

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>LOCAL NO. 1 HEALTH FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LOCAL 1 HEALTH FUND</u></p> <p><u>1431 OPUS PLACE</u> <u>SUITE 350</u> <u>DOWNERS GROVE, IL 60515</u></p>	<p>1c Effective date of plan <u>07/10/1963</u></p> <p>2b Employer Identification Number (EIN) <u>36-2525603</u></p> <p>2c Plan Sponsor's telephone number <u>630-288-6868</u></p> <p>2d Business code (see instructions) <u>561790</u></p>

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.	03/13/2025	JAMES WATTS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/10/2025	EFRAIN ELIAS
	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 <input checked="" type="checkbox"/> 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	5920
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	5907
	6a(2)	5975
	6b	4
	6c	
	6d	5979
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	1235

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D 4E

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 2 </u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan LOCAL NO. 1 HEALTH FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 1 HEALTH FUND		D Employer Identification Number (EIN) 36-2525603	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

EYE MED VISION CARE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-0949844	71870	96823781001	10964	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits		
(3) Interest credited during the year		
(4) Transferred from separate account.....		
(5) Other (specify below)		
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier		
(3) Transferred to separate account.....		
(4) Other (specify below)		
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	439997
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan LOCAL NO. 1 HEALTH FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 1 HEALTH FUND		D Employer Identification Number (EIN) 36-2525603

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
UNION HEALTH SERVICE INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-2302593	52553	100210010400	7228	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
---------------------------------------------------------	--------------------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3)).....		9a(4)
b	Benefit charges (1) Claims paid.....	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2)).....		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies.....	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves.....		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	14778431
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan LOCAL NO. 1 HEALTH FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 1 HEALTH FUND	D Employer Identification Number (EIN) 36-2525603	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

33-0629048

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BOYD WATTERSON **1301 E. 9TH STREET, 2900**
CLEVELAND, OH 44114

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS **245 SUMMER STREET**
BOSTON, MA 02210

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GOLDMAN SACHS ASSET MANAGEMENT **200 WEST 29TH STREET**
NEW YORK, NY 10282

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

LOOMIS SAYLES & COMPANY

ONE FINANCIAL CENTER
BOSTON, MA 02111

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

CREDIT SUISSE ASSET MANAGEMENT LLC

ELEVEN MADISON AVE.
NEW YORK, NY 10010

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

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

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

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

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

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

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

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

HEALTH CARE SERVICE CORP.

36-1236610

(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 99	NONE	2306123	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILSON-MCSHANE CORPORATION

41-0956552

(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?
13	NONE	1428100	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VALENZ HEALTH

81-5149270

(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	206760	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

REMEDY ANALYTICS INC.

45-3151617

(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	138333	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELTA DENTAL OF ILLINOIS

36-2612058

(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	NONE	135523	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATIONAL INVESTMENT SERVICES, INC.

84-3937993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	125636	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

LANER MUCHIN, LTD.

36-3088463

(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	121682	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CVS HEALTH

05-0340626

(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	NONE	94273	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	93017	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

EMPLOYEE RESOURCE SYSTEMS, INC.

36-3867645

(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	59502	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMALGAMATED BANK OF CHICAGO

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 65 62	NONE	50055	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHEIRON INC

13-4215617

(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	NONE	33881	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THE SEGAL COMPANY (MIDWEST)

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	NONE	26225	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ASHER, GITTLER & D'ALBA, LTD.

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	18636	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHERN TRUST

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 62	NONE	13220	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 CONSULTING

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	13125	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HUNT INSURANCE

36-2730032

(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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6780	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SOMMERS & FAHRENBACH

36-1796440

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	5429	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>LOCAL NO. 1 HEALTH FUND</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LOCAL 1 HEALTH FUND</u>	D Employer Identification Number (EIN) <u>36-2525603</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NT COMMON S&P 500 INDEX FD-LENDING</u>	
b Name of sponsor of entity listed in (a):	<u>NORTHERN TRUST INVESTMENTS, INC</u>	
c EIN-PN <u>36-7361150-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19407709</u>
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)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024			
A Name of plan LOCAL NO. 1 HEALTH FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;">501</td> </tr> </table>	B Three-digit plan number (PN) ►	501
B Three-digit plan number (PN) ►	501		
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 1 HEALTH FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 36-2525603</td> </tr> </table>	D Employer Identification Number (EIN) 36-2525603	
D Employer Identification Number (EIN) 36-2525603			

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	5499989	4115640
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6694562	7024143
(2) Participant contributions	1b(2)	299871	304130
(3) Other	1b(3)	2044139	3124070
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1356164	783361
(2) U.S. Government securities	1c(2)	16572651	17690367
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	25377379	27079561
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	9073169	0
(5) Partnership/joint venture interests	1c(5)	4794933	4224698
(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)	15581929	19407709
(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)	17845279	22757984
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1594114	7515281

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	106734179	114026944
Liabilities			
g Benefit claims payable	1g	9381518	12719300
h Operating payables	1h	128918	114976
i Acquisition indebtedness	1i		
j Other liabilities	1j	740876	539931
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10251312	13374207
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	96482867	100652737

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)	81899310	
(B) Participants	2a(1)(B)	4015676	
(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)		85914986
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	975879	
(C) Corporate debt instruments	2b(1)(C)	542345	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	70456	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1588680
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	966592	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		966592
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	47892869	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	47180379	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		712490
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-53712	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		4226135
(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)		1698728
c Other income	2c		123384
d Total income. Add all income amounts in column (b) and enter total	2d		95177283

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits.....	2e(2)	15234467	
(3) Other.....	2e(3)	73576872	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		88811339
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)		
(2) Contract administrator fees.....	2i(2)	1428100	
(3) Recordkeeping fees.....	2i(3)	60017	
(4) IQPA audit fees.....	2i(4)	33000	
(5) Investment advisory and investment management fees	2i(5)	175947	
(6) Bank or trust company trustee/custodial fees	2i(6)	26089	
(7) Actuarial fees	2i(7)	60106	
(8) Legal fees	2i(8)	140318	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	10778	
(11) Other expenses	2i(11)	261719	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2196074
j Total expenses. Add all expense amounts in column (b) and enter total	2j		91007413

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4169870
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		6386745
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

**Service Employees International Union
Local No. 1 Health Fund**

Financial Statements

June 30, 2024

**Service Employees International Union
Local No. 1 Health Fund**

Financial Statements with Supplementary Information

June 30, 2024 and 2023

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Report of Independent Auditors

To the Participants and Trustees of
Service Employees International Union
Local No. 1 Health Fund

Opinion

We have audited the financial statements of Service Employees International Union Local No. 1 Health 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 and of benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations 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 and benefit obligations of Service Employees International Union Local No. 1 Health Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years 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 that 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. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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 judgement 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 financial statements; and
- Conclude whether, in our judgement, 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

March 10, 2025

**Service Employees International Union
Local No. 1 Health Fund**

Statements of Net Assets Available for Benefits

June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value		
Mutual funds	\$ 22,757,984	\$ 17,845,279
Common stocks	-	9,073,169
U. S. Government and Government Agency obligations	17,690,367	16,572,651
Corporate bonds and notes	27,079,561	25,377,379
State and municipal bonds	1,128,536	1,594,114
Collective investment funds	25,794,454	15,581,929
Limited partnership	4,224,698	4,794,933
Short-term investments	783,361	1,356,164
Total investments	99,458,961	92,195,618
Receivables		
Employer contributions	7,024,143	6,694,562
Participant contributions	304,130	299,871
Prescription drug rebates	2,660,535	1,701,571
Due from broker	-	1,264
Due from related organizations	69,205	44,000
Accrued interest and dividends	394,330	297,304
Total receivables	10,452,343	9,038,572
Cash	4,115,640	5,499,989
Total assets	114,026,944	106,734,179
Liabilities and Net Assets		
Liabilities		
Accounts payable	114,976	128,918
Due to broker	241,811	-
Due to related organizations	298,120	740,876
Total liabilities	654,907	869,794
Net assets available for benefits	\$ 113,372,037	\$ 105,864,385

See accompanying notes to financial statements.

**Service Employees International Union
Local No. 1 Health Fund**

Statements of Changes in Net Assets Available for Benefits

Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 6,541,359	\$ 3,068,161
Interest and dividends	<u>2,597,554</u>	<u>2,318,079</u>
	9,138,913	5,386,240
Less investment expenses	<u>(175,947)</u>	<u>(243,356)</u>
Net investment income	8,962,966	5,142,884
Employer contributions	81,899,310	77,604,254
Participant contributions	4,015,676	4,004,400
Other income	<u>123,384</u>	<u>49,604</u>
Total additions	<u>95,001,336</u>	<u>86,801,142</u>
Deductions		
Cost of benefits		
Self-funded claims (Plans A and B) - net	65,078,252	60,205,424
Union Health Services premiums (Plan A)	14,778,431	13,903,474
Dental	2,479,261	2,441,279
Vision	556,554	289,217
Preferred provider fees	2,306,123	2,135,781
Health evaluation program	59,502	56,182
Transparency pricing tool	8,674	-
Utilization review	<u>206,760</u>	<u>203,963</u>
Total cost of benefits	85,473,557	79,235,320
Fees mandated by ACA	32,361	31,279
Administrative expenses	<u>1,987,766</u>	<u>2,001,692</u>
Total deductions	<u>87,493,684</u>	<u>81,268,291</u>
Net increase	7,507,652	5,532,851
Net assets available for benefits		
Beginning of year	<u>105,864,385</u>	<u>100,331,534</u>
End of year	<u>\$ 113,372,037</u>	<u>\$ 105,864,385</u>

See accompanying notes to financial statements.

**Service Employees International Union
Local No. 1 Health Fund**

Statements of Benefit Obligations

June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Claims payable and claims incurred but not reported	\$ 12,669,000	\$ 9,230,700
Premiums payable	<u>50,300</u>	<u>150,818</u>
 Total	 <u>\$ 12,719,300</u>	 <u>\$ 9,381,518</u>

See accompanying notes to financial statements.

**Service Employees International Union
Local No. 1 Health Fund**

Statements of Changes in Benefit Obligations

Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Balance at beginning of year	\$ 9,381,518	\$ 8,093,919
Increase (decrease) during the year attributable to changes in		
Claims payable and claims incurred but not reported	3,438,300	1,173,100
Premiums payable	<u>(100,518)</u>	<u>114,499</u>
Balance at end of year	<u>\$ 12,719,300</u>	<u>\$ 9,381,518</u>

See accompanying notes to financial statements.

**Service Employees International Union
Local No. 1 Health Fund**

Notes to Financial Statements

June 30, 2024 and 2023

Note 1. Description of the Plan

Service Employees International Union Local No. 1 Health Fund (the Plan) was established during 1963 pursuant to collective bargaining agreements between the local union and various employers. The Plan is a multiemployer welfare plan and is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan provides health (accident, hospital, major medical, surgical, prescription drug, dental and vision) benefits for eligible participants.

