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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
SEIU LOCAL NO. 4 PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TRUSTEES OF SEIU LOCAL NO. 4 PENSION FUND

2229 S. HALSTED ST.
CHICAGO, IL 60608

2b Employer Identification Number (EIN)
36-4198045

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

2d Business code (see instructions)
813000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/24/2026	PAIGE KELLY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/28/2026	RANDI SCHULLO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	17627
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	9515
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	10023
b	Retired or separated participants receiving benefits	**6b**	1683
c	Other retired or separated participants entitled to future benefits	**6c**	6590
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	18296
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	61
f	Total. Add lines **6d** and **6e**.	**6f**	18357
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	160

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

1A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
SEIU LOCAL NO. 4 PENSION FUND

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-4198045

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 01 Day 01 Year 2025		
b	Assets		
(1)	Current value of assets	**1b(1)**	87983887
(2)	Actuarial value of assets for funding standard account	**1b(2)**	92572492
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	84901363
(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)**	84901363
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)**	133783982
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	4884164
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	3641963
(3)	Expected plan disbursements for the plan year	**1d(3)**	5666963

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	Date: 10/07/2025
DANIEL REUSZ, FSA, MAAA, EA	26-09055
Type or print name of actuary	Most recent enrollment number
THE SEGAL COMPANY	312-984-8500
Firm name	Telephone number (including area code)
101 NORTH WACKER DR., SUITE 1800 CHICAGO, IL 60606-1722	
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**	88647948
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1934	28381318
(2) For terminated vested participants		6178	53682380
(3) For active participants:			
(a) Non-vested benefits			3713464
(b) Vested benefits			48006820
(c) Total active		9515	51720284
(4) Total		17627	133783982
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	66.26 %

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
07/01/2025	5513076	0			

	Totals ►	**3(b)**	5513076	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	34167

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	109.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

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

d If the plan is in critical status or critical and declining status, 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: • 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."	**4f**	

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

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

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

i ☐ Other (specify):

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	4.01 %	
		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**	5.8 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	8.1 %	
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)**	1952500	
(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	2341179	240233
4	-791735	81241

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**	4429617

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)**	13934990		2401981
(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**	478212
e Total charges. Add lines 9a through 9d			**9e**	7309810
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	15985947
g Employer contributions. Total from column (b) of line 3			**9g**	5513076
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	5620172		1636166
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	1426506
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	18546353		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	33273565		
(3) FFL credit			**9j(3)**	
k (1) Waived funding deficiency			**9k(1)**	
(2) Other credits			**9k(2)**	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	24561695
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	17251885
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)**	
(3) Total as of valuation date			**9o(3)**	
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SEIU LOCAL NO. 4 PENSION FUND

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-4198045

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

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 & SMI

13-5674085

(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

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

1100 N MARKET STREET
WILMINGTON, DE 19890

(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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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. 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	126774	Yes [ ] No [X]	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	114424	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15	NONE	113648	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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 56 99	NONE	98010	Yes [X] No [ ]	Yes [X] No [ ]	10955	Yes [ ] No [X]

(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	93127	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	87975	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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 49	NONE	84000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

J. SMOLUCHA

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	83134	Yes [ ] No [X]	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	74034	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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	67467	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	62594	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	58292	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	40342	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

R. WHITAKER

36-4198045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34596	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

P. WYNN

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	28760	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

J. 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	26116	Yes [ ] No [X]	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 59 72	NONE	23938	Yes [X] No [ ]	Yes [X] No [ ]	0	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	20843	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MANAGED CARE STAFFERS

36-4411050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	13769	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	13025	Yes [ ] No [X]	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	11250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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	9583	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	9208	Yes ☐ No ☒	Yes ☐ No ☐		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	7881	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)

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 [X] No [ ]	Yes [ ] No [X]	5873	Yes [ ] No [X]

(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
BRIDGEWAY BENEFIT TECHNOLOGIES	12 15 49 56 99	7876
(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.	
ZELIS PAYMENT HOLDINGS LLC 84-3069529	OTHER TRANSACTION PROCESSING FEES.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BRIDGEWAY BENEFIT TECHNOLOGIES	12 15 49 56 99	3079
(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.	
GREEN LIGHT 45-5248276	OTHER TRANSACTION PROCESSING FEES.	

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SEIU LOCAL NO. 4 PENSION FUND

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-4198045

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

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

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6328901-001	C	2387274

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-355	C	29578324

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-342	C	4576806

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	1378545	1405220
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	834967	866252
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	748872	189981
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	943528	1126605
(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)	20673867	22819745
(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)	31456116	36542404
(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)	32510375	36326339
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	52878	39900

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e	228947	181727
1f Total assets (add all amounts in lines 1a through 1e)	1f	88828095	99498173
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	97747	156798
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	82400	172815
1k Total liabilities (add all amounts in lines 1g through1j)	1k	180147	329613
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	88647948	99168560

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)	5478909	
(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)		5478909
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	29754	
(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)		29754
(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)	2566171	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2566171
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	37613	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	83264	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-45651
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1573239	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1573239

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5039268
(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)		2574637
c Other income	2c		184861
d Total income. Add all **income** amounts in column (b) and enter total	2d		17401188
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3541144	
(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)		3541144
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)	857189	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	64073	
(4) IQPA audit fees	2i(4)	49575	
(5) Investment advisory and investment management fees	2i(5)	393038	
(6) Bank or trust company trustee/custodial fees	2i(6)	3863	
(7) Actuarial fees	2i(7)	87975	
(8) Legal fees	2i(8)	66173	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1817546	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3339432
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6880576
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		10520612
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

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

d The opinion of an independent qualified public accountant is **not attached** 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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**	X		25246919
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 591654.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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** | 11

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

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

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

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

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

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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 69669

