	7,557,960	7,305,943	7,305,943
Total Value of Interest in Registered Investment Companies		<u>33,101,053</u>	<u>32,510,375</u>	<u>32,510,375</u>
Value of Interest in Other Investments				
EnTrust Capital Diversified Fund QP	n/a	<u>43,832</u>	<u>52,878</u>	<u>52,878</u>
Total Value of Interest in Other Investments		<u>43,832</u>	<u>52,878</u>	<u>52,878</u>

SEIU Local No. 4 Pension Fund
Schedule of Interest Bearing Cash
EIN: 36-4198045
Year Ended December 31, 2024

Interest Bearing Cash	At Cost	At FMV
Goldman Sachs FS Government Fund	281,758	281,758
Merrill Lynch Institutional Money Market Fund	661,770	661,770
	<u>943,528</u>	<u>943,528</u>



SEIU LOCAL 4 PENSION FUND

5% Transactions - Single Transactions
For the Period January 01, 2024 - December 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
SEIU LOCAL 4 PENSION FUND				
09/30/2024	PURCHASE SETTLEMENT	507,900.677 shares PIMCO TOTAL RETURN FD INSTL Trade 09/27/2024 Settle 09/27/2024 507,900.677 Units @ 8.86	4,500,000.00	4,500,000.00
09/27/2024	SWEEP PURCHASE	5,027,257.01 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	5,027,257.01	5,027,257.01
09/30/2024	SWEEP SALE	5,350,000 shares GOLDMAN SACHS FIN SQ GOVT INST	5,350,000.00	5,350,000.00
Total Single Transactions			14,877,257.01	14,877,257.01



SEIU LOCAL 4 PENSION FUND

5% Transactions - Non-Security Transactions
For the Period January 01, 2024 - December 31, 2024

No data in the reporting period



5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

SEIU LOCAL 4 PENSION FUND

Date	Transaction	Description	EBT Cost	Market Value
SEIU LOCAL 4 PENSION FUND				
01/02/2024	SWEEP PURCHASE	661.54 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	661.54	661.54
01/26/2024	SWEEP PURCHASE	99,078.2 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	99,078.20	99,078.20
02/01/2024	SWEEP PURCHASE	855.42 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	855.42	855.42
02/01/2024	SWEEP SALE	24,998.86 shares GOLDMAN SACHS FIN SQ GOVT INST	24,998.86	24,998.86
02/02/2024	SWEEP SALE	20,924.69 shares GOLDMAN SACHS FIN SQ GOVT INST	20,924.69	20,924.69
02/22/2024	SWEEP SALE	149,870.9 shares GOLDMAN SACHS FIN SQ GOVT INST	149,870.90	149,870.90
03/01/2024	SWEEP PURCHASE	774.2 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	774.20	774.20
03/06/2024	SWEEP PURCHASE	6,910.98 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	6,910.98	6,910.98
03/08/2024	SWEEP PURCHASE	3,441.88 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	3,441.88	3,441.88
03/11/2024	SWEEP PURCHASE	19,227.7 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	19,227.70	19,227.70
03/21/2024	SWEEP SALE	882.94 shares GOLDMAN SACHS FIN SQ GOVT INST	882.94	882.94



SEIU LOCAL 4 PENSION FUND

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
03/22/2024	SWEEP PURCHASE	1,450,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,450,000.00	1,450,000.00
03/25/2024	SWEEP PURCHASE	77,550.13 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	77,550.13	77,550.13
03/26/2024	SWEEP SALE	834,986.26 shares GOLDMAN SACHS FIN SQ GOVT INST	834,986.26	834,986.26
03/27/2024	SWEEP PURCHASE	11,019.19 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	11,019.19	11,019.19
04/01/2024	SWEEP PURCHASE	1,845.93 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,845.93	1,845.93
04/15/2024	SWEEP SALE	522,211.35 shares GOLDMAN SACHS FIN SQ GOVT INST	522,211.35	522,211.35
04/29/2024	SWEEP SALE	24,998.86 shares GOLDMAN SACHS FIN SQ GOVT INST	24,998.86	24,998.86
05/01/2024	SWEEP PURCHASE	2,305.2 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	2,305.20	2,305.20
05/01/2024	SWEEP SALE	80.95 shares GOLDMAN SACHS FIN SQ GOVT INST	80.95	80.95
05/08/2024	SWEEP SALE	20,924.46 shares GOLDMAN SACHS FIN SQ GOVT INST	20,924.46	20,924.46
06/03/2024	SWEEP PURCHASE	1,104.39 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,104.39	1,104.39
06/03/2024	SWEEP PURCHASE	25,695.27 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	25,695.27	25,695.27