To become initially eligible for benefits, an individual must be employed by one or more contributing employers within the jurisdiction of Service Employees International Union, Local 1 (the Local) and have three months of employer contributions to the Plan. Eligibility for benefits will begin on the first day of the fourth month following the three months of contributions. Participants continue to be eligible on a month by month basis.

The Plan is self-funded for the payment of benefits, except for certain services which are contracted on a monthly rate basis through various service providers.

The Plan has two separate schedules of benefits designated as Plan A and Plan B. Plan A utilizes Union Health Services (UHS) as its network administrator and provides comprehensive medical services for Plan A participants. The Plan makes monthly contracted payments on behalf of Plan A participants. Plan A benefits are only paid if care is received from or coordinated by a UHS provider.

Plan B utilizes BlueCross BlueShield of Illinois as its preferred provider organization and network administrator.

Both Plan A and Plan B provide dental, vision, prescription drug and member assistance program benefits. Vision and member assistance program benefits are contracted on a monthly rate basis. Dental benefits are self-funded by the Plan.

Plan participants choose their plan of benefits upon initial eligibility. Participants who do not elect a plan are automatically enrolled in Plan A. A participant may elect to change from Plan A to Plan B, or vice versa, during the Plan's open enrollment period. The open enrollment period occurs once each year, and changes to medical programs are effective January 1 of the following year.

Note 1. Description of the Plan (continued)

The Plan has an agreement with Caremark PCS Health, LLC to contract with pharmaceutical companies as a group purchasing organization to control costs and receive market share rebates that are attributable to the utilization of single source, brand prescription drugs by Plan participants.

Continuation of health care benefits to persons who would otherwise lose those benefits due to certain events, as mandated by the Consolidated Omnibus Budget Reconciliation Act (COBRA) has been adopted by the Plan.

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

Note 2. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements have been prepared using the accrual basis of accounting.

New Accounting Pronouncement - In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-13, *Financial Instruments - Credit Losses* (Topic 326), which is effective for the Plan for the year ended June 30, 2024. This new standard provides financial statement users with more decision-useful information about the expected credit losses on financial instruments and other commitments to extend credit held by a reporting entity at each reporting date. The standard replaced the incurred loss impairment model with a methodology that reflects expected credit losses and requires consideration of a broader range of reasonable and supportable information to inform credit loss estimates. The standard had no material impact on the Plan's financial statements.

Investments - Investments 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 investments are reflected on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex dividend date.

Contributions Receivable - Employer and participant contributions due and unpaid prior to year end are recorded as contributions receivable. Employer contributions due as determined by payroll compliance audits are recorded upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Note 2. Summary of Significant Accounting Policies (continued)

Prescription Drug Rebates - The Plan utilizes a pharmacy benefit manager (PBM) who periodically makes refunds to the Plan based upon the Plan's actual utilization pattern on specific drugs. Refunds due from the Plan's PBM are recorded when earned. Refunds from the PBM due at year end have been reported as a receivable. Self-funded claims for the years ended June 30, 2024 and 2023 are recorded net of prescription drug rebates of \$5,119,637 and \$5,393,092 respectively.

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of participants covered 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 1 within a jurisdiction primarily located in the Chicagoland area.

Benefit Obligations - Benefit obligations are estimated by the Plan's actuary in accordance with accepted actuarial principles, based on claims cost studies, Plan benefits, claims experience and other data as considered necessary.

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 March 10, 2025 which is the date the financial statements were available to be issued.

Note 3. Priorities upon Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants. Any remaining Plan assets will be distributed in such manner as will, in the opinion of the Trustees, bring about the purpose of the Plan.

Note 4. Tax Status

The Plan obtained a notice of exemption in which the Internal Revenue Service stated that the trust established under the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving its notice of exemption. The Plan's administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan to evaluate tax positions taken and recognize a tax liability if the Plan has taken uncertain tax positions 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. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the Financial Accounting Standards Board 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 5. 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 June 30, 2024 and 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

		Fair Value Measurements at 6/30/24 Using		
		Quoted Prices		
		in Active	Significant	
		Markets for	Other	Significant
		Identical	Observable	Unobservable
		Assets	Inputs	Inputs
		(Level 1)	(Level 2)	(Level 3)
	Total			
Mutual funds	\$ 22,757,984	\$ 22,757,984	\$ -	\$ -
U.S. Government and Government				
Agency obligations	17,690,367	16,914,115	776,252	-
Corporate bonds and notes	27,079,561	-	27,079,561	-
State and municipal bonds	1,128,536	-	1,128,536	-
Short-term investments	783,361	783,361	-	-
	<u>69,439,809</u>	<u>\$ 40,455,460</u>	<u>\$ 28,984,349</u>	<u>\$ -</u>
Invesments measured at net asset value:				
Collective investment funds	25,794,454			
Limited partnership	4,224,698			
Total	<u>\$ 99,458,961</u>			

Note 5. Fair Value Measurements (continued)

		Fair Value Measurements at 6/30/23 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
Mutual funds	\$ 17,845,279	\$ 17,845,279	\$ -	\$ -
Common stocks	9,073,169	9,073,169	-	-
U.S. Government and Government Agency obligations	16,572,651	10,242,733	6,329,918	-
Corporate bonds and notes	25,377,379	-	25,377,379	-
State and municipal bonds	1,594,114	-	1,594,114	-
Short-term investments	1,356,164	1,356,164	-	-
	71,818,756	\$ 38,517,345	\$ 33,301,411	\$ -
Investments measured at net asset value:				
Collective investment fund	15,581,929			
Limited partnership	4,794,933			
Total	\$ 92,195,618			

Level 1 Measurements

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

Common stocks and U.S. Treasury securities are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

Short-term investments represent shares held in mutual funds.

Level 2 Measurements

U.S. Government Agency obligations, corporate bonds and notes, and state and municipal bonds are generally valued using by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that includes inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

Note 5. Fair Value Measurements (continued)

Measurements Using Net Asset Value as a Practical Expedient

Certain investments use net asset value as a practical expedient to estimate fair value. Net asset value is based on the fair values of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

One collective investment fund is a direct filing entity (DFE) and files a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. The collective investment fund has no significant redemption restrictions. The other collective investment fund invests in a master fund whose underlying investments are primarily senior secured bank loans or senior secured floating and senior secured fixed rate debt obligations. This collective investment fund allows for a monthly redemption that require a 30-day notice. The fair value of this collective investment fund was \$6,386,745 and \$0 at June 30, 2024 and 2023, respectively.

The limited partnership has underlying investments in commercial real estate leased to the U.S. federal government and allows for quarterly redemptions that require a 60-day notice.

Note 6. Concentration of Cash

The Plan maintains cash balances at a financial institution deemed to be creditworthy. Balances are insured by the Federal Deposit Insurance Corporation up to \$250,000. At June 30, 2024, the Plan's cash exceeded federally insured limits by approximately \$2,373,000. Plan management believes its credit risk to be minimal.

Note 7. Risks and Uncertainties

Investment securities are exposed to 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 valuation 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.

The Plan holds alternative investments in which the general partner or investment manager is generally required to value the Plan's underlying investments at estimated fair values using various subjective techniques. The estimated fair value of the limited partnership, as determined by the investment manager, may vary significantly from the prices at which the real estate investments within the fund would sell, and the amounts could be material.

Note 7. Risks and Uncertainties (continued)

Benefit obligations are estimated based on paid and incurred claims cost studies, Plan benefits, claims experience and other data as considered necessary. 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 8. Funding Policy

The Plan is primarily funded by employer contributions. Participating employers contribute such amounts as specified in their collective bargaining agreements. During the years ended June 30, 2024 and 2023, monthly contribution rates ranged from \$1,045 to \$1,123.

Certain participants must make co-pay contributions to maintain eligibility for benefits. During the years ended June 30, 2024 and 2023, the participant co-pay amounts were \$20 per month for participants under the Plan A schedule of benefits, and \$130 per month for participants under the Plan B schedule of benefits.

Participants may also elect COBRA coverage. During the years ended June 30, 2024 and 2023, monthly COBRA contribution rates ranged from \$1,040 to \$3,060 depending on the participant's coverage option.

Note 9. Related Party Transactions

The Plan share certain common governance with a local union, a pension plan, a retirement savings plan and a training fund.

Contributions for the Plan and related pension plan and training fund are received and deposited into a lockbox account held by the Plan. Any contributions held in the lockbox account at year end are transferred to related organizations shortly after year end and are included in amounts due to related organizations in the accompanying financial statements. Lockbox fees are also shared with the related pension plan, and the Plan's portion of fees to be reimbursed from the related pension plan are included in due from related organizations in the accompanying financial statements.

Note 10. Participant Contributions

Employers withhold participant co-pay contributions through payroll deductions. A number of employers may have remitted such contributions to the Plan more than 90 business days after the following month, which does not meet the timeliness requirements as prescribed by U.S. Department of Labor (DOL) regulations.

The Plan has a collection program that pursues legal action against delinquent employers. As part of its collection program, the Plan regularly collects contributions, liquidated damages, interest and attorney fees from delinquent employers.