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 64518

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 08 Day 31 Year 2029

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 67940

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 08 Day 31 Year 2029

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 62437

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 08 Day 31 Year 2029

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 63792

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 08 Day 31 Year 2029

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 PAVILION OF LOGAN SQUARE

b EIN 36-3585796 **c** Dollar amount contributed by employer 67340

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 08 Day 31 Year 2029

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 71ST AND EXCHANGE OPCO

b EIN 93-3156231 **c** Dollar amount contributed by employer 65743

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 08 Day 31 Year 2029

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 LAKESHORE HEALTHCARE & REHAB CENTRE

b EIN 85-2051702 **c** Dollar amount contributed by employer 61896

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 08 Day 31 Year 2029

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 WINDSOR PARK

b EIN 83-2599479 **c** Dollar amount contributed by employer 68197

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 08 Day 31 Year 2029

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 PRINCETON REHAB. & HEALTH CAR

b EIN 36-3708169 **c** Dollar amount contributed by employer 62324

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 08 Day 31 Year 2029

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: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	868
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**	819
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**	1332

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**	1.03
b The corresponding number for the second preceding plan year	**15b**	1.02

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**	155000

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: 49.0 % Private Equity: 18.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 18.0 %
High-Yield Debt: 6.0 % Real Assets: 8.0 % Cash or Cash Equivalents: 1.0 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
[X] 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 [X] No

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

[ ] Yes.

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

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

[ ] No. Other. Provide explanation._____

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 [X] 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

[X] 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, 2025

SEIU Local No. 4 Pension Fund

Financial Statements with Supplementary Information

December 31, 2025 and 2024

Contents

	Page
Report of Independent Auditors	1
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
	Schedule
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	1

LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

Report of Independent Auditors

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

Opinion

We have audited the financial statements of SEIU Local No. 4 Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, 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, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2024, 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.

4 Westbrook Corporate Center | Suite 700 | Westchester, IL 60154 | 312-368-0500 | 312-368-0746 Fax | | www.legacycpas.com

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

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

In performing an audit in accordance with GAAS, we:

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

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

Legacy Professionals LLP

Westchester, Illinois

October 14, 2026

SEIU Local No. 4 Pension Fund

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments - at fair value		
Mutual funds	$ 34,665,946	$ 30,963,444
Collective investment funds	35,815,523	30,710,223
Real estate investment funds	7,373,300	7,812,225
Private equity funds	17,833,719	15,154,466
Hedge fund	39,900	52,878
Investment cash and money market funds	1,126,605	943,528
Total investments	96,854,993	85,636,764
Receivables		
Employer contributions - net	866,252	834,967
Withdrawal liability assessments - net	132,834	664,061
Accrued interest and dividends	16,601	39,674
Total receivables	1,015,687	1,538,702
Property and equipment - net	181,727	228,947
Prepaid expenses	40,546	45,137
Cash	1,405,220	1,378,545
Total assets	99,498,173	88,828,095
Liabilities and Net Assets		
Liabilities		
Accounts payable	156,798	97,747
Due to related organization - net	172,815	82,400
Total liabilities	329,613	180,147
Net assets available for benefits	$ 99,168,560	$ 88,647,948

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, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 9,141,493	$ 4,924,514
Interest and dividends	2,595,925	2,043,703
	11,737,418	6,968,217
Less investment expenses	(393,038)	(405,654)
Less UBIT expenses	(864)	(495)
Investment income - net	11,343,516	6,562,068
Employer contributions	5,323,307	5,215,067
Withdrawal liability assessments	155,000	672,179
Employer contributions - payroll compliance audits	76,872	113,542
Liquidated damages, interest and fees	78,730	21,881
Miscellaneous income	29,861	38,455
Total additions	17,007,286	12,623,192
Deductions		
Pension benefits	3,541,144	2,928,503
Write-off of uncollectible amounts - withdrawal liability assessments	652,060	102,958
Administrative expenses	2,293,470	2,029,064
Total deductions	6,486,674	5,060,525
Net increase	10,520,612	7,562,667
Net assets available for benefits		
Beginning of year	88,647,948	81,085,281
End of year	$ 99,168,560	$ 88,647,948

See accompanying notes to financial statements.

SEIU Local No. 4 Pension Fund

Notes to Financial Statements

December 31, 2025 and 2024

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 $223,946 and $203,019 at December 31, 2025 and 2024, 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.

Employer Contribution Income - Employer contributions are 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 October 14, 2026, 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 upon retirement, disability or death. 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. During 2025, the Board of Trustees updated the benefit accrual rates for the Plan. The updated rates are effective January 1, 2026.

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, 2025 and 2024, with the predominate hourly rate being $.31. During 2025, the Board of Trustees adopted a $.015 rate increase effective January 1, 2026.

The Plan's actuary has advised that the minimum funding requirements of ERISA are being met as of January 1, 2025.

Note 6. Actuarial Information

An actuarial valuation of the Plan was made by The Segal Company as of December 31, 2024. Information shown in the report included the following:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	$ 31,197,203
Other vested benefits	81,093,873
Total vested benefits	112,291,076
Nonvested benefits	2,479,037
Total actuarial present value of accumulated plan benefits	$ 114,770,113

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, 2024 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		$ 109,051,518
Increase (decrease) during the year attributable to:		
Benefits accumulated/net experience	$ 1,547,516	
Interest	7,522,567	
Benefits paid	(2,928,503)	
Changes in actuarial assumptions	(422,985)	
Net increase		5,718,595
Actuarial present value of accumulated plan benefits at end of year		$ 114,770,113

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 - Weighted-average retirement age of 69
- Net investment rate of return - 7.00%
- Annual administrative expenses - $2,025,000

The change in actuarial assumptions includes updating the annual administrative expenses assumption, as well as updating the assumed rates of retirement to reflect current experience.

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, 2025 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, 2025 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, 2025. The complete financial status is presented as of December 31, 2024.