SEIU LOCAL 4 PENSION FUND

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
06/14/2024	SWEEP PURCHASE	6,495.26 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	6,495.26	6,495.26
06/17/2024	SWEEP SALE	50,176.57 shares GOLDMAN SACHS FIN SQ GOVT INST	50,176.57	50,176.57
06/20/2024	SWEEP PURCHASE	3,566.26 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	3,566.26	3,566.26
06/21/2024	SWEEP PURCHASE	26,669.49 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	26,669.49	26,669.49
06/25/2024	SWEEP PURCHASE	198,825.25 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	198,825.25	198,825.25
06/26/2024	SWEEP PURCHASE	34,765.06 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	34,765.06	34,765.06
06/28/2024	SWEEP PURCHASE	95,069.94 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	95,069.94	95,069.94
07/01/2024	SWEEP PURCHASE	1,340.25 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,340.25	1,340.25
07/02/2024	SWEEP PURCHASE	8,617 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	8,617.00	8,617.00
07/09/2024	SWEEP SALE	1 share GOLDMAN SACHS FIN SQ GOVT INST	1.00	1.00
07/10/2024	SWEEP PURCHASE	1 share GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1.00	1.00



SEIU LOCAL 4 PENSION FUND

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
07/26/2024	SWEEP PURCHASE	5,512.44 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	5,512.44	5,512.44
07/30/2024	SWEEP SALE	20,868.03 shares GOLDMAN SACHS FIN SQ GOVT INST	20,868.03	20,868.03
08/01/2024	SWEEP PURCHASE	2,584.04 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	2,584.04	2,584.04
08/22/2024	SWEEP SALE	78,180.56 shares GOLDMAN SACHS FIN SQ GOVT INST	78,180.56	78,180.56
09/03/2024	SWEEP PURCHASE	2,416.93 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	2,416.93	2,416.93
09/09/2024	SWEEP PURCHASE	8,785.05 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	8,785.05	8,785.05
09/11/2024	SWEEP PURCHASE	24,526.33 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	24,526.33	24,526.33
09/12/2024	SWEEP PURCHASE	63,359.81 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	63,359.81	63,359.81
09/18/2024	SWEEP SALE	18,676.39 shares GOLDMAN SACHS FIN SQ GOVT INST	18,676.39	18,676.39
09/19/2024	SWEEP PURCHASE	42,029.26 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	42,029.26	42,029.26
09/24/2024	SWEEP PURCHASE	172,999.24 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	172,999.24	172,999.24



SEIU LOCAL 4 PENSION FUND

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
09/26/2024	SWEEP PURCHASE	64,650.6 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	64,650.60	64,650.60
09/27/2024	SWEEP PURCHASE	5,027,257.01 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	5,027,257.01	5,027,257.01
09/30/2024	SWEEP SALE	5,350,000 shares GOLDMAN SACHS FIN SQ GOVT INST	5,350,000.00	5,350,000.00
10/01/2024	SWEEP PURCHASE	4,416.82 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	4,416.82	4,416.82
10/02/2024	SALE	FUNDS FOR INSTITUTIONS -	0.00	2,500,000.00
10/02/2024	SALE SETTLEMENT	2,500,000 shares FUNDS FOR INSTITUTIONS - Trade 10/02/2024 Settle 10/02/2024 2,500,000 Units @ 1 Fed Long Term Loss: 2,886.95	2,500,000.00	0.00
10/04/2024	SWEEP PURCHASE	1,342,675.41 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,342,675.41	1,342,675.41
10/07/2024	SWEEP SALE	1,500,000 shares GOLDMAN SACHS FIN SQ GOVT INST	1,500,000.00	1,500,000.00
10/18/2024	SWEEP PURCHASE	55,658.3 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	55,658.30	55,658.30
10/21/2024	PURCHASE CASH SETTLEMENT	2,473,639.56 shares FUNDS FOR INSTITUTIONS - Trade 10/21/2024 Settle 10/21/2024 2,473,639.56 Units @ 1	2,473,639.56	2,473,639.56
10/28/2024	SWEEP SALE	20,496.36 shares GOLDMAN SACHS FIN SQ GOVT INST	20,496.36	20,496.36