Note 11. Reconciliation of Financial Statements to Form 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 113,372,037	\$ 105,864,385
Less - benefit obligations currently payable	<u>(12,719,300)</u>	<u>(9,381,518)</u>
Net assets available for benefits per the Form 5500	<u>\$ 100,652,737</u>	<u>\$ 96,482,867</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended June 30, 2024:

Benefits paid to or for participants per the financial statements	\$ 85,473,557
Add - amounts currently payable at end of year	12,719,300
Less - amounts currently payable at beginning of year	<u>(9,381,518)</u>
Benefit paid to or for participants per the Form 5500	<u>\$ 88,811,339</u>

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
Service Employees International Union
Local No. 1 Health Fund

We have audited the financial statements of Service Employees International Union Local No. 1 Health Fund (the Plan) as of and for the years ended June 30, 2024 and 2023, and our report thereon dated March 10, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Legacy Professionals LLP

Westchester, Illinois

March 10, 2025

Supplemental Schedule 1

Local No. 1 Health Fund
EIN: 36-2525603 PN: 501

Schedule Supporting Form 5500 for 2023

Schedule H - Financial Information

Line 4(i) - Schedule of Assets Held (At End of Year)

(a)	Identity of issue, borrower. (b) lessor or similar party	Description of investment including maturity date, rate of interest			(d) Cost	Current (e) Value
		(c) collateral, par of maturity value				
		Par/ Shares	Interest Rate	Maturity Date		
Interest-bearing Cash						
	Goldman Financial Square Gov't Fund #465				\$ 783,361	\$ 783,361
US Government Securities						
	See Page 3				16,943,184	16,914,115
	See Page 17				776,874	776,252
	Total US Government Securities				17,720,058	17,690,367
Corporate Debt Instruments						
	See Page 3				31,014	33,230
	See Page 17				13,532,591	13,328,339
	See Page 34				13,787,685	13,717,992
	Total Corporate Debt Instruments				27,351,290	27,079,561
Partnership/Joint Venture Interests						
	Boyd Watterson GSA Fund LP - Page 34				2,418,947	4,328,741
	Adjustment to fair value				-	(104,043)
	Total Partnership/Joint Venture Interests				2,418,947	4,224,698
Common/Collective Trusts						
	NT Common S&P 500 Index Fund - Lending - Page 34				8,086,691	16,076,069
	Adjustment to fair value				-	3,331,640
	Total Common/Collective Trusts				8,086,691	19,407,709
Registered Investment Companies						
	Credit Suisse Floating Rate High Income -Page 34				44,575	44,308
	Fidelity Total Market Index Fund - Page 34				9,134,470	10,706,720
	Loomis Sayles Intermediate Duration Bond Fund - Page 34				11,991,047	12,006,956
	Total Registered Investment Companies				21,170,092	22,757,984
Other Investments - Municipal Obligations						
	Pinebridge Senior Secured Loan Sub-Trust 2 - Page 34				5,986,389	6,307,444
	Pinebridge -Adjustment to fair value				-	79,301
	See Page 19				1,150,056	1,128,536
					7,136,445	7,515,281
	Total investments held				\$ 84,666,884	\$ 99,458,961

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
U S GOVERNMENT OBLIGATIONS						
34,000	U.S. TREASURY NOTES 2.375% 05/15/2029 9128286T2	31,110.00	91.375	31,067.50	808	2.60
1,762,000	U.S. TREASURY NOTES 1.5% 01/31/2027 912828Z78	1,610,616.50	92.555	1,630,819.10	26,430	1.62
2,221,000	U.S. TREASURY NOTES 1% 07/31/2028 91282CCR0	1,994,025.89	87.387	1,940,865.27	22,210	1.14
1,522,000	U.S. TREASURY NOTES 2.375% 03/31/2029 91282CEE7	1,398,608.79	91.535	1,393,162.70	36,148	2.59
1,026,000	U.S. TREASURY NOTES 2.875% 05/15/2032 91282CEP2	926,953.59	90.242	925,882.92	29,498	3.19
1,447,000	U.S. TREASURY BONDS 2.75% 07/31/2027 91282CFB2	1,358,855.14	94.965	1,374,143.55	39,793	2.90
1,060,000	U.S. TREASURY NOTES 3.875% 12/31/2027 91282CGC9	1,043,482.06	98.117	1,040,040.20	41,075	3.95
3,417,000	U.S. TREASURY NOTES 3.875% 01/15/2026 91282CGE5	3,368,564.17	98.496	3,365,608.32	132,409	3.93
1,713,000	U.S. TREASURY NOTES 3.5% 04/30/2030 91282CGZ8	1,634,672.34	95.695	1,639,255.35	59,955	3.66
2,565,000	U.S. TREASURY NOTES 4.625% 11/15/2026 91282CIK8	2,578,390.97	99.965	2,564,102.25	118,631	4.63
783,000	U.S. TREASURY NOTES 4.125% 03/31/2031 91282CKF7	764,946.56	98.797	773,580.51	32,299	4.18
235,000	U.S. TREASURY NOTES 4.375% 05/15/2034 91282CKQ3	232,957.93	100.25	235,587.50	10,281	4.36

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
	TOTAL U S GOVERNMENT OBLIGATIONS	16,943,183.94		16,914,115.17	549,537	3.25
			To page 1			
	MORTGAGE BACKED SECURITIES					
40,000	FREDDIE MAC PRO 2 SERIES K119 CLASS A2 1.566% 09/25/2030 3137F63Z8	31,014.06	83.076	33,230.42	626	1.89
			To page 1			
	COLLATERALIZED MTG OBLIG					
96,193.82	ACCREDITED MORTGAGE LOAN TRUST SERIES 04-4 CLASS A2C FLOATING RATE BOND 6.02043% 01/25/2035 004375CE9	95,682.80	99.1996	95,423.89	5,791	6.07
42,127.22	ADJUSTABLE RATE MORTGAGE TRUST SERIES 04-5 CLASS 2A1 2.84774% 04/25/2035 007036EP7	42,413.66	96.8514	40,800.79	1,200	2.94
102,604.38	ALLY AUTO RECEIVABLES TR SERIES 22-1 CLASS A3 3.31% 11/15/2026 02008JAC0	102,584.51	98.8687	101,443.61	3,396	3.35
200,000	AMERICAN EXPRESS CR ACCT MSTR TR 3.75% 08/16/2027 02582JVV3	199,996.80	98.2007	196,401.32	7,500	3.82
1,033.83	AMERICAN HOME MTG INV TR SERIES 04-3 CLASS 4A 4.19% 10/25/2034 02660TBN2	1,037.38	99.3319	1,026.92	43	4.22
26,460.12	AMERICAN HOME MTG INV TR SERIES 05-1 CLASS 6A FLOATING RATE BOND 7.14857% 06/25/2045 02660TDH3	27,995.68	98.7231	26,122.25	1,892	7.24
182,680.25	AMERICREDIT AUTOMOBILEEnter 6.19% 04/19/2027 03065UAB5	182,677.68	100.2215	183,084.94	11,308	6.18
110,000	BARCLAYS COMMERCIAL MORTGAGE 2.99% 11/15/2052 05492JAU6	101,114.06	94.9511	104,446.18	3,289	3.15
60,000	BARCLAYS 2.108% 09/15/2054 05493MAC8	54,792.19	88.2979	52,978.76	1,265	2.39
45,000	BARCLAYS COMMERCIAL MTG PRO 1% 12/15/2055 054975AE7	46,349.10	103.0471	46,371.20	450	0.97

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
50,000	BARCLAYS COMMERCIAL MTG 2 SERIES 19-C3 CLASS A4 1% 05/15/2052 05550MAU8	46,250.00	92.5729	46,286.43	500	1.08
60,000	BARCLAYS COMMERCIAL MTG 5.451% 04/15/2056 05553RAC4	61,418.46	101.0535	60,632.09	3,271	5.39
20,000	BARCLAYS COMMERCIAL MTG 2 SERIES 23-C21 CLASS A5 6% 09/15/2056 05553WAE9	20,729.69	104.9375	20,987.50	1,200	5.72
45,000	BANK SERIES 17-BNK6 CLASS A4 3.254% 07/15/2060 060352AEI	40,839.26	94.214	42,396.31	1,464	3.45
122,092.7	BANK 2 SER 18-BN15 CL ASB 4.285% 11/15/2061 06036FBA8	118,091.62	97.9724	119,617.10	5,232	4.37
21,117.26	BANK SERIES 2017-BNK9 CL ASB 3.47% 11/15/2054 06540RAC8	23,461.62	96.6781	20,415.76	733	3.59
30,000	BANK SERIES 21-BN33 CLASS A3 2.021% 05/15/2064 06541CBD7	26,340.23	88.4515	26,535.45	606	2.28
50,000	P US CMBS SERIES 23 BNK46 CLASS A4 5.745% 08/15/2056 06541DBH6	51,496.35	102.7199	51,359.95	2,873	5.59
100,565.53	BANK SER 17 CLASS ASB 3.265% 09/15/2060 06541XAD2	96,574.00	96.8745	97,422.36	3,283	3.37
47,424.66	P US CMBS 2 SERIES 24-5YRS5 CLASS A3 5.702% 02/15/2029 065931AZ0	48,846.69	101.0828	47,938.16	2,704	5.64
10,840.5	BAYVIEW FINANCIAL ACQUISITION SERIES 04-D CLASS B1 4.2975% 08/28/2044 0732SNAG7	11,077.65	100.1142	10,852.88	466	4.29
98,152.05	BAYVIEW FINANCIAL ACQUISITION SERIES 06-A CLASS M4 FLOATING RATE BOND 6.56361% 02/28/2041 0732SNDB5	98,029.34	99.7213	97,878.51	6,442	6.58

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
105,000	BARCLAYS COMMERCIAL MORTGAGE SEC SERIES 19-C4 CLASS ASB 2.832% 08/15/2052 07335CAD6	97,321.88	94.8962	99,640.96	2,974	2.98
60,322.08	BEAR STEARNS ARM TRUST SERIES 04-12 CLASS2A1 VARIABLE RATE 2.68897% 02/25/2035 07384M6H0	58,695.43	95.2471	57,455.01	1,622	2.82
.01	BEAR STEARNS ASSET BACKED SEC SERIES 05-SD2 CLASS 1M3 4.24% 03/25/2035 073877BL5	0.00	99.9895	0.01	0	0.00
128,849.43	BENCHMARK MORTGAGE TRUST SERIES 18-B2 CLASS ASB 3.7802% 02/15/2051 08161CAF8	131,749.21	97.3201	125,396.41	4,871	3.88
30,000	BENCHMARK MTG TR SER 21-B29 CL A5 2.3879% 09/15/2054 08163JAE4	24,042.19	82.5543	24,766.28	716	2.89
25,000	BENCHMARK MORTGAGE TRUST SERIES 20-B21 CLASS A5 1.9775% 12/15/2053 08163LAG4	25,749.95	81.6013	20,400.33	494	2.42
105,000	BRIDGECREST LENDING AUTO 2 SERIES 24-1 CLASS A3 5.53% 01/18/2028 107933AC7	104,999.06	99.7914	104,780.94	5,807	5.54
70,000	BRIDGECREST LENDING AUTO 2 SERIES 23-1 CLASS B 6.8% 08/15/2029 108056AD4	69,988.69	101.4209	70,994.60	4,760	6.70
9,866.85	COMM MORTGAGE TRUST SERIES 15-LC21 CLASS ASB 3.421% 07/10/2048 12593FBB9	10,438.06	99.1502	9,783.00	338	3.45
160,000	COMM MORTGAGE TRUST SERIES 2015-PCI CLASS A5 3.9020004% 07/10/2050 12593GAF9	171,117.72	98.4077	157,452.27	6,243	3.97