As of January 1, 2026, 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, 2025 and 2024. 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 12/31/25 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 34,665,946	$ 34,665,946	$ -	$ -
Investment cash and money market funds	1,126,605	-	1,126,605	-
	35,792,551	$ 34,665,946	$ 1,126,605	$ -
Investments measured at net asset value:				
Collective investment funds	35,815,523			
Real estate investment funds	7,373,300			
Private equity funds	17,833,719			
Hedge fund	39,900			
Total	$ 96,854,993			

		Fair Value Measurements at 12/31/24 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 30,963,444	$ 30,963,444	$ -	$ -
Investment cash and money market funds	943,528	-	943,528	-
	31,906,972	$ 30,963,444	$ 943,528	$ -
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	$ 85,636,764			

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 $2,387,274 and $2,292,824 at December 31, 2025 and 2024, 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, 2025 or 2024.

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, 2025 and 2024:

December 31, 2025							
		Underlying Assets		Redemption		Scheduled	Capital
Description	Fair Value	Type	Concentration	Frequency	Notice Period	Termination	Commitment
Collective investment fund	$1,660,393	Multifamily mortgage-backed	64%	Monthly	15 days	N/A	$0
		Single family mortgage-backed	13%				
		Construction and permanent management	7%				
		Direct construction loans	4%				
		Other	12%				
Real estate investment fund	$343,232	Americas	46%	Not eligible	N/A	In liquidation	$176,115
		Asia	35%				
		Europe	14%				
		Australia	5%				
Real estate investment fund	$4,642,794	North America	78%	Not eligible	N/A	December 2029	$751,275
		Europe	13%				
		Australia	5%				
		Asia	4%				
Private equity fund	$451,186	Leveraged buyout	55%	Not eligible	N/A	September 2026	$405,418
		Venture capital	25%				
		Fund of funds	7%				
		Other	13%				
Private equity fund	$2,806,081	Leveraged buyout	77%	Not eligible	N/A	March 2030	$2,515,380
		Venture capital	12%				
		Credit	3%				
		Other	8%				
Private equity fund	$1,288,884	Opportunities	53%	Not eligible	N/A	March 2028	$646,144
		Real estate	22%				
		Private equity	15%				
		Credit	10%				
Private equity fund	$5,234,859	North America	71%	Not eligible	N/A	February 2031	$1,001,844
		Asia	16%				
		Europe	13%				
Private equity fund	$8,052,709	Leveraged buyout	85%	Not eligible	N/A	October 2031	$2,778,924
		Venture capital	5%				
		Growth equity	3%				
		Other	7%				
Hedge fund	$39,900	Credit and special situations	82%	Not eligible	N/A	In liquidation	$0
		Private	13%				
		Activist	5%				
						Total	$8,275,100

Note 7. Fair Value Measurements (continued)

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

December 31, 2024					
		Underlying Assets		Redemption	
Description	Fair Value	Type	Concentration	Frequency	Notice Period
Collective investment fund	$1,546,931	Multifamily mortgage-backed	61%	Monthly	15 days
		Single family mortgage-backed	14%		
		Construction and permanent management	6%		
		Direct construction loans	4%		
		Other	15%		
Real estate investment fund	$405,987	Americas	50%	Not eligible	N/A
		Asia	31%		
		Europe	14%		
		Australia	5%		
Real estate investment fund	$5,113,414	North America	77%	Not eligible	N/A
		Europe	15%		
		Australia	4%		
		Asia	4%		
Private equity fund	$557,077	Leveraged buyout	52%	Not eligible	N/A
		Venture capital	23%		
		Fund of funds	7%		
		Other	18%		
Private equity fund	$3,411,076	Leveraged buyout	76%	Not eligible	N/A
		Venture capital	12%		
		Credit	3%		
		Other	9%		
Private equity fund	$1,540,436	Opportunities	49%	Not eligible	N/A
		Credit	22%		
		Real estate	18%		
		Private equity	11%		
Private equity fund	$4,581,482	North America	69%	Not eligible	N/A
		Asia	18%		
		Europe	13%		
Private equity fund	$5,064,395	Leveraged buyout	82%	Not eligible	N/A
		Venture capital	6%		
		Growth equity	4%		
		Other	8%		
Hedge fund	$52,878	Credit and special situations	89%	Not eligible	N/A
		Private	8%		
		Activist	3%		

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.

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

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 30% and 29% of the Plan's net assets available for benefits as of December 31, 2025 and 2024, respectively. It is reasonably possible that changes in the fair value of this fund could materially affect the amounts reported in the statements of net assets available for benefits. If a significant decline in the fair value of this investment occurred during the next year, a change in the assumed rates of return used to calculate the present value of accumulated plan benefits may be needed.

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, 2025 and 2024 consisted of the following:

	2025	2024
Furniture and equipment	$ 47,427	$ 47,426
Computer equipment and software	269,746	479,855
Leasehold improvements	79,710	79,710
	396,883	606,991
Less accumulated depreciation and amortization	(215,156)	(378,044)
Net property and equipment	$ 181,727	$ 228,947

Depreciation and amortization expense was $60,421 for the year ended December 31, 2025 and $61,043 for 2024.

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 $1,013,835 for the year ended December 31, 2025 and $805,541 for 2024. Rent expense of $66,576 for the year ended December 31, 2025 and $63,971 for 2024 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 $172,815 and $82,400 as of December 31, 2025 and 2024, 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.

Note 11. Participation in Multiemployer Pension Plan (continued)

The Plan's shared participation in the multiemployer defined benefit pension plan for the years ended December 31, 2025 and 2024 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 Zone Status		Contributions		Most Recently Available Annual Report (Form 5500)
		2025	2024	2025	2024	
SEIU Affiliates' Officers and Employees Pension Plan	52-0812348/001	Green as of 1/1/26	Green as of 1/1/25	$121,134	$ 95,461	12/31/24

Contributions to the plan are made monthly under a participation agreement executed 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. Contribution increased from 2024 to 2025 due to the increase in the shared allocation percentage for common personnel as well as an increase in the underlying salaries for those shared employees upon which the pension contributions are derived.