SEIU LOCAL 4 PENSION FUND

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
11/01/2024	SWEEP PURCHASE	2,283.11 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	2,283.11	2,283.11
11/04/2024	SWEEP SALE	31,083.4 shares GOLDMAN SACHS FIN SQ GOVT INST	31,083.40	31,083.40
11/08/2024	SWEEP PURCHASE	16,795.73 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	16,795.73	16,795.73
11/15/2024	SWEEP SALE	422,518.42 shares GOLDMAN SACHS FIN SQ GOVT INST	422,518.42	422,518.42
11/18/2024	SWEEP PURCHASE	422,518.42 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	422,518.42	422,518.42
11/29/2024	SWEEP PURCHASE	13,919.2 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	13,919.20	13,919.20
12/02/2024	SWEEP PURCHASE	1,388 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,388.00	1,388.00
12/03/2024	SWEEP PURCHASE	6,030.98 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	6,030.98	6,030.98
12/10/2024	SWEEP PURCHASE	22,309.45 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	22,309.45	22,309.45
12/11/2024	SWEEP PURCHASE	86.37 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	86.37	86.37
12/12/2024	SWEEP PURCHASE	32,210.95 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	32,210.95	32,210.95



SEIU LOCAL 4 PENSION FUND

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
12/13/2024	SWEEP PURCHASE	40,837.32 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	40,837.32	40,837.32
12/23/2024	SWEEP SALE	317,308.62 shares GOLDMAN SACHS FIN SQ GOVT INST	317,308.62	317,308.62
12/24/2024	SWEEP PURCHASE	59,766.03 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	59,766.03	59,766.03
Total			23,893,664.52	23,893,664.52
01/08/2024	REINVESTMENT	1,054.616 shares PIMCO TOTAL RETURN FD INSTL Trade 01/01/2024 Settle 01/01/2024 1,054.616 Units @ 8.65	9,122.43	0.00
02/02/2024	REINVESTMENT	1,045.997 shares PIMCO TOTAL RETURN FD INSTL Trade 02/01/2024 Settle 02/01/2024 1,045.997 Units @ 8.64	9,037.41	0.00
03/07/2024	REINVESTMENT	1,174.365 shares PIMCO TOTAL RETURN FD INSTL Trade 03/01/2024 Settle 03/01/2024 1,174.365 Units @ 8.5	9,982.10	0.00
04/05/2024	REINVESTMENT	1,250.922 shares PIMCO TOTAL RETURN FD INSTL Trade 04/01/2024 Settle 04/01/2024 1,250.922 Units @ 8.56	10,707.89	0.00
05/03/2024	REINVESTMENT	1,364.099 shares PIMCO TOTAL RETURN FD INSTL Trade 05/01/2024 Settle 05/01/2024 1,364.099 Units @ 8.31	11,335.66	0.00



SEIU LOCAL 4 PENSION FUND

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
06/07/2024	REINVESTMENT	1,483.761 shares PIMCO TOTAL RETURN FD INSTL Trade 06/01/2024 Settle 06/01/2024 1,483.761 Units @ 8.45	12,537.78	0.00
07/02/2024	REINVESTMENT	1,253.311 shares PIMCO TOTAL RETURN FD INSTL Trade 07/01/2024 Settle 07/01/2024 1,253.311 Units @ 8.49	10,640.61	0.00
08/02/2024	REINVESTMENT	1,309.217 shares PIMCO TOTAL RETURN FD INSTL Trade 08/01/2024 Settle 08/01/2024 1,309.217 Units @ 8.68	11,364.00	0.00
09/09/2024	REINVESTMENT	1,389.892 shares PIMCO TOTAL RETURN FD INSTL Trade 09/01/2024 Settle 09/01/2024 1,389.892 Units @ 8.74	12,147.66	0.00
09/30/2024	PURCHASE SETTLEMENT	507,900.677 shares PIMCO TOTAL RETURN FD INSTL Trade 09/27/2024 Settle 09/27/2024 507,900.677 Units @ 8.86	4,500,000.00	4,500,000.00
10/07/2024	REINVESTMENT	1,246.686 shares PIMCO TOTAL RETURN FD INSTL Trade 10/01/2024 Settle 10/01/2024 1,246.686 Units @ 8.84	11,020.70	0.00
11/07/2024	REINVESTMENT	3,500.618 shares PIMCO TOTAL RETURN FD INSTL Trade 11/01/2024 Settle 11/01/2024 3,500.618 Units @ 8.57	30,000.30	0.00
12/04/2024	REINVESTMENT	3,288.465 shares PIMCO TOTAL RETURN FD INSTL Trade 12/01/2024 Settle 12/01/2024 3,288.465 Units @ 8.66	28,478.11	0.00