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
13,211.62	COMM MORTGAGE TRUST SERIES 15-CR25 CLASS ASB 3.537% 08/10/2048 12593PAU6	14,133.34	98.7728	13,049.48	46.7	3.58
35,000	COMM MORTGAGE TRUST SERIES 19-GC44 CLASS A5 2.95% 08/15/2057 12655TBM0	37,806.84	89.1159	31,190.55	1,033	3.31
70,732	COMM MORTGAGE TRUST SERIES 19-GC44 CLASS AM 3.263% 08/15/2057 12655TBP3	78,357.79	87.7032	62,034.24	2,308	3.72
68,953.4	COUNTRYWIDE ASSET-BACKED CERT 4.09595% 02/25/2036 126670AE8	63,523.32	96.0989	66,263.43	2,824	4.26
91,784.77	COUNTRYWIDE ASSET-BACKED CERT SERIES 04-5 CLASS 1A 3.01% 10/25/2034 1266716B7	88,830.44	96.7409	88,793.41	2,763	3.11
72,644.89	COUNTRYWIDE ASSET-BACKED CERT SERIES 04-5 CLASS 2A 1.092% 10/25/2034 1266716C5	71,706.94	95.653	69,487.01	793	1.14
143,808.74	COUNTRYWIDE ASSET BACKED CTFS US RMBS RESB/C FLOATING RATE 2.16357% 12/25/2034 126673AW2	136,258.79	97.4723	140,173.74	3,111	2.22
15,075.94	COUNTRYWIDE ALT LOAN TRUST SERIES 03-4CB CLASS 1A1 5.75% 04/25/2033 12669DN20	15,226.67	96.6879	14,576.60	86.7	5.95
39,362.27	COUNTRYWIDE HOME LOANS SERIES 03-56 CLASS 3A7A VARIABLE RATE 2.476% 12/25/2033 12669FBL6	40,001.90	97.6349	38,431.29	97.5	2.54
280,000	CAP ONE MULTI-ASSET EXE TRUST SERIES 22-A2 CLASS A 3.49% 05/15/2027 14041NGA3	279,955.26	98.2929	275,220.03	9,772	3.55
95,000	CARMAX AUTO OWNER SERIES 24-2 CL A3 5.5% 01/16/2029 14319EAE6	94,996.67	100.5375	95,510.60	5,225	5.47

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
60,152.4338	CARVANA AUTO RECEIVABLES SERIES 21-N2 CLASS B .75% 03/10/2028 14686KAC1	58,368.63	94.1978	56,662.27	451	0.80
81,293.122	CARVANA AUTO RECEIVABLES SERIES 21-N2 CLASS C 1.07% 03/10/2028 14686KAD9	76,517.15	94.386	76,729.33	870	1.13
42,569.21	CARVANA AUTO RECEIVABLES TRUST SERIES 20-P1 CLASS A4 .61% 10/08/2026 14687AAP3	42,555.75	98.2359	41,818.26	260	0.62
35,626.49	CARVANA AUTO SERIES 21-N3 CLASS D 1.58% 06/12/2028 14687GAE5	35,542.99	95.7577	34,115.12	563	1.65
190,000	CARVANA AUTO SERIES 21-P2 CLASS A4 .8% 01/10/2027 14687TAD9	183,594.42	96.4593	183,272.73	1,520	0.83
55,000	CARVANA AUTO SERIES 21-P2 CLASS B 1.27% 03/10/2027 14687TAE7	54,984.60	93.0695	51,188.22	699	1.36
139,665.15	CITIGROUP COMMERCIAL MTG 2 SERIES 16-GC37 CLASS A3 3.05% 04/10/2049 17290XAS9	134,498.63	96.7606	135,140.84	4,260	3.15
25,979.34	CITIGROUP COMMERCIAL MORTGAGE SERIES 16-C2 CLASS AAB 2.71% 08/10/2049 17291CBS3	27,392.97	97.8566	25,422.49	704	2.77
3,760.41	CITIGROUP MTGE LOAN TRINC SERIES 2004-CB7 CLASS AF5 5.085% 10/25/2034 17307GLN6	3,982.51	94.1004	3,538.56	191	5.40
82,391.932	CITICORP RESIDENTIAL MORTGAGE SERIES 07-1 CLASS A5 5.26545% 03/25/2037 173109AE9	83,571.20	98.792	81,396.64	4,338	5.33
45,538.34	CITIGROUP COMM MTGETRUST SERIES 14-GC23 CLASS A4 3.622% 07/10/2047 17322VAT3	49,316.60	99.8382	45,464.64	1,649	3.63

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
125,591.16	CITIGROUP COMM MRTG TR 2 SERIES 17-C4 CLASSAAB 3.297% 10/12/2050 17326FAE7	121,460.39	96.5594	121,270.07	4,141	3.41
56,541.85	CS FIRST BOSTON MTG SEC CORP SERIES 02-4 CLASS M1 2.82% 03/25/2033 2254INQM4	56,709.70	97.7078	55,245.82	1,594	2.89
46,103.485	CR SUISSE FIRST BOSTON MTGE SERIES 03-AR30 CLASS 5A1 2.8966% 01/25/2034 2254IQD3	46,172.25	96.9705	44,706.79	1,335	2.99
14,734.35	CR SUISSE FIRST BOSTON MTGE SERIES 03-27 CLASS 4A17 5.75% 11/25/2033 2254IQN40	15,346.75	98.1097	14,455.82	847	5.86
24,951.08	CR SUISSE FIRST BOSTON MTGE SERIES 03-23 CLASS 6A1 6.5% 09/25/2033 2254QXA5	26,235.78	99.0943	24,725.09	1,622	6.56
78,698.11	CREDIT SUISSE FIRST BOSTON MTGE SERIES 04-AR5 CLASS 3A1 2.94104% 06/25/2034 2254ISJB5	78,993.24	92.0122	72,411.87	2,315	3.20
11,839.36	CREDIT SUISSE FIRST BOSTON MTGE SERIES 04-AR6 CLASS 7A1 3.46426% 10/25/2034 2254ISNZ7	11,976.25	98.8642	11,704.89	410	3.50
24,739.37	CREDIT SUISSE FIRST BOSTON MTGE SERIES 04-FRE1 CLASS B2 FLOATING RATE BOND 2.85657% 04/25/2034 2254ISSW9	25,187.78	97.6508	24,158.19	707	2.93
54,721.11	CREDIT SUISSE FIRST BOSTON MTGE SERIES 04-4 CLASS 5A2 6% 08/25/2034 2254ISVA3	54,994.71	98.4095	53,850.79	3,283	6.10
9,985.3389	CSFB SERIES 05-AGE1 CL M6 4.39% 02/25/2032 225458PA0	10,004.05	100.5219	10,037.45	438	4.37

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
140,000	DISCOVER CARD EXECUTION NOTE TR SERIES 23-A1 CLASS A 4.31% 03/15/2028 254683CY9	139,991.88	98.493	137,890.19	6,034	4.38
85,000	DRIVE AUTO RECEIVABLES TR SERIES 24-1 CLASS A3 5.35% 02/15/2028 26208WAC8	84,992.10	99.7369	84,776.36	4,548	5.36
46,691.77	DRIVE AUTO SERIES 21-1 CL D 1.45% 01/16/2029 262108AF0	44,665.42	97.5846	45,564.00	677	1.49
150,000	EXETER AUTOMOBILE RECEIVABLES 1.96% 01/17/2028 30165JAF3	142,382.43	95.8647	143,797.01	2,940	2.04
215,000	EXETER AUTOMOBILE RECEIVABLES 1.55% 06/15/2027 30166AAF1	203,245.90	95.1122	204,491.25	3,333	1.63
100,000	EXETER AUTO 2 SERIES 22-4A CLASS C 4.92% 12/15/2028 30166BAE2	99,269.53	99.2985	99,298.47	4,920	4.95
195,000	EXETER AUTOMOBILE RECEIVABLES SERIES 23-5A CLASS B 6.58% 04/17/2028 30168DAD8	194,967.03	101.0299	197,008.36	12,831	6.51
52,875.24	FRESB MULTIFAMILY MORTGAGE SERIES 2018-SB53 CLASS A10F 3.66% 06/25/2028 30297DAJ9	52,889.24	94.8228	50,137.76	1,935	3.86
39,537.58	FRESB MULTIFAMILY MORTGAGE SERIES 2018-SB55 CLASS A10F 3.77% 09/25/2028 30297PAJ2	39,261.68	95.8174	37,883.89	1,491	3.93
63,901.38	FNMA SERIES 19-M4 CL A2 3.61% 02/25/2031 3136B35Z9	64,760.07	93.3568	59,656.28	2,307	3.87
50,414.96	FNMA SER 2019-M1 CL A2 3.543% 09/25/2028 3136B3XY1	47,451.10	95.4778	48,135.09	1,848	3.84
55,000	FANNIE MAE SERIES 23-M5 CL A2 4.4% 07/25/2033 3136BQCP2	53,289.84	96.077	52,842.35	2,420	4.58

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
14,748.476	FHLMC MULTIFAMILY STRUCTURED SERIES K057 CLASS A1 2.206% 06/25/2025 3137BRQH1	14,705.86	98.7421	14,562.95	32.5	2.23
50,000	FHLMC SERIES K112 CLASS A2 1.311% 05/25/2030 3137FUZV9	42,835.94	82.6492	41,324.59	65.6	1.59
75,000	FHLMC MULTIFAMILY SERIES K-150 CL A2 3.71% 09/25/2032 3137H9C98	71,296.88	92.7288	69,546.58	2,783	4.00
225,000	FORD CREDIT AUTO OWNER TRUST SERIES 23-C CL A3 5.53% 09/15/2028 344940AD3	224,951.67	100.535	226,203.75	12,443	5.50
135,000	FORD CREDIT AUTO LEASE TR 3.81% 08/15/2025 34528LAF2	134,986.64	99.8524	134,800.67	5,144	3.82
14,326.55	GSR MORTGAGE LOAN TRUST SERIES 05-AR6 CLASS 1A1 4.82897% 09/25/2035 362341RT8	14,510.14	98.5668	14,121.23	69.2	4.90
72,291.6	GSR MORTGAGE LOAN TRUST SERIES 05-AR6 CLASS 3A1 4.559% 09/25/2035 362341RZ4	72,566.70	88.5911	64,043.89	3,296	5.15
29,827.55	GSR MORTGAGE LOAN TRUST SERIES 05-5F CLASS 8A6 5.25% 06/25/2035 36242D7Q0	31,104.53	97.7165	29,146.44	1,566	5.37
31,397.36	GSR MORTGAGE LOAN TRUST SERIES 05-5F CLASS 8A7 5.5% 06/25/2035 36242D7R8	32,888.77	98.1265	30,809.14	1,727	5.60
150,000	GM FINANCIAL AUTO 1 SERIES 23-1 CLASS B 5.51% 01/20/2027 362541AF1	147,867.18	99.8674	149,801.12	8,265	5.52
105,000	GM FINANCIAL AUTO 2 SERIES 23-1 5.76% 01/20/2027 362541AG9	104,995.90	100.1002	105,105.19	6,048	5.75