Note 12. Withdrawal Liability Assessments

Withdrawal liability assessments receivable are comprised of amounts owed from two employers as of both December 31, 2025 and 2024. One employer who withdrew from the Plan during the year ended December 31, 2025, was assessed a total of $155,000. Two employers who withdrew from the Plan during the year ended December 31, 2024, were assessed a total of $1,710,103. The assessments receivable were scheduled to be paid in full through December 2026. Because the remaining amounts were initially scheduled to be received over an extended period of time, the withdrawal liability assessments receivable at December 31, 2024 was shown net of present value discounts of $374,027, which were estimated using an interest rate assumption of 7%. The withdrawal liability receivable at December 31, 2024 is shown net of an allowance for uncollectible accounts of $664,061. A total of $652,060 and $102,958, of previously recognized withdrawal liability assessment income was written off as uncollectible during the years ended December 31, 2025 and 2024, respectively.

Note 13. Party-in-Interest Transactions

The Plan incurs expenses under several arrangements with service providers and affiliated entities, receives contributions from employers under the terms of collective bargaining agreements, and receives withdrawal liability assessments from formerly signatory employers. These transactions are considered exempt party-in-interest transactions under ERISA.

LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

Report of Independent Auditors on Supplemental Schedules

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

We have audited the financial statements of SEIU Local No. 4 Pension Fund (the Plan) as of and or the years ended December 31, 2025 and 2024, and our report thereon dated October 14, 2026, 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

October 14, 2026

Summary of plan provisions

Schedule MB, Line 6

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

Plan year

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Normal pension

- **Age Requirement:** 65
- **Service Requirement:** 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

Spouse: 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, 2025 is $0.3145.

Changes in plan provisions

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

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

SUPPLEMENTAL SCHEDULE 1

SEIU Local No. 4 Pension Fund
Schedule of Assets Held for Investment Purposes
EIN: 36-4198045
Year Ended December 31, 2025

Investment Type	Reference	Cost	FMV	Per 5500 at FMV
Interest Bearing Cash - see Statement of Interest Bearing Cash				
Total Interest Bearing Cash	pg. 2	1,126,605	1,126,605	1,126,605
Partnership / Joint Venture Interest				
Blackstone Capital Partners VIII L.P.	n/a	4,703,007	5,234,859	5,234,859
Blackstone Real Estate Partners IX Fund	n/a	4,942,463	4,642,794	4,642,794
Blackstone Real Estate Partners VII Fund	n/a	348,664	343,232	343,232
Blackstone Total Alternatives Solution Group L.P.	n/a	1,390,702	1,288,884	1,288,884
Strategic Partners Fund VI, L.P.	n/a	429,625	451,186	451,186
Strategic Partners Fund VIII, L.P.	n/a	2,842,220	2,806,081	2,806,081
Strategic Partners Offshore IX L.P.	n/a	7,047,587	8,052,709	8,052,709
Total Value of Interest in Partnership/joint venture interests		21,704,268	22,819,745	22,819,745
Value of Interest in Common Collective Trust Funds				
AFL-CIO Building Investment Trust	n/a	2,292,824	2,387,274	2,387,274
BNYM Mellon AFL-CIO SL Large Cap Stock Index Fund	n/a	25,240,047	29,578,324	29,578,324
BNYM Mellon AFL-CIO Small Cap Stock Index Fund	n/a	4,030,101	4,576,806	4,576,806
Total Value of Interest in Common Collective Trust Funds		31,562,972	36,542,404	36,542,404
Value of Interest in Registered Investment Companies				
AFL-CIO Housing Investment Trust	n/a	1,606,597	1,660,393	1,660,393
Alliance Bernstein High Income Fund - Advisors Class	n/a	2,251,564	2,266,549	2,266,549
Blackrock Strategic Global Bond Fund - Instl Class	n/a	2,204,710	2,281,680	2,281,680
Harding Loevner FDS Inc. Int'l Equity	n/a	6,395,476	6,722,400	6,722,400
John Hancock Strategic Income Fund, Class I	n/a	2,074,189	2,119,137	2,119,137
MFS International Value Fund	n/a	5,555,790	6,353,965	6,353,965
Neuberger Berman Stategic Income Fund	n/a	7,364,182	7,480,420	7,480,420
PIMCO Total Return Fund Instl	n/a	7,138,387	7,441,795	7,441,795
Total Value of Interest in Registered Investment Companies		34,590,895	36,326,339	36,326,339
Value of Interest in Other Investments				
EnTrust Capital Diversified Fund QP	n/a	32,538	39,900	39,900
Total Value of Interest in Other Investments		32,538	39,900	39,900

SEIU Local No. 4 Pension Fund
Schedule of Interest Bearing Cash
EIN: 36-4198045
Year Ended December 31, 2025

Interest Bearing Cash	**At Cost**	**At FMV**
Goldman Sachs FS Government Fund	432,752	432,752
Merrill Lynch Institutional Money Market Fund	693,853	693,853
	1,126,605	1,126,605

Schedule of active participant data

The following table shows the distribution of active participant data by age and years of credited service as of December 31, 2024. The table also shows average monthly accrued benefits.