SEIU LOCAL 4 PENSION FUND

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

Date	Transaction	Description	EBT Cost	Market Value
	Total PIMCO		4,666,374.65	4,500,000.00
	Total All Issues		28,560,039.17	28,393,664.52



5% Transactions - By Broker
For the Period January 01, 2024 - December 31, 2024

SEIU LOCAL 4 PENSION FUND

Date	Transaction	Description	EBT Cost	Market Value
SEIU LOCAL 4 PENSION FUND				
09/30/2024	PURCHASE SETTLEMENT	507,900.677 shares PIMCO TOTAL RETURN FD INSTL Trade 09/27/2024 Settle 09/27/2024 507,900.677 Units @ 8.86	4,500,000.00	4,500,000.00
Total			4,500,000.00	4,500,000.00
Total All Brokers			4,500,000.00	4,500,000.00

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning	01/01/2024	and ending	12/31/2024
▶ 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) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month 01 Day 01 Year 2024		
b Assets		
(1) Current value of assets	1b(1)	80,832,292
(2) Actuarial value of assets for funding standard account.....	1b(2)	86,986,343
c (1) Accrued liability for plan using immediate gain methods	1c(1)	79,551,518
(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)	79,551,518
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)	142,545,292
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	5,198,415
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	3,385,757
(3) Expected plan disbursements for the plan year	1d(3)	5,385,757

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 Daniel Reusz Signature of actuary Daniel Reusz, FSA, MAAA, EA Type or print name of actuary THE SEGAL COMPANY Firm name 101 North Wacker Dr., Suite 1800 Chicago NY 60606-1722 Address of the firm	10/03/2025 Date 2309055 Most recent enrollment number 312-984-8668 Telephone number (including area code)
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	81,085,281
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,870	29,015,450
(2) For terminated vested participants	6,104	56,625,647
(3) For active participants:		
(a) Non-vested benefits		3,801,572
(b) Vested benefits		53,102,623
(c) Total active	8,277	56,904,195
(4) Total	16,251	142,545,292
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.88 %

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
07/01/2024	5,508,639				
Totals ▶			3(b)	5,508,639	3(c)
					0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 158,149

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	109.3 %
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, does line 1(c) reflect any benefit reductions for the first time (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 plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	6.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	8.5 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1,928,395
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-525,261	-53,898

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 Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See 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 the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	4,145,917

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)	13,498,965
(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	476,668
e Total charges. Add lines 9a through 9d.....	9e	7,286,212

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	14,866,309
g Employer contributions. Total from column (b) of line 3.....	9g	5,508,639

h Amortization credits as of valuation date.....	Outstanding balance	
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9h	6,067,481
j Full funding limitation (FFL) and credits:	9i	1,342,289
(1) ERISA FFL (accrued liability FFL).....	9j(1)	18,972,654
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	46,744,672
(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	23,272,159
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	15,985,947
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current 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	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☐ Yes ☒ No
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Schedule of active participant data (Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023.