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
155,000	GM FINANCIAL AUTOMOBILE LEAS SERIES 22-2 CLASS B 4.02% 05/20/2026 36266FAE9	154,995.47	99.5468	154,297.59	6,231	4.04
110,000	GM FINANCIAL AUTOMOBILE SERIES 24-1 CLASS A3 5.09% 03/22/2027 36269FAD8	109,986.25	99.5197	109,471.67	5,599	5.11
74,968.78	GM FINANCIAL AUTOMOBILE LEAS2 SER 22-3 CL A3 4.01% 09/22/2025 380130AD6	74,652.30	99.7827	74,805.87	3,006	4.02
235,000	GMCAR 2023-1-A3 4.66% 02/16/2028 38013JAD5	233,966.88	99.1233	232,939.67	10,951	4.70
85,000	HARLEY DAVIDSON SERIES 23-A CL A3 5.05% 12/15/2027 41285JAD0	84,991.44	99.5458	84,613.93	4,293	5.07
95,000	HARLEY DAVIDSON MOTORCYCLE 2 SERIES 23-B CL A3 5.69% 08/15/2028 41285YAC9	94,978.52	100.6449	95,612.61	5,406	5.65
74,074.77	JP MORGAN CHASE COMMERCIAL SERIES 16-JP2 CLASS ASB 2.713% 08/15/2049 46590MAS9	73,518.84	97.5766	72,279.62	2,010	2.78
43,194.64	JP MORGAN MORTGAGE TRUST SERIES 05-A2 CL 4A1 2.2549% 04/25/2035 466247NT6	43,100.15	97.8171	42,251.73	974	2.31
141,152.73	JP MORGAN MORTGAGE TRUST SERIES 05-A3 CLASS 11A2 3.7492% 06/25/2035 466247QY2	139,890.24	92.3446	130,346.97	5,292	4.06
125,794.76	JPMBB COMM MTGE SECURITIES SERIES 14-C24 CLASS A4A1 3.3726% 11/15/2047 46643GAD2	132,626.01	99.3584	124,987.66	4,243	3.39
65,000	JPMBB COMM MTGE SEC TRUST SERIES 201 4-C25 CLASS A5 3.672% 11/15/2047 46643PBE9	64,487.89	98.7631	64,196.03	2,387	3.72

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
4,558.89	JPMBB COMM MTGE SEC TRUST SERIES 2014-C25 CLASS ASB 3.4074% 08/15/2024 46643PBF6	4,709.19	99.6311	4,542.07	155	3.42
82,578.57	JPMBB COMM MTGE SEC TRUST SERIES 15-C27 CLASS A3A1 2.9202% 02/15/2048 46644ABE1	86,294.61	98.3552	81,220.30	2,411	2.97
12,407.27	JPMBB COMMERCIAL MTGE SECURITIES SERIES 2015-C28 CLASS ASB 3.042% 11/15/2024 46644FAE1	12,663.17	99.1717	12,304.50	377	3.07
129,330.38	JPMBB COMMERCIAL SERIES 15-C31 CLASS A3 3.8014% 08/15/2048 46644YAU4	132,039.38	97.6249	126,258.71	4,916	3.89
172,133.93	JOHN DEERE OWNER TURST SERIES 22-A CL A3 2.32% 09/16/2026 47787JAC2	172,095.85	98.0329	168,747.84	3,994	2.37
200,865.88	LOUISIANA ST LOCAL GOVT ENVRNMNT 3.615% 02/01/2029 54627RAL4	200,499.42	97.562	195,968.77	7,261	3.71
22,686.34	MASTER ALTERNATIVE LOANS TR SERIES 03-4 CLASS 3A1 6% 06/25/2033 576434EL4	23,232.22	98.2878	22,297.90	1,361	6.10
11,083.97	MASTER ALTERNATIVE LOANS TR SERIES 2003-5 CLASS 4A1 5.5% 07/25/2033 576434FF6	11,678.85	98.4387	10,910.91	610	5.59
55,062.4031	MASTER ASSET BACKED SEC TRUST SERIES 03-WMC2 CLASS M2 FLOATING RATE BOND 7.092% 08/25/2033 57643LBZ8	55,888.33	104.4499	57,512.62	3,905	6.79
135,000	MERCEDES-BENZ AUTO LEASE TR SERIES 23-A CLASS A3 4.74% 01/15/2027 58768RAC4	134,995.30	99.2734	134,019.10	6,399	4.77
130,000	MERCEDES BENZ AUTO SERIES 23-1 CL A3 4.51% 11/15/2027 58770AAC7	129,984.40	98.984	128,679.24	5,863	4.56

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
32,469.63	MERIT SECURITIES CORP SERIES 12-1 CLASS IM1 STEP CPN 7.63% 07/28/2033 589962CN7	32,378.30	99.5366	32,319.17	2,477	7.67
34,168.9246	MERRILL LYNCH MTG INVS INC SERIES 04-WMC3 CLASS M2 FLOATING RATE 4.24938% 01/25/2035 59020UCP8	35,087.21	97.0621	33,165.08	1,452	4.38
108,190.87	MERRILL LYNCH MTG INVS INC SERIS 04-HE2 CLASS A2C VARIABLE RATE BOND 6.18043% 08/25/2035 59020UKY0	103,863.25	96.385	104,279.73	6,687	6.41
13,175.57	MID-STATE TRUST SERIES 2005-1 CLASS M1 6.106% 01/15/2040 595481AB8	15,077.79	98.6489	12,997.55	805	6.19
50,809.04	MID-STATE TRUST SERIES 11 CLASS A1 4.864% 07/15/2038 59549WAA1	51,629.88	97.792	49,687.18	2,471	4.97
220,000	MORGAN STANLEY BAML SERIES 15-C26 CLASS A43.252% 10/15/2048 61690VAY4	236,216.40	97.9759	215,546.94	7,154	3.32
9,917.52	MORGAN STANLEY MTG LOAN TRUST SERIES 2004-3 CLASS 3A 6% 04/25/2034 61745MA45	10,228.57	97.4208	9,661.73	595	6.16
82,666.99	MORGAN STANLEY MTG LOAN TRUST SERIES 04-3 CLASS 4A 5.735% 04/25/2034 61745MA52	78,688.65	97.376	80,497.78	4,741	5.89
46,388.74	MORGAN STANLEY MTG LOAN TRUST SERIES 04-5AR CLASS 3A1 4.6637% 07/25/2034 61748HAR2	47,838.36	97.017	45,004.98	2,163	4.81
110,000	MORGAN STANLEY BAML TR 2 SERIES 16-C29 CLASS A43.325% 05/15/2049 61766EBE4	104,903.91	95.5968	105,156.51	3,658	3.48
27,507.31	MORGAN STANLEY CAPITAL I TRUST SERIES 18-H3 CLASS ASB 4.12% 07/15/2051 61767YAW0	30,566.41	97.3315	26,773.29	1,133	4.23

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
180,161.3	NISSAN AUTO LEASE TR 2 23-A CL A3 4.91% 01/15/2026 65480VAD5	180,148.56	99.7698	179,746.64	8,846	4.92
50,807.57	NOVASTAR HOME EQUITY LOAN SERIES 05-CLASS M5 FLOATING RATE 2.74088% 06/25/2035 66987XGJ8	50,836.91	99.5127	50,559.99	1,393	2.75
.02	OPTEUM MORTGAGE ACCEPTANCE SERIES 05-4 CLASS 2A1 6% 11/25/2035 68383NCF8	0.00		0.00	0	0.00
100,000	PROGRESS RESIDENTIAL TR SERIES 24-SFR4 CL C 3.325% 07/09/2029 74334JAE0	89,099.28	89.0993	89,099.28	3,325	3.73
.02	SALOMON BROTHERS MORTGAGE SERIES 02-CB3 CLASS B1 FLOATING RATE BOND 7.23871% 06/25/2032 79549ARA9	0.02	99.6656	0.02	0	0.00
2,813.44	SANTANDER DRIVE AUTO REC SERIES 22-1 CL B 2.36% 08/17/2026 80286EAD8	2,808.69	99.8589	2,809.47	66	2.36
180,000	SANTANDER DRIVE AUTO RCVBLS TR SERIES 23-5 CLASS A3 6.02% 09/15/2028 80286PAC5	179,972.46	100.7186	181,293.42	10,836	5.98
105,000	SANTANDER DRIVE AUTO RECEIVABLE 2 SERIES 23-6 CLASS A3 6.56% 07/17/2028 80287DAC1	104,999.69	100.6766	105,710.39	6,888	6.52
74,209.53	SANTANDER DRIVE 1.33% 09/15/2027 80287EAF2	71,316.52	97.1859	72,121.23	987	1.37
115,000	SANTANDER DRIVE AUTO REC 2 SERIES 24-1 CLASS A3 5.25% 04/17/2028 80288AAC6	114,993.89	99.578	114,514.67	6,038	5.27
220,000	SANTANDER DRIVE SERIES 23-4 CL A3 5.73% 04/17/2028 802927AD5	219,981.84	100.4132	220,909.02	12,606	5.71

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
50,741.38	SEQUOIA MORTGAGE TRUST SERIES 13-2 CLASS B3 3.68338% 02/25/2043 81745MAF8	49,349.43	94.5122	47,956.79	1,869	3.90
53,520.85	SEQUOIA MORTGAGE TRUST SERIES 13-3 CLASS B3 3.5546% 03/25/2043 81745RAJ9	54,424.03	93.1495	49,854.40	1,902	3.82
47,305.21	SBA 2023-25B 4.61% 02/01/2048 83162CS38	47,305.21	96.749	45,767.32	2,181	4.76
91,932.35	SBA 4.86% 03/01/2043 83162CS53	91,386.50	98.091	90,177.36	4,468	4.95
90,161.0959	SOUNDVIEW HOME EQUITY LOAN TR 6.15534% 11/25/2035 83611MGU6	88,357.87	97.9867	88,345.87	5,550	6.28
141,333.42	SOUTH CAROLINA STUDENT LOAN CORP FLOATING RATE BOND SERIES 10-1 CLASS A3 6.36614% 10/27/2036-2024 83715AAJ8	140,759.26	99.458	140,567.39	8,997	6.40
15,293.94	STRUCTURED ADJ RATE MTGE LOAN SERIES 04-12 CLASS 3A1 5.44726% 09/25/2034 863579AP3	15,375.19	96.3658	14,738.13	833	5.65
25,000.36	STRUCTURED ADJ RATE MTGE LOAN SERIES 04-14 CLASS 3A1 4.67% 10/25/2034 863579CD8	25,133.17	94.017	23,504.58	1,168	4.97
22,364.49	STRUCTURED ADJ RATE MTGE LOAN SERIES 05-1 CLASS 5A1 4.3256% 02/25/2035 863579LE6	22,651.04	92.428	20,671.05	967	4.68
33,184.5	SASCO SERIES 2005-2XS CLASS 2A2 5.15% 02/25/2035 86359B2J9	33,493.09	102.3478	33,963.60	1,709	5.03
81,117.98	SASCO 5.26474% 07/25/2034 86359BWE7	79,216.78	96.2325	78,061.88	4,271	5.47
255,000	SYNCHRONY CARD ISSUANCE TRUST 5.54% 07/15/2029 87166PAK7	254,967.95	100.6687	256,705.06	14,127	5.50