Schedule MB, Line 8b(2)

Actives by Age and 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	108	95	13	—	—	—	—	—	—	—	—
	$3	$2	—	—	—	—	—	—	—	—	—
20 - 24	806	484	314	8	—	—	—	—	—	—	—
	$11	$3	$21	—	—	—	—	—	—	—	—
25 - 29	950	470	420	60	—	—	—	—	—	—	—
	$17	$4	$26	$71	—	—	—	—	—	—	—
30 - 34	1,006	428	433	121	24	—	—	—	—	—	—
	$26	$4	$26	$83	$132	—	—	—	—	—	—
35 - 39	959	357	383	149	57	13	—	—	—	—	—
	$35	$4	$25	$82	$139	—	—	—	—	—	—
40 - 44	1,033	262	402	177	105	51	34	2	—	—	—
	$57	$3	$27	$83	$137	$184	$236	—	—	—	—
45 - 49	1,057	251	348	187	115	87	47	21	1	—	—
	$71	$4	$27	$80	$138	$185	$241	$258	—	—	—
50 - 54	1,055	213	341	179	122	95	81	18	6	—	—
	$81	$6	$29	$83	$138	$186	$229	—	—	—	—
55 - 59	983	150	267	202	112	114	92	32	12	2	—
	$97	$4	$29	$81	$137	$190	$226	$285	—	—	—
60 - 64	884	134	202	157	108	111	98	40	19	15	—
	$113	$5	$28	$81	$136	$190	$229	$284	—	—	—
65 - 69	475	48	106	72	73	57	60	21	24	13	1
	$130	$4	$28	$82	$136	$185	$233	$264	$324	—	—
70 & over	171	28	27	27	19	24	23	7	8	8	—
	$138	$3	$28	$90	—	$191	$231	—	—	—	—
Unknown	28	19	8	1	—	—	—	—	—	—	—
	$36	—	—	—	—	—	—	—	—	—	—
Totals	**9,515**	**2,939**	**3,264**	**1,340**	**735**	**552**	**435**	**141**	**70**	**38**	**1**
	$62	**$4**	**$26**	**$81**	**$137**	**$187**	**$231**	**$275**	**$330**	**$352**	**—**

Segal

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, 2024:
  - the 4044 interest rates are as specified in the PBGC yield curve published for December 2024

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.

Segal

Justification for change in actuarial assumptions (Schedule MB, line 11)

For purposes of determining current liability, the current liability interest rate was changed from 3.29% to 4.01% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2025:

- Active participant Retirement Rates, previously 10% from age 65-70.
- Inactive vested participant Retirement Rates, previously 20% from age 65-70.
- Disability rates were reduced by 50%.
- Administrative expenses, previously $2,000,000.

Segal

Statement of actuarial assumptions/methods

Schedule MB, Line 6

Economic assumptions

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

$2,025,000 for the year beginning January 1, 2025 (equivalent to $1,952,500 payable at the beginning of the year).

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Demographic and noneconomic assumptions

Rationale

Current data is reviewed in conjunction with each annual valuation. Based on professional judgment, the following assumptions were changed: active and inactive vested participants' retirement rates, disability rates, and administrative expenses.

Mortality rates

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

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

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

The underlying tables (including the 98.6% adjustment factor) with the projection to the ages of participants as of the valuation date reasonably reflect the mortality experience of the Plan as of the valuation date. These mortality tables 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	0.01	17.94
25	0.01	17.22
30	0.02	15.83
35	0.02	13.70
40	0.04	11.25
45	0.06	8.43
50	0.10	5.06
55	0.17	1.72
60	0.27	0.16

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

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[1]	Annual Active Retirement Rates	Inactive Vested Retirement Rates
65	7.5%	20%
66 – 67	7.5%	15%
68 – 69	7.5%	10%
70	7.5%	15%
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 and type of participants and the projected number based on the prior year's assumption over the most recent five years.

Description of weighted average retirement age

Age 69, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2025 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.

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

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.

Methods, models and other information

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 Appendix B.

Current liability assumptions

- **Interest:** 4.01%, 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)(1): 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.

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	59
COMERICA BANK	72
BRIDGEWAY BENEFIT TECHNOLOGIES	12
BRIDGEWAY BENEFIT TECHNOLOGIES	15
BRIDGEWAY BENEFIT TECHNOLOGIES	49
BRIDGEWAY BENEFIT TECHNOLOGIES	56
BRIDGEWAY BENEFIT TECHNOLOGIES	99

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H — OTHER RECEIVABLES — STATEMENT 3

DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS	39,674.	16,601.
PREPAID EXPENSES	45,137.	40,546.
WITHDRAWAL LIABILITY	664,061.	132,834.
TOTAL TO SCHEDULE H, LINE 1B(3)	748,872.	189,981.

SCHEDULE H — OTHER GENERAL INVESTMENTS — STATEMENT 4

DESCRIPTION	BEGINNING	ENDING
ENTRUST CAPITAL DIVERSIFIED FUND QP	52,878.	39,900.
TOTAL TO SCHEDULE H, LINE 1C(15)	52,878.	39,900.

SCHEDULE H — OTHER PLAN LIABILITIES — STATEMENT 5

DESCRIPTION	BEGINNING	ENDING
DUE TO RELATED FUNDS - NET	82,400.	172,815.
TOTAL TO SCHEDULE H, LINE 1J	82,400.	172,815.

SCHEDULE H — OTHER INCOME — STATEMENT 6

DESCRIPTION	AMOUNT
MISCELLANEOUS	29,861.
WITHDRAWAL LIABILITY INCOME	155,000.
TOTAL TO SCHEDULE H, LINE 2C	184,861.

SCHEDULE H OTHER ADMINISTRATIVE EXPENSES STATEMENT 7

DESCRIPTION	AMOUNT
COMPUTER CONSULTING AND MAINTENANCE	121,760.
CONFERENCE, MEETING AND TRAVEL	14,434.
CONTRACT LABOR	23,138.
DEPRECIATION	60,421.
INSURANCE	38,481.
OFFICE SUPPLIES AND EXPENSES	57,694.
PAYROLL TAXES	51,550.
PLAN TERMINATION INSURANCE	687,453.
PRINTING AND POSTAGE	22,671.
RENT, MAINTENANCE, AND UTILITIES	66,576.
UNRELATED BUSINESS INCOME TAX	864.
WRITE-OFF OF UNCOLLECTIBLE AMOUNTS - WITHDRAWAL LIABILITY ASSESSMENTS	652,060.
CONSULTING FEES	20,444.
TOTAL TO SCHEDULE H, LINE 2I(11)	1,817,546.