Years of Credited Service

Age	Total	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 20	131	119	12	-	-	-	-	-	-	-	-
	\$3	\$2	-	-	-	-	-	-	-	-	-
20 - 24	717	455	254	8	-	-	-	-	-	-	-
	\$11	\$3	\$22	-	-	-	-	-	-	-	-
25 - 29	806	402	346	57	1	-	-	-	-	-	-
	\$17	\$3	\$25	\$70	-	-	-	-	-	-	-
30 - 34	842	325	379	121	17	-	-	-	-	-	-
	\$28	\$3	\$27	\$82	-	-	-	-	-	-	-
35 - 39	774	256	301	137	64	15	1	-	-	-	-
	\$41	\$4	\$27	\$79	\$136	-	-	-	-	-	-
40 - 44	917	212	329	185	96	66	29	-	-	-	-
	\$61	\$3	\$27	\$80	\$134	\$181	\$234	-	-	-	-
45 - 49	906	165	296	169	124	85	57	10	-	-	-
	\$77	\$4	\$28	\$79	\$135	\$184	\$226	-	-	-	-
50 - 54	916	150	263	188	128	94	77	10	6	-	-
	\$87	\$5	\$28	\$80	\$135	\$182	\$226	-	-	-	-
55 - 59	918	117	269	166	110	146	71	26	11	2	-
	\$100	\$3	\$30	\$80	\$136	\$190	\$223	\$285	-	-	-
60 - 64	799	90	188	140	104	114	89	33	25	16	-
	\$120	\$4	\$30	\$83	\$135	\$183	\$229	\$279	\$336	-	-
65 - 69	412	33	80	74	64	46	60	17	26	12	-
	\$138	\$6	\$26	\$84	\$138	\$184	\$233	-	\$301	-	-
70 & over	124	9	29	21	15	18	18	4	5	5	-
	\$139	-	\$29	\$90	-	-	-	-	-	-	-
Unknown	15	13	1	1	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
Total	8,277	2,346	2,747	1,267	723	584	402	100	73	35	-
	\$66	\$3	\$27	\$80	\$136	\$184	\$228	\$274	\$324	\$358	-

Statement of actuarial assumptions/methods (Schedule MB, Line 6)

Mortality rates

Healthy Annuitant: 98.6% of the Pri-2012 Blue Collar Healthy 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 are then projected to future years using the generational projection to reflect future mortality improvement.

The mortality rates are 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.

Termination rates

Age	Disability	Withdrawal ¹
20	0.02	17.94
25	0.03	17.22
30	0.04	15.83
35	0.05	13.70
40	0.07	11.25
45	0.12	8.43
50	0.20	5.06
55	0.33	1.72
60	0.54	0.16

The withdrawal rates and disability rates are 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

Age	Annual Retirement Rates	Inactive Vested Retirement Rates
65 – 70 ²	10%	20%
71	100%	100%

The retirement rates are 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.

¹ During the first 5 years of employment, 165% of the above rates are used.

² Rates double at the Social Security Normal Retirement Age.

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, 2024 actuarial valuation.

Future benefit accruals

0.75 years of credited service per year for each active participant.

The future benefit accruals are 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.

Unknown data for participants

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.

Definition of active participants

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.

Inactive vested participants over age 71

A portion of inactive participants over age 71 are assumed to never return and apply for a benefit:

Age	Portion Not Receiving Benefits
72	20%
73	40%
74	60%
75	80%
76 & Over	100%

The exclusion of a portion inactive vested participants over age 71 is 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.

Percent married

Male: 90%; Female: 80%

Age and gender of spouse

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.

Benefit election

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 are 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.

Eligible for delayed retirement factors

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.

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

\$2,000,000 for the year beginning January 1, 2024 (equivalent to \$1,928,395 payable at the beginning of the year).

The annual administrative expenses are 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:** 3.29%, 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): Pri-2012 employee and annuitant mortality tables, projected generationally using adjusted scale MP-2021.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	\$268,633	\$416,251	\$2,720,040	\$3,404,924
2025	433,297	676,688	2,636,944	3,746,929
2026	657,281	941,024	2,546,108	4,144,413
2027	881,832	1,195,899	2,446,315	4,524,046
2028	1,063,270	1,412,925	2,345,074	4,821,269
2029	1,256,494	1,595,172	2,236,574	5,088,240
2030	1,438,825	1,775,440	2,130,089	5,344,354
2031	1,628,099	1,945,856	2,020,695	5,594,650
2032	1,821,727	2,089,034	1,908,822	5,819,583
2033	2,009,479	2,228,058	1,794,972	6,032,509
2034	2,183,671	2,351,745	1,679,709	6,215,125
2035	2,355,476	2,469,893	1,563,664	6,389,033
2036	2,484,864	2,578,294	1,447,526	6,510,684
2037	2,640,802	2,684,554	1,332,022	6,657,378
2038	2,780,137	2,779,568	1,217,909	6,777,614
2039	2,907,083	2,861,132	1,105,954	6,874,169
2040	3,012,140	2,939,089	996,943	6,948,172
2041	3,103,723	3,010,925	891,667	7,006,315

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.
- Benefits are paid in the form assumed with valuation.