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
35,318.55	THORNBURG MORTGAGE SECURITIES SERIES 04-1 CLASS 112A 3.15681% 03/25/2044 885220EW9	34,548.62	96.6776	34,145.12	1,115	3.27
39,036.57	THORNBURG MORTGAGE SECURITIES SERIES 05-1 CLASS A5 5.191% 04/25/2045 885220HD8	39,512.33	93.9385	36,670.36	2,026	5.53
202,613.65	TOYOTA AUTO RECEIVABLES OWNE SERIES 22-B CLASS A3 2.93% 09/15/2026 89238FAD5	202,608.91	98.4604	199,494.25	5,937	2.98
255,000	VERIZON MASTER TRUST SERIES 21-2 CLASS A .99% 04/20/2028 92348KAD5	250,991.35	98.5745	251,364.90	2,525	1.00
115,000	VERIZON MASTER TRUST SERIES 21-2 CLASS B 1.28% 04/20/2028 92348KAF0	114,988.05	98.5992	113,389.07	1,472	1.30
145,000	VERIZON MASTER TRUST 5.23% 11/22/2027 92348KBC6	145,685.35	99.82	144,739.00	7,584	5.24
90,000	VERIZON MASTER TRUST SERIES 23-1 CL A 4.49% 01/22/2029 92348KBG7	89,980.92	98.7102	88,839.14	4,041	4.55
100,000	VOLKSWAGON AUTO LEASE TR SERIES 24-A CL A3 5.21% 06/21/2027 92866EAD1	99,991.62	99.8904	99,890.39	5,210	5.22
145,000	VOLKSWAGEN AUTO LEASE TR 5.81% 10/20/2026 92867UAD4	144,978.41	100.4116	145,596.82	8,425	5.79
85,497.57	WASHINGTON MUTUAL 4.27844% 03/25/2034 92922FLD8	84,054.82	97.0667	82,989.67	3,658	4.41
33,458.78	WASHINGTON MUTUAL 3.95307% 07/25/2045 92922FU97	33,500.61	92.907	31,085.54	1,323	4.25
13,146.61	WASHINGTON MUTUAL SERIES 04-CB4 CLASS 11A 6% 12/25/2034 92922FZW1	13,742.31	97.7485	12,850.61	789	6.14

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
114,759.34	WELLS FARGO COMMERCIAL MTG WELLS FARGO COMMERCIAL MTG SERIES 15-LC22 CLASS A3 3.572% 09/15/2058 94989TAY0	110,850.35	97.90	112,349.41	4,099	3.65
117,130.45	WELLS FARGO COMMERCIAL MTG 2 SERIES 17-C41 CLASS 3.39% 11/15/2050 95001ABB1	113,689.75	97.0334	113,655.70	3,971	3.49
268,264.14	WORLD OMNI AUTO REC 3.25% 07/15/2027 98163QAD1	268,231.60	98.6083	264,530.76	8,719	3.30
141,461.88	WORLD OMNI SELECT AUTO 5.92% 03/15/2027 98163UAB6	141,419.12	100.035	141,511.32	8,375	5.92
260,000	WORLD OMNI SELECT AUTO SERIES 23-A CLASS B 5.87% 08/15/2028 98163UAE0	259,979.68	100.4125	261,072.40	15,262	5.85
100,000	WORLD OMNI AUTOMOBILE LEASE 5.07% 09/15/2026 981944AD3	99,531.25	99.5427	99,542.71	5,070	5.09
80,000	WORLD OMNI AUTOMOBILE 2 SERIES 24-A CLASS A3 5.26% 10/15/2027 981946AD8	79,993.25	100.1298	80,103.80	4,208	5.25
	TOTAL COLLATERALIZED MTG OBLIG	13,532,590.82		13,328,338.77	557,113	4.18
	U S GOVERNMENT AGENCY					
844,000	U.S. TREASURY .75% 08/31/2026 91282CCW9	776,874.18	91.973	776,252.12	6,330	0.82
	MUNICIPAL OBLIGATIONS					
40,000	COMMONWEALTH FING AUTH PA REV 5.197% 06/01/2026 20281PBE1	40,763.60	99.454	39,781.60	2,079	5.23
25,000	DALLAS TX INDPT SCH DIST 6.45% 02/15/2035-2024 235308RA3	25,000.00	100.303	25,075.75	1,613	6.43
70,000	FLORIDA ST BRD OF ADMIN FIN CORP 2.154% 07/01/2030 341271AF1	59,351.40	84.731	59,311.70	1,508	2.54

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SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
70,000	FLORIDA ST BRD OF ADMIN FIN CORP 5.526% 07/01/2034-2034 341271AH7	70,021.30	100.61	70,427.00	3,868	5.49
30,000	LA CNTY CA PUBLIC WKS FING AUTH 7.488% 08/01/2033 54473ENT7	33,259.40	108.87	32,661.00	2,246	6.88
145,857.82	LOUISIANA ST LOCAL GOVT ENVRNMNT 3.24% 08/01/2028 54627RAK6	144,216.92	97.613	142,376.19	4,726	3.32
42,862.78	MASSACHUSETTS ST. 4.11% 07/15/2031 576004HG3	41,697.97	98.202	42,092.11	1,762	4.19
25,000	NY ST DORM AUTH PERSONAL INC TAX 5.5% 03/15/2030 649902T29	25,044.00	100.064	25,016.00	1,375	5.50
10,000	NEW YORK ST DORM AUTH ST 5.628% 03/15/2039 64990FMT8	10,194.80	101.373	10,137.30	563	5.55
15,000	NEW YORK ST URBAN DEV CORP REV 3.9% 03/15/2033-2028 6500358W1	13,779.00	93.686	14,052.90	585	4.16
16,749.48	OKLAHOMA ST DEV FIN AUTH 3.877% 05/01/2037 6789084C5	16,749.48	95.375	15,974.82	649	4.07
4,409.74	OKLAHOMA ST DEV FIN AUTH SINKABLE BOND 4.135% 12/01/2033 6789084F8	4,156.09	96.395	4,250.77	182	4.29
23,000	OMAHA NE SPL OBLG 6.4% 02/01/2026 68189TBA3	26,580.18	100.832	23,191.36	1,472	6.35
177,511.9	OREGON ST SCH BRDS ASSN SHORT 4.759% 06/30/2028 686053G8	182,335.27	99.288	176,248.02	8,448	4.79
102,000	COUNTY OF SONOMA CA 6% 12/01/2029 835574CB8	107,783.95	101.537	103,567.74	6,120	5.91

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SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
106,704.42	TEXAS NATURAL GAS 5.102% 04/01/2035 88258MAA3	104,688.97	99.881	106,577.44	5,444	5.11
60,000	TEXAS ST 4.631% 04/01/2033 882722VP3	59,975.35	96.934	58,160.40	2,779	4.78
105,000	TEXAS ST 5.178% 04/01/2030 88283LHU3	108,131.00	100.093	105,097.65	5,437	5.17
9,315.78	UTAH ST 3.539% 07/01/2025 917542QV7	9,199.80	99.26	9,246.84	330	3.57
65,000	WISC ST GEN FD ANNUAL APPROP REV TXB-SER A 5.7% 05/01/2026 977100AC0	67,127.88	100.446	65,289.90	3,705	5.67
	TOTAL MUNICIPAL OBLIGATIONS	1,150,056.36		1,128,536.49	54,891	4.86
	CORPORATE BONDS					
170,000	AGCO CORPORATION 5.45% 03/21/2027 001084AR3	169,865.70	100.258	170,438.60	9,265	5.44
60,000	AT&T INC 2.95% 07/15/2026 00206RHHV7	55,740.00	95.382	57,229.20	1,770	3.09
80,000	AT&T INC 2.25% 02/01/2032 00206RKH4	73,456.20	81.287	65,029.60	1,800	2.77
34,901.11	ABAY LEASING 2014 LLC SINKABLE BOND 2.654% 11/09/2026 00258HAA9	36,658.76		33,721.80	926	2.75
80,000	ABBVIE INC 4.95% 03/15/2031 00287YDT3	80,751.20	99.864	79,891.20	3,960	4.96
295,000	AERCAP IRELAND CAP 2.45% 10/29/2026 00774MAV7	272,914.70	93.291	275,208.45	7,228	2.63
120,000	AIR LEASE CORP 3.375% 07/01/2025 00914AAH5	114,064.80	97.717	117,260.40	4,050	3.45
230,000	AIR LEASE CORP 1.875% 08/15/2026 00914AAM4	208,061.85	92.739	213,299.70	4,313	2.02

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Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
20,000	ALEXANDRIA REAL ESTATE EQUITY 4.7% 07/01/2030 015271AN9	18,223.40	96.684	19,336.80	940	4.86
60,000	AMEREN CORPORATION 1.75% 03/15/2028 023608AK8	52,105.46	88.295	52,977.00	1,050	1.98
108,042.64	AMER AIRLINE 17-2 AA PTT SINKABLE BOND 3.35% 10/15/2029 02376AAA7	99,627.14	92.0974	99,504.46	3,619	3.64
70,000	AMERICAN EXPRESS CO 5.098% 02/16/2028 025816DP1	70,000.00	99.562	69,693.40	3,569	5.12
25,000	AMERICAN HOMES 4 RENT 4.25% 02/15/2028 02666TAA5	23,814.50	95.808	23,952.00	1,063	4.44
45,000	AMERIPRISE FINANCIAL INC 5.7% 12/15/2028 03076CAN6	44,924.85	102.46	46,107.00	2,565	5.56
45,000	AMGEN INC 5.25% 03/02/2033 031162DR8	45,022.45	99.889	44,950.05	2,363	5.26
140,000	AMPHENOL CORP 4.75% 03/30/2026 032095AM3	139,521.20	99.174	138,843.60	6,650	4.79
165,000	AMPHENOL CORP 5.05% 04/05/2027 032095AN1	164,813.55	99.911	164,853.15	8,333	5.05
60,000	AMPHENOL CORP 5.05% 04/05/2029 032095AP6	60,039.75	100.369	60,221.40	3,030	5.03
55,000	AON CORP/AON GLOBAL HOLD 2.05% 08/23/2031 03740LAA0	54,841.60	80.883	44,485.65	1,128	2.53
75,000	AON NA 5.125% 03/01/2027 03740MAA8	74,853.75	99.88	74,910.00	3,844	5.13
40,000	APPLIED MATERIALS INC 4.8% 06/15/2029 038222AS4	39,922.40	99.924	39,969.60	1,920	4.80