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.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2025	$300,332	$513,175	$2,834,882	$3,648,389
2026	513,520	791,967	2,754,531	4,060,018
2027	714,764	1,078,980	2,663,738	4,457,482
2028	896,815	1,346,911	2,563,075	4,806,801
2029	1,125,870	1,598,416	2,426,235	5,150,521
2030	1,304,269	1,776,867	2,315,060	5,396,196
2031	1,495,108	1,986,919	2,201,740	5,683,767
2032	1,701,783	2,154,191	2,085,574	5,941,548
2033	1,902,104	2,321,344	1,967,042	6,190,490
2034	2,094,362	2,471,169	1,846,692	6,412,223
2035	2,284,822	2,618,034	1,725,143	6,627,999
2036	2,430,808	2,744,239	1,603,082	6,778,129
2037	2,610,465	2,868,508	1,481,243	6,960,216
2038	2,768,600	2,973,828	1,360,394	7,102,822
2039	2,915,673	3,065,922	1,241,322	7,222,917
2040	3,040,103	3,150,339	1,124,840	7,315,282
2041	3,156,210	3,228,927	1,011,779	7,396,916
2042	3,261,502	3,311,343	902,962	7,475,807

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 for valuation.

Segal

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2043	$3,364,153	$3,375,102	$799,179	$7,538,434
2044	3,471,594	3,428,535	701,161	7,601,290
2045	3,530,234	3,465,927	609,545	7,605,706
2046	3,587,440	3,502,144	524,851	7,614,435
2047	3,651,694	3,528,604	447,456	7,627,754
2048	3,697,843	3,541,679	377,582	7,617,104
2049	3,711,782	3,542,134	315,290	7,569,206
2050	3,712,901	3,533,759	260,478	7,507,138
2051	3,707,457	3,513,885	212,890	7,434,232
2052	3,678,617	3,483,112	172,135	7,333,864
2053	3,638,899	3,434,392	137,716	7,211,007
2054	3,573,033	3,371,873	109,058	7,053,964
2055	3,494,085	3,289,707	85,539	6,869,331
2056	3,403,626	3,202,481	66,515	6,672,622
2057	3,307,889	3,104,128	51,350	6,463,367
2058	3,203,972	2,998,645	39,436	6,242,053
2059	3,094,201	2,879,013	30,207	6,003,421
2060	2,985,748	2,757,559	23,153	5,766,460

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 for valuation.

Segal

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2061	$2,866,819	$2,627,387	$17,825	$5,512,031
2062	2,749,914	2,495,556	13,838	5,259,308
2063	2,628,392	2,359,733	10,874	4,998,999
2064	2,509,882	2,222,524	8,674	4,741,080
2065	2,386,979	2,083,145	7,036	4,477,160
2066	2,260,907	1,943,629	5,803	4,210,339
2067	2,134,929	1,806,836	4,862	3,946,627
2068	2,008,166	1,673,026	4,127	3,685,319
2069	1,883,438	1,541,548	3,542	3,428,528
2070	1,759,078	1,413,134	3,064	3,175,276
2071	1,639,660	1,290,036	2,665	2,932,361
2072	1,519,147	1,171,578	2,326	2,693,051
2073	1,401,782	1,058,817	2,033	2,462,632
2074	1,287,320	951,773	1,775	2,240,868

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 for valuation.

Segal

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025	$4,381,046	-	$4,381,046
2026	$4,381,046	-	$4,381,046
2027	$4,381,046	-	$4,381,046
2028	$4,381,046	-	$4,381,046
2029	$4,381,046	-	$4,381,046
2030	$4,381,046	-	$4,381,046
2031	$4,381,046	-	$4,381,046
2032	$4,381,046	-	$4,381,046
2033	$4,381,046	-	$4,381,046
2034	$4,381,046	-	$4,381,046

The above projected contributions and withdrawal liability payments are based on the methods and assumptions used in the January 1, 2025 Actuarial Certification of Plan Status under IRC Section 432, dated March 31, 2025.

Segal

Withdrawal Liability Amounts

(Schedule MB, Line 3(d))

Payment Date	Periodic Payments	Lump Sum Amounts	Total Amounts
8/25/2025	$4,833.33	$0	$4,833.33
8/27/2025	0	10,000.00	10,000.00
9/25/2025	4,833.33	0	4,833.33
10/24/2025	4,833.33	0	4,833.33
11/25/2025	4,833.33	0	4,833.33
12/25/2025	4,833.33	0	4,833.33
Total	**$24,166.65**	**$10,000.00**	**$34,166.65**

Segal

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program
[ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ [ ]

Part II Basic Plan Information - enter all requested information

1a Name of plan
SEIU LOCAL NO. 4 PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TRUSTEES OF SEIU LOCAL NO. 4 PENSION FUND

2229 S. HALSTED ST.

CHICAGO IL 60608

2b Employer Identification Number (EIN) 36-4198045

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

2d Business code (see instructions) 813000

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

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

SIGN HERE	Paige Kelly (Sep 24, 2026 12:47 55 CDT)	09/24/2026	Paige Kelly
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Randi Schullo	9/28/2026	RANDI SCHULLO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2025) v. 250312

518401 12-22-25

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	17,627
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	**6a(1)**	9,515
a (2) Total number of active participants at the end of the plan year	**6a(2)**	10,023
b Retired or separated participants receiving benefits	**6b**	1,683
c Other retired or separated participants entitled to future benefits	**6c**	6,590
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	18,296
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	61
f Total. Add lines **6d** and **6e**	**6f**	18,357
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	160