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2042	\$3,189,952	\$3,079,256	\$790,903	\$7,060,111
2043	3,274,067	3,131,559	695,378	7,101,004
2044	3,354,124	3,178,178	605,751	7,138,053
2045	3,396,393	3,209,780	522,573	7,128,746
2046	3,434,589	3,239,095	446,270	7,119,954
2047	3,476,740	3,260,615	377,115	7,114,470
2048	3,502,184	3,271,244	315,219	7,088,647
2049	3,498,033	3,272,485	260,538	7,031,056
2050	3,482,526	3,255,782	212,873	6,951,181
2051	3,457,605	3,228,197	171,889	6,857,691
2052	3,409,780	3,191,361	137,141	6,738,282
2053	3,348,841	3,141,644	108,101	6,598,586
2054	3,270,998	3,077,644	84,185	6,432,827
2055	3,184,823	2,996,626	64,784	6,246,233
2056	3,087,329	2,910,616	49,284	6,047,229
2057	2,987,384	2,813,670	37,092	5,838,146
2058	2,880,649	2,712,501	27,649	5,620,799
2059	2,771,973	2,598,728	20,447	5,391,148

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.
- Benefits are paid in the form assumed with valuation.

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2060	\$2,662,442	\$2,481,919	\$15,033	\$5,159,394
2061	2,547,854	2,357,905	11,017	4,916,776
2062	2,430,202	2,234,188	8,073	4,672,463
2063	2,311,653	2,106,113	5,933	4,423,699
2064	2,194,381	1,978,357	4,386	4,177,124
2065	2,076,545	1,848,505	3,267	3,928,317
2066	1,955,941	1,720,536	2,456	3,678,933
2067	1,837,342	1,595,193	1,862	3,434,397
2068	1,718,721	1,473,118	1,422	3,193,261
2069	1,602,051	1,353,708	1,091	2,956,850
2070	1,486,372	1,238,538	838	2,725,748
2071	1,374,927	1,127,805	644	2,503,376
2072	1,264,987	1,021,954	492	2,287,433
2073	1,159,247	921,234	375	2,080,856

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.
- Benefits are paid in the form assumed with valuation.

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

Normal pension

- **Age Requirement:** 65
- **Service Requirement:** Five 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 is 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 is 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 is 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 is determined based on the highest contribution rate paid on their behalf, but in no event shall the benefit accrual rate exceed \$18.50.

- Effective January 1, 2022, for active employees only, apply the accrual rate corresponding to the \$0.31 hourly contribution rate (\$11.50) to all service accrued on and after January 1, 2010. The accrual rate for service up to December 31, 2009 remains at \$8.00.

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** *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:** Ten years of Vesting Service.
- **Amount:** Actuarial equivalent of the normal pension accrued payable at normal retirement age.

Vesting

- **Age Requirement:** None
- **Service Requirement:** Five 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 Five Years of Participation

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five 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 waived by the participant and spouse. If not waived, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If waived, 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, 2024 is \$0.3149.

Changes in plan provisions

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

Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$4,187,504	-	\$4,187,504
2025	\$4,187,504	-	\$4,187,504
2026	\$4,187,504	-	\$4,187,504
2027	\$4,187,504	-	\$4,187,504
2028	\$4,187,504	-	\$4,187,504
2029	\$4,187,504	-	\$4,187,504
2030	\$4,187,504	-	\$4,187,504
2031	\$4,187,504	-	\$4,187,504
2032	\$4,187,504	-	\$4,187,504
2033	\$4,187,504	-	\$4,187,504

The above projected contributions and withdrawal liability payments are based on the methods and assumptions used in the January 1, 2024 Actuarial Certification of Plan Status under IRC Section 432, dated March 29, 2024.