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
115,000	BHP BILLITON FINANCE BHP BILLITON FIN USA LTD 5.25% 09/08/2026 055451BB3	114,813.70	100.163	115,187.45	6,038	5.24
55,000	BHP BILLITON FINANCE BHP BILLITON FIN USA LTD 5.25% 09/08/2030 055451BD9	54,713.71	101.453	55,799.15	2,888	5.17
95,000	BANK OF AMERICA CORP 3.419% 12/20/2028 06051GHD4	91,462.52	94.042	89,339.90	3,248	3.64
55,000	BANK OF AMERICA CORP 3.97% 03/05/2029 06051GHG7	51,325.45	95.655	52,610.25	2,184	4.15
90,000	BANK OF AMERICA CORP 1.658% 03/11/2027 06051GJQ3	80,413.20	93.725	84,352.50	1,492	1.77
150,000	BANK OF AMERICA CORP 3.384% 04/02/2026 06051GKM0	150,000.00	98.22	147,330.00	5,076	3.45
75,000	BANK OF AMERICA CORP BANK OF AMERICA CORP 5.819% 09/15/2029 06051GLS6	73,456.65	102.14	76,605.00	4,364	5.70
45,000	BANK OF AMERICA CORP 5.468% 01/23/2035 06051GMA4	45,000.00	100.149	45,067.05	2,461	5.46
55,000	BANK OF MONTREAL VARIABLE RATE 3.088% 01/10/2037 06368DH72	50,061.55	81.741	44,957.55	1,698	3.78
55,000	BANK OF MONTREAL .949% 01/22/2027 06368EDC3	55,005.50	93.389	51,363.95	522	1.02
75,000	BANK OF MONTREAL 1.25% 09/15/2026 06368FAC3	74,873.25	91.592	68,694.00	938	1.36
145,000	BANK OF MONTREAL 5.266% 12/11/2026 06368LC53	145,000.00	99.842	144,770.90	7,636	5.27

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
35,000	BANK OF NY MELLON CORP 4.289% 06/13/2033 06406RBH9	33,060.30	93.551	32,742.85	1,501	4.58
85,000	BANK OF NY MELLON CORP VARIABLE RATE 4.414% 07/24/2026 06406RBJ5	85,000.00	98.875	84,043.75	3,752	4.46
65,000	BANK OF NY MELLON CORP 4.947% 04/26/2027 06406RBQ9	65,000.00	99.379	64,596.35	3,216	4.98
55,000	BANK OF NY MELLON CORP 5.188% 03/14/2035 06406RBW6	54,738.80	98.91	54,400.50	2,853	5.25
65,000	BANK OF NOVA SCOTIA 5.25% 06/12/2028 06418GAD9	64,890.15	100.555	65,360.75	3,413	5.22
135,000	BANK OF NOVA SCOTIA 5.35% 12/07/2026 06418JAA9	134,823.15	100.119	135,160.65	7,223	5.34
30,000	BARCLAYS PLC 7.385% 11/02/2028 06738ECD5	30,021.00	105.377	31,613.10	2,216	7.01
75,000	BRANCH BANKING & TRUST VARIABLE RATE BOND 2.636% 09/17/2029 07330MAC1	72,962.85	97.854	73,390.50	1,977	2.69
140,000	BOARDWALK PIPELINES LP 4.45% 07/15/2027 096630AF5	134,508.10	97.267	136,173.80	6,230	4.58
25,000	BOEING CO 6.259% 05/01/2027 097023DH5	25,000.00	100.706	25,176.50	1,565	6.22
35,000	BOEING CO 6.528% 05/01/2034 097023DL6	35,000.00	102.577	35,901.95	2,285	6.36
30,000	BP CAP MARKETS AMERICA 4.234% 11/06/2028 10373QAE0	29,158.50	96.929	29,078.70	1,270	4.37
60,000	BP CAP MARKETS AMERICA 4.812% 02/13/2033 10373QBU3	59,919.90	97.065	58,239.00	2,887	4.96

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
70,000	BROADCOM INC 4.15% 11/15/2030 11135FAQ4	64,785.00	94.559	66,191.30	2,905	4.39
50,000	BROOKFIELD FINANCE INC 6.35% 01/05/2034 11271LAK8	50,000.00	105.009	52,504.50	3,175	6.05
75,000	CBRE SERVICES INC 2.5% 04/01/2031 12505BAE0	61,364.25	83.209	62,406.75	1,875	3.00
65,000	CANADIAN IMPERIAL BANK 3.3% 04/07/2025 13607HR46	64,455.95	98.275	63,878.75	2,145	3.36
70,000	CANADIAN IMPERIAL BANK 5.144% 04/28/2025 13607LNF6	70,000.00	99.689	69,782.30	3,601	5.16
65,000	CANADIAN IMPERIAL BANK 5.001% 04/28/2028 13607LNG4	65,000.00	99.337	64,569.05	3,251	5.03
60,000	CANADIAN IMPERIAL BANK 6.092% 10/03/2033 13607LWW9	60,000.00	103.824	62,294.40	3,655	5.87
50,000	CAPITAL ONE FINANCIAL CO 3.273% 03/01/2030 14040HCN3	44,585.85	90.316	45,158.00	1,637	3.62
40,000	CAPITAL ONE FINANCIAL CO 6.051% 02/01/2035 14040HDF9	40,460.40	100.767	40,306.80	2,420	6.00
70,000	CENTENE CORP 3.375% 02/15/2030 15135BAV3	57,131.60	88.764	62,134.80	2,363	3.80
50,000	CENTERPOINT ENERGY RESOURCE 5.25% 03/01/2028 15189YAG1	51,338.50	100.397	50,198.50	2,625	5.23
35,000	CHARTER COMM OPT LLC/CAP 2.25% 01/15/2029 161175CD4	29,686.63	85.525	29,933.75	788	2.63
65,000	CHARTER COMM OPT LLC/CAP 6.55% 06/01/2034 161175CR3	64,849.85	100.313	65,203.45	4,258	6.53

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
60,000	CISCO SYSTEMS INC 5.05% 02/26/2034 17275RBT8	60,026.20	100.136	60,081.60	3,030	5.04
85,000	CITIGROUP INC VARIABLE RATE BOND 2.666% 01/29/2031 172967ML2	77,990.50	87.142	74,070.70	2,266	3.06
50,000	CITIGROUP INC 1.462% 06/09/2027 172967NA5	50,000.00	92.68	46,340.00	731	1.58
45,000	CITIGROUP INC 1.6174% 05/25/2034 17327CAR4	45,000.00	101.837	45,826.65	2,778	6.06
40,000	CITIZENS FINANCIAL GROUP INC 5.841% 01/23/2030 174610BF1	40,000.00	99.731	39,892.40	2,336	5.86
215,000	CREDIT SUISSE NEW YORK 5% 07/09/2027 22550L2K6	211,045.60	99.19	213,258.50	10,750	5.04
67,000	DCP MIDSTREAM OPERATING 5.375% 07/15/2025 23311VAG2	67,060.97	99.629	66,751.43	3,601	5.40
60,000	DCP MIDSTREAM OPERATING 5.625% 07/15/2027 23311VAJ6	61,067.40	101.119	60,671.40	3,375	5.56
45,000	DTE ELECTRIC CO 5.2% 04/01/2033 23338VAS5	45,776.65	100.068	45,030.60	2,340	5.20
110,000	DUKE ENERGY CORPORATION 4.85% 01/05/2027 26441CCB9	109,987.90	99.241	109,165.10	5,335	4.89
60,000	DUKE ENERGY CAROLINAS 4.95% 01/15/2033 26442CBJ2	60,176.25	98.465	59,079.00	2,970	5.03
70,000	DUKE ENERGY OHIO INC 2.125% 06/01/2030 26442EAH3	59,027.05	84.509	59,156.30	1,488	2.51

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
70,000	ELEVANCE HEALTH INC. 4.75% 02/15/2033 28622HAB7	69,640.10	96.593	67,615.10	3,325	4.92
55,000	ENACT HOLDINGS INC. 6.25% 05/28/2029 29249EAA7	54,974.15	100.096	55,052.80	3,438	6.24
130,000	ENBRIDGE INC. 5.9% 11/15/2026 29250NBW4	129,970.10	101.136	131,476.80	7,670	5.83
15,000	ENERGY TRANSFER EQUITY LP 5.75% 02/15/2033 29273VAQ3	14,994.00	101.048	15,157.20	863	5.69
125,000	ENERGY TRANSFER EQUITY LP 6.05% 12/01/2026 29273VAR1	124,983.85	101.278	126,597.50	7,563	5.97
70,000	ENERGY TRANSFER OPERATING 3.75% 05/15/2030 29278NAQ6	66,963.15	92.057	64,439.90	2,625	4.07
55,000	ENTERGY LOUISIANA, LLC 3.12% 09/01/2027 29364WAZ1	51,578.90	94.467	51,956.85	1,716	3.30
50,000	ESSENT GROUP LTD 6.25% 07/01/2029 29669JAA7	49,816.00	99.964	49,982.00	3,125	6.25
50,000	ESSEX PORTFOLIO LP 2.55% 06/15/2031 29717PAZ0	41,693.10	83.444	41,722.00	1,275	3.06
50,000	EVERSOURCE ENERGY 1.65% 08/15/2030 30040WAK4	40,479.50	80.714	40,357.00	825	2.04
70,000	EXPEDIA INC 3.8% 02/15/2028 30212PAP0	66,932.60	95.223	66,656.10	2,660	3.99
35,644.12	EXPORT IMPORT BK UNITED SINKABLE BOND 1.822% 05/03/2025 302155AU0	31,896.91	98.079	34,959.40	649	1.86
29,303.57	EXPORT IMPORT BK UNITED 1.581% 11/16/2024 302155AX4	28,529.96	98.942	28,993.54	463	1.60