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

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

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

a Pension Schedules
- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) - Number Attached ____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules
- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information - Small Plan)
- **(3)** [ ] **A** (Insurance Information) - Number Attached ____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Schedule H, Line 4j
Schedule of Reportable Transactions

SUPPLEMENTAL SCHEDULE 2

SEIU LOCAL 4 PENSION FUND

5% Transactions - Single Transactions
For the Period January 01, 2025 - December 31, 2025

No data in the reporting period

Schedule H, Line 4j
Schedule of Reportable Transactions

SUPPLEMENTAL SCHEDULE 2

SEIU LOCAL 4 PENSION FUND

5% Transactions - Non-Security Transactions
For the Period January 01, 2025 - December 31, 2025

No data in the reporting period

Comerica

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

SEIU LOCAL 4 PENSION FUND

Date	Transaction	Description	EBT Cost	Market Value
SEIU LOCAL 4 PENSION FUND				
01/02/2025	SWEEP PURCHASE	1,566.41 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,566.41	1,566.41
01/02/2025	SWEEP PURCHASE	169,411.92 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	169,411.92	169,411.92
01/16/2025	SWEEP PURCHASE	3,120.61 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	3,120.61	3,120.61
01/17/2025	SWEEP PURCHASE	191,581.21 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	191,581.21	191,581.21
01/29/2025	SWEEP SALE	20,740.29 shares GOLDMAN SACHS FIN SQ GOVT INST	20,740.29	20,740.29
01/31/2025	SWEEP PURCHASE	472,574.83 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	472,574.83	472,574.83
02/03/2025	SWEEP PURCHASE	1,945.05 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,945.05	1,945.05
02/06/2025	SWEEP PURCHASE	5.64 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	5.64	5.64
02/07/2025	SWEEP PURCHASE	47,703.05 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	47,703.05	47,703.05
02/10/2025	SWEEP PURCHASE	124,694.61 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	124,694.61	124,694.61
02/14/2025	SWEEP SALE	700,000 shares GOLDMAN SACHS FIN SQ GOVT INST	700,000.00	700,000.00



SEIU LOCAL 4 PENSION FUND

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Date	Transaction	Description	EBT Cost	Market Value
02/24/2025	SWEEP SALE	172,946.5 shares GOLDMAN SACHS FIN SQ GOVT INST	172,946.50	172,946.50
03/03/2025	SWEEP PURCHASE	2,562.43 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	2,562.43	2,562.43
03/05/2025	SWEEP PURCHASE	250,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	250,000.00	250,000.00
03/06/2025	SWEEP PURCHASE	98,105.61 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	98,105.61	98,105.61
03/13/2025	SWEEP SALE	198,266.26 shares GOLDMAN SACHS FIN SQ GOVT INST	198,266.26	198,266.26
03/21/2025	SWEEP PURCHASE	7,857.57 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	7,857.57	7,857.57
03/26/2025	SWEEP SALE	441,497.18 shares GOLDMAN SACHS FIN SQ GOVT INST	441,497.18	441,497.18
04/01/2025	SWEEP PURCHASE	1,725.4 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,725.40	1,725.40
04/23/2025	SWEEP PURCHASE	27,102.64 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	27,102.64	27,102.64
04/28/2025	SWEEP SALE	2,580.71 shares GOLDMAN SACHS FIN SQ GOVT INST	2,580.71	2,580.71
04/29/2025	SWEEP SALE	20,673.31 shares GOLDMAN SACHS FIN SQ GOVT INST	20,673.31	20,673.31
05/01/2025	SWEEP PURCHASE	422.03 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	422.03	422.03

SEIU LOCAL 4 PENSION FUND

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Date	Transaction	Description	EBT Cost	Market Value
05/14/2025	SWEEP SALE	13,805.13 shares GOLDMAN SACHS FIN SQ GOVT INST	13,805.13	13,805.13
05/15/2025	SWEEP PURCHASE	66,829.39 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	66,829.39	66,829.39
05/21/2025	SWEEP PURCHASE	23,747.16 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	23,747.16	23,747.16
05/30/2025	SWEEP PURCHASE	57,112.53 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	57,112.53	57,112.53
06/02/2025	SWEEP PURCHASE	567.14 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	567.14	567.14
06/06/2025	SWEEP SALE	100,000 shares GOLDMAN SACHS FIN SQ GOVT INST	100,000.00	100,000.00
06/12/2025	SWEEP SALE	100,000 shares GOLDMAN SACHS FIN SQ GOVT INST	100,000.00	100,000.00
06/17/2025	SWEEP PURCHASE	20,314.19 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	20,314.19	20,314.19
06/20/2025	SWEEP PURCHASE	1,149,349.17 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,149,349.17	1,149,349.17
06/23/2025	SWEEP SALE	51,904.4 shares GOLDMAN SACHS FIN SQ GOVT INST	51,904.40	51,904.40
06/25/2025	SWEEP SALE	455,953.35 shares GOLDMAN SACHS FIN SQ GOVT INST	455,953.35	455,953.35
07/01/2025	SWEEP PURCHASE	1,444.92 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,444.92	1,444.92



5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

SEIU LOCAL 4 PENSION FUND

Date	Transaction	Description	EBT Cost	Market Value
07/10/2025	SWEEP PURCHASE	251,904.4 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	251,904.40	251,904.40
07/14/2025	SWEEP SALE	243,992.63 shares GOLDMAN SACHS FIN SQ GOVT INST	243,992.63	243,992.63
07/18/2025	SWEEP PURCHASE	181,988.87 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	181,988.87	181,988.87
07/30/2025	SWEEP SALE	22,997.03 shares GOLDMAN SACHS FIN SQ GOVT INST	22,997.03	22,997.03
07/31/2025	SWEEP SALE	19,020.27 shares GOLDMAN SACHS FIN SQ GOVT INST	19,020.27	19,020.27
08/01/2025	SWEEP PURCHASE	2,864.77 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	2,864.77	2,864.77
08/01/2025	SWEEP PURCHASE	6,092.65 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	6,092.65	6,092.65
08/22/2025	SWEEP SALE	800,000 shares GOLDMAN SACHS FIN SQ GOVT INST	800,000.00	800,000.00
09/02/2025	SWEEP PURCHASE	2,113.22 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	2,113.22	2,113.22
09/05/2025	SWEEP PURCHASE	233,864.21 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	233,864.21	233,864.21
09/08/2025	SWEEP SALE	241,973.58 shares GOLDMAN SACHS FIN SQ GOVT INST	241,973.58	241,973.58
09/11/2025	SWEEP PURCHASE	80,525.11 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	80,525.11	80,525.11