Explanation

Currently, Daniel Reusz, FSA, MAAA, EA of Segal is engaged by the Plan Sponsor as the Enrolled Actuary for the Plan. Formerly, Aida Domlija, FSA, MAAA, EA of the same firm held that position. The change was made due to a reassignment of duties.

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	\$431,165	4	\$118,965
Change in assumptions	01/01/1999	112,402	5	25,620
Plan amendment	01/01/1999	795,934	5	181,421
Plan amendment	01/01/2000	1,066,745	6	209,158
Plan amendment	03/21/2001	418,285	7.25	70,582
Plan amendment	01/01/2003	938,361	9	134,603
Plan amendment	01/01/2004	81,208	10	10,806
Plan amendment	01/01/2005	1,649	11	206
Plan amendment	07/01/2005	110,956	11.5	13,425
Change in assumptions	01/01/2006	89,270	12	10,504
Plan amendment	01/01/2006	522,644	12	61,497
Experience Loss	01/01/2010	13,091	1	13,091
Plan amendment	01/01/2010	488,789	1	488,789
Plan amendment	01/01/2011	1,833	2	947
Change in assumptions	01/01/2011	162,867	2	84,187
Experience loss	01/01/2011	255,453	2	132,046
Experience loss	01/01/2012	312,200	3	111,182
Experience loss	01/01/2013	173,309	4	47,818
Experience loss	01/01/2015	1,777	6	348
Plan amendment	01/01/2015	673,620	6	132,077
Experience loss	01/01/2016	189,884	7	32,929
Experience loss	01/01/2017	143,801	8	22,507
Experience loss	01/01/2018	35,041	9	5,026
Experience loss	01/01/2019	1,429,546	10	190,220

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience loss	01/01/2020	652,838	11	81,365
Plan Amendment	01/01/2022	2,924,161	13	326,989
Experience loss	01/01/2023	1,472,136	14	157,319
Total		\$13,498,965		\$2,663,627

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	\$48,636	9	\$6,977
Experience gain	01/01/2014	443,800	5	101,158
Change in assumptions	01/01/2015	229,475	6	44,993
Change in Funding Method	01/01/2016	1,975,777	2	1,021,295
Experience gain	01/01/2021	593,463	12	69,830
Change in Assumptions	01/01/2021	864,421	12	101,712
Experience gain	01/01/2022	1,386,648	13	155,059
Experience gain	01/01/2024	525,261	15	53,898
Total		\$6,067,481		\$1,554,922

Investment return

To the extent the vested benefits are matched by the market value of plan assets on hand: interest assumptions prescribed by the Pension Benefit Guaranty Corporation under 29 C.F.R. Ch. XL, Part 4044, which are in effect for the applicable withdrawal liability valuation date, are used.

- PBGC Interest Rates as of December 31, 2023:
 - First 20 years 5.06%
 - After 20 years 4.37%

To the extent the vested benefits are not matched by plan assets (at market), the interest assumption is the same as used for plan funding: 7.00% in the actuarial valuation for the year beginning on the day following the withdrawal liability valuation date.

The portion of the vested benefits that is matched by readily available assets is determined by comparing the total present value of vested benefits plus expenses – at PBGC rates – with the total market value of assets; each vested benefit is treated as covered by assets to the same extent as all other vested benefits.

- The present value of vested benefits is based on a blend of two liability calculations:
 - The first calculation applies to benefits that could be settled immediately because assets on hand are sufficient to cover their market value. Since withdrawal liability is a final settlement of an employer's obligation to the Plan, the discount rates used are based on estimated annuity purchase rates. ERISA Sec. 4044 interest rates promulgated by the PBGC for multiemployer plans terminating by mass withdrawal on the measurement date are used as a proxy for annuity purchase rates.
 - The second calculation applies to benefits that cannot be settled immediately because they are not currently funded. This calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets.

Schedule MB, Line 3(d) - Withdrawal Liability Amounts

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
04/23/2024	\$8,149.14	\$0.00	\$8,149.14
07/11/2024	\$0.00	\$150,000.00	\$150,000.00
Total	\$8,149.14	\$150,000.00	\$158,149.14

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.

ACTIVE PARTICIPANT DATA

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

ACTUARIAL ASSUMPTION METHODS

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

SUMMARY OF PLAN PROVISIONS

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

WITHDRAWAL LIABILITY AMOUNTS

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