Comerica

SEIU LOCAL 4 PENSION FUND

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Date	Transaction	Description	EBT Cost	Market Value
09/12/2025	SWEEP PURCHASE	524,901.48 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	524,901.48	524,901.48
09/15/2025	SWEEP SALE	500,000 shares GOLDMAN SACHS FIN SQ GOVT INST	500,000.00	500,000.00
09/16/2025	SWEEP PURCHASE	800,000 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	800,000.00	800,000.00
09/22/2025	SWEEP PURCHASE	10,283.3 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	10,283.30	10,283.30
09/24/2025	SWEEP SALE	622,660.42 shares GOLDMAN SACHS FIN SQ GOVT INST	622,660.42	622,660.42
09/29/2025	SWEEP PURCHASE	81,721.98 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	81,721.98	81,721.98
10/01/2025	SWEEP PURCHASE	1,545.87 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,545.87	1,545.87
10/03/2025	SWEEP PURCHASE	3,628 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	3,628.00	3,628.00
10/29/2025	SWEEP PURCHASE	49,296.09 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	49,296.09	49,296.09
10/30/2025	SWEEP SALE	20,438 shares GOLDMAN SACHS FIN SQ GOVT INST	20,438.00	20,438.00
11/03/2025	SWEEP PURCHASE	1,503.2 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,503.20	1,503.20

Comerica

SEIU LOCAL 4 PENSION FUND

5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

Date	Transaction	Description	EBT Cost	Market Value
11/03/2025	SWEEP SALE	18,507.27 shares GOLDMAN SACHS FIN SQ GOVT INST	18,507.27	18,507.27
11/07/2025	SWEEP PURCHASE	88,374.98 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	88,374.98	88,374.98
11/18/2025	SWEEP SALE	9,856.86 shares GOLDMAN SACHS FIN SQ GOVT INST	9,856.86	9,856.86
12/01/2025	SWEEP PURCHASE	1,623.75 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	1,623.75	1,623.75
12/05/2025	SWEEP PURCHASE	26,891.43 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	26,891.43	26,891.43
12/09/2025	SWEEP PURCHASE	395,241.92 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	395,241.92	395,241.92
12/16/2025	SWEEP PURCHASE	23,310.69 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	23,310.69	23,310.69
12/17/2025	SWEEP PURCHASE	82,376.92 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	82,376.92	82,376.92
12/23/2025	SWEEP SALE	817,599.38 shares GOLDMAN SACHS FIN SQ GOVT INST	817,599.38	817,599.38
12/24/2025	SWEEP PURCHASE	41,451.66 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	41,451.66	41,451.66
12/30/2025	SWEEP PURCHASE	135,158.27 shares GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	135,158.27	135,158.27



5% Transactions - By Issue
For the Period January 01, 2025 - December 31, 2025

SEIU LOCAL 4 PENSION FUND

Date	Transaction	Description	EBT Cost	Market Value
12/31/2025	SWEEP PURCHASE	0.64 share GOLDMAN SACHS FIN SQ GOVT INST STATE COST: 0.00	0.64	0.64
Total			**11,341,819.49**	**11,341,819.49**
Total All Issues			**11,341,819.49**	**11,341,819.49**



SEIU LOCAL 4 PENSION FUND

5% Transactions - By Broker
For the Period January 01, 2025 - December 31, 2025

No data in the reporting period

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
SEIU LOCAL NO. 4 PENSION FUND

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-4198045

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2025

b	Assets		
(1)	Current value of assets	1b(1)	87,983,887
(2)	Actuarial value of assets for funding standard account	1b(2)	92,572,492
c	**(1)** Accrued liability for plan using immediate gain methods	1c(1)	84,901,363
(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)	84,901,363
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)	133,783,982
(b)	Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	4,884,164
(c)	Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	3,641,963
(3)	Expected plan disbursements for the plan year	1d(3)	5,666,963

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 DR — 10/07/2026

Signature of actuary — Date

Daniel Reusz, FSA, MAAA, EA — 2609055

Type or print name of actuary — Most recent enrollment number

THE SEGAL COMPANY — 312-984-8500

Firm name — Telephone number (including area code)

101 North Wacker Dr., Suite 1800
Chicago NY 60606-1722

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**	88,647,948
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1,934	28,381,318
(2) For terminated vested participants		6,178	53,682,380
(3) For active participants:			
(a) Non-vested benefits			3,713,464
(b) Vested benefits			48,006,820
(c) Total active		9,515	51,720,284
(4) Total		17,627	133,783,982
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	66.26 %

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
07/01/2025	5,513,076	0			

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** 4.01 %

		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**	5.8 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	8.1 %	
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)**	1,952,500	
(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	2,341,179	240,233
4	-791,735	81,241

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**	4,429,617
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)**	13,934,990	2,401,981
(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**	478,212
e Total charges. Add lines 9a through 9d		**9e**	7,309,810
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	15,985,947
g Employer contributions. Total from column (b) of line 3		**9g**	5,513,076
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	5,620,172	1,636,166
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	1,426,506
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	18,546,353	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	33,273,565	
(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**	24,561,695
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	17,251,885
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**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No