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
50,000	FIFTH THIRD BANK 5.852% 10/27/2025 31677QBT5	50,105.50	99.913	49,956.50	2,926	5.86
320,000	FIRST HORIZON NATIONAL CORP 4% 05/26/2025 320517AD7	313,428.00	98.111	313,955.20	12,800	4.08
20,000	FIRST TENNESSEE BANK 5.75% 05/01/2030 337158AJ8	23,728.60	95.359	19,071.80	1,150	6.03
75,000	GENERAL MOTORS FINL CO 6.1% 01/07/2034 37045XEP7	74,423.25	101.272	75,954.00	4,575	6.02
170,000	GENERAL MOTORS FINL CO 5.4% 05/08/2027 37045XEQ5	169,850.40	99.96	169,932.00	9,180	5.40
75,000	GLOBAL PAYMENTS INC 3.2% 08/15/2029 37940XAB8	75,263.80	89.901	67,425.75	2,400	3.56
45,000	GOLDMAN SACHS GROUP INC 5.851% 04/25/2035 38141GA95	45,148.50	102.645	46,190.25	2,633	5.70
75,000	GOLDMAN SACHS GROUP INC 1.992% 01/27/2032 38141GXR0	75,000.00	81.279	60,959.25	1,494	2.45
95,554.05	HNA 2015 LLC SINKABLE 2.291% 06/30/2027 40426UAA3	100,690.08	94.718	90,506.89	2,189	2.42
63,000	HSBC HOLDINGS PLC VARIABLE RATE BOND 4.292% 09/12/2026 404280BX6	64,224.70	98.24	61,891.20	2,704	4.37
55,000	HEALTHCARE TRUST OF AMERICA 3.1% 02/15/2030 42225UAG9	48,110.70	87.499	48,124.45	1,705	3.54
45,000	HUNTINGTON NATL BK HUNTINGTON NATL BANK 5.65% 01/10/2030 44644MAJ0	45,069.07	100.151	45,067.95	2,543	5.64

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
135,000	INTERCONTINENTAL EXCHANGE INC 4% 09/15/2027 45866FAU8	128,133.90	96.64	130,464.00	5,400	4.14
45,000	INVITATION HOMES OP 2% 08/15/2031 46188BAA0	34,685.10	79.534	35,790.30	900	2.51
35,000	INVITATION HOMES OP 5.45% 08/15/2030 46188BAE2	33,132.87	100.254	35,088.90	1,908	5.44
70,000	JPMORGAN CHASE CO VARIABLE RATE BOND 2.182% 06/01/2028 46647PBR6	70,488.20	91.785	64,249.50	1,527	2.38
150,000	JPMORGAN CHASE CO 1.045% 11/19/2026 46647PBT2	140,618.40	93.948	140,922.00	1,568	1.11
130,000	JPMORGAN CHASE CO 1.561% 12/10/2025 46647PCT1	130,000.00	98.142	127,584.60	2,029	1.59
90,000	JPMORGAN CHASE CO 5.04% 01/23/2028 46647PEA0	90,000.00	99.479	89,531.10	4,536	5.07
60,000	JPMORGAN CHASE CO 5.766% 04/22/2035 46647PEH5	59,892.00	102.812	61,687.20	3,460	5.61
75,000	KEYCORP KEYCORP 3.878% 05/23/2025 49326EEL3	75,000.00	99.632	74,724.00	2,909	3.89
80,000	LPL HOLDINGS INC 6.75% 11/17/2028 50212YAH7	79,849.75	104.945	83,956.00	5,400	6.43
50,000	L3 HARRIS TECHNOLOGIES INC 5.25% 06/01/2031 502431AT6	49,567.00	99.751	49,875.50	2,625	5.26
60,000	MANUF & TRADERS TRUST CO 4.65% 01/27/2026 55279HAV2	56,477.40	98.123	58,873.80	2,790	4.74

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SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
14,966.08	MSN 41079 AND 41084 LTD SINKABLE BOND 1.631% 12/14/2024 553737AB3	15,290.83	98.632	14,761.34	244	1.65
65,000	MASTERCARD INC 4.875% 05/09/2034 57636QAZ7	64,311.00	99.083	64,403.95	3,169	4.92
65,000	MORGAN STANLEY 5.123% 02/01/2029 61747YFA8	64,998.70	99.652	64,773.80	3,330	5.14
85,000	MORGAN STANLEY 1.593% 05/04/2027 61772BAB9	76,471.10	93.224	79,240.40	1,354	1.71
50,000	NMI HOLDINGS INC 6% 08/15/2029 629209AC1	49,720.00	99.171	49,585.50	3,000	6.05
75,000	NASDAQ INC BROKERAGE ASSETMANAGERS 5.55% 02/15/2034 63111XAJ0	75,261.00	100.293	75,219.75	4,163	5.53
70,000	NORDSON CORP NORDSON CORP 5.6% 09/15/2028 655663AA0	70,283.30	101.262	70,883.40	3,920	5.53
60,000	OGE ENERGY CORP 5.45% 05/15/2029 670837AD5	60,204.00	100.831	60,498.60	3,270	5.41
115,000	OLD REPUBLIC INTERNATIONAL CORP 3.875% 08/26/2026 680223AK0	114,097.35	96.66	111,159.00	4,456	4.01
50,000	OLD REPUBLIC INTERNATIONAL CORP 5.75% 03/28/2034 680223AM6	49,669.50	99.896	49,948.00	2,875	5.76
110,000	PG&E WILDFIRE RECOVERY 4.263% 06/01/2036 693342AB3	103,349.20	93.10	102,410.00	4,689	4.58
50,223.94	PG&E WILDFIRE RECOVERY 4.022% 06/01/2031 693342AF4	47,849.60	96.137	48,283.79	2,020	4.18
15,000	PG&E WILDFIRE RECOVERY 4.722% 06/01/2037 693342AG2	14,543.85	96.201	14,430.15	708	4.91

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SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
70,000	PNC FINANCIAL SERVICES 6.615% 10/20/2027 693475BT1	70,000.00	102.425	71,697.50	4,631	6.46
70,000	PNC FINANCIAL SERVICES 5.492% 05/14/2030 693475BX2	70,433.30	100.61	70,427.00	3,844	5.46
60,000	PPL ELECTRIC UTILITIES 4.85% 02/15/2034 69351UBC6	59,587.35	97.458	58,474.80	2,910	4.98
44,478.22	PENTA AIRCRAFT LEASING 2 1.691% 04/29/2025 709604AA0	44,682.82	98.129	43,646.03	752	1.72
500	PETROLEOS MEXICANOS SINKABLE BOND 2.378% 04/15/2025 71654QBT8	475.63	96.317	481.59	12	2.47
10,000	PG&E ENERGY RECOVERY FND 2.28% 01/15/2036 71710TAB4	7,765.05	78.434	7,843.40	228	2.91
60,000	PHYSICIANS REALTY LP 3.95% 01/15/2028 71951QAB8	59,839.27	95.673	57,403.80	2,370	4.13
100,000	PIONEER NATURAL RESOURCE 5.1% 03/29/2026 723787AV9	99,951.00	99.776	99,776.00	5,100	5.11
90,000	PRIVATE EXPORT FDG CORP 4.3% 12/15/2028 742651EA6	89,991.90	99.021	89,118.90	3,870	4.34
30,000	PROLOGIS LP 1.75% 07/01/2030 74340XBZ3	25,011.60	82.764	24,829.20	525	2.11
35,000	PROLOGIS LP 1.75% 02/01/2031 74340XCA7	28,601.30	81.228	28,429.80	613	2.15
50,000	PUB SVC OKLAHOMA 5.25% 01/15/2033 744533BQ2	49,845.00	97.998	48,999.00	2,625	5.36
70,000	PUBLIC SERVICES ENTERPRISES 5.2% 04/01/2029 744573AY2	70,047.75	99.789	69,852.30	3,640	5.21

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SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
55,000	CITIZENS BANK NA/RI VARIABLE RATE 4.575% 08/09/2028 75524KPG3	54,353.15	96.581	53,119.55	2,516	4.74
40,000	REALTYINCOME CORP 4.85% 03/15/2030 756109BR4	39,344.25	98.085	39,234.00	1,940	4.94
65,000	REALTYINCOME CORP 2.1% 03/15/2028 756109CA0	64,385.00	89.682	58,293.30	1,365	2.34
65,000	REGENCY CENTERS LP 2.95% 09/15/2029 75884RAZ6	58,093.45	89.829	58,388.85	1,918	3.28
60,000	REGIONS FINANCIAL CORP 5.722% 06/06/2030 7591EPAU4	60,000.00	99.989	59,993.40	3,433	5.72
20,000	RELIANCE INDUSTRIES LTD SINKABLE BOND 2.06% 01/15/2026 759470AU1	9,144.90	97.467	19,493.40	412	2.11
21,052.61	RELIANCE INDUSTRIES LTD SINKABLE BOND 1.87% 01/15/2026 759470AV9	20,262.30	96.654	20,348.19	394	1.93
40,000	REXFORD INDUSTRIAL 5% 06/15/2028 76169XAC8	39,691.60	98.952	39,580.80	2,000	5.05
90,000	ROYAL BANK OF CANADA 4.65% 01/27/2026 780082AD5	93,835.84	98.583	88,724.70	4,185	4.72
200,000	ROYAL BANK OF CANADA 5.2% 07/20/2026 78016FZZ0	199,978.00	99.867	199,734.00	10,400	5.21
80,000	ROYAL BNK OF CANADA 4.875% 01/19/2027 78016HZZ0	79,980.00	99.352	79,481.60	3,900	4.91
45,000	ROYAL BNK OF CANADA 4.95% 02/01/2029 78016HZV5	44,959.50	99.578	44,810.10	2,228	4.97

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
28,301.73	SCE RECOVERY FUNDING LLC 4.697% 06/15/2040 78433LAG1	27,943.91	97.26	27,526.26	1,329	4.83
25,000	SANTANDER HOLDINGS USA 6.565% 06/12/2029 80282KBG0	24,762.00	102.373	25,593.25	1,641	6.41
70,000	CHARLES SCHWAB CORP 3.45% 02/13/2026 808513AM7	65,965.90	97.075	67,952.50	2,415	3.55
60,000	CHARLES SCHWAB CORP 1.65% 03/11/2031 808513BG9	47,358.00	80.447	48,268.20	990	2.05
50,000	CHARLES SCHWAB CORP 5.853% 05/19/2034 808513CE3	47,062.50	102.159	51,079.50	2,927	5.73
55,000	SMITH & NEPHEW PLC 5.15% 03/20/2027 83192PAC2	54,941.15	99.673	54,820.15	2,833	5.17
70,000	SMITH & NEPHEW PLC 5.4% 03/20/2034 83192PAD0	69,567.70	98.666	69,066.20	3,780	5.47
95,000	STATE STREET CORP 4.857% 01/26/2026 857477BZ5	95,000.00	99.548	94,570.60	4,614	4.88
45,000	STATE STREET CORP 4.821% 01/26/2034 857477CA9	45,039.15	96.731	43,528.95	2,169	4.98
80,000	STATE STREET CORP 4.993% 03/18/2027 857477CL5	80,000.00	99.89	79,912.00	3,994	5.00
180,000	TAKE-TWO INTERACTIVE SOFTWARE 5% 03/28/2026 874054AJ8	179,901.00	99.337	178,806.60	9,000	5.03
70,000	TAKE-TWO INTERACTIVE SOFTWARE 4.95% 03/28/2028 874054AK5	69,955.00	99.118	69,382.60	3,465	4.99

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
75,000	TARGA RESOURCES PARTNERS 4.875% 02/01/2031 87612BBS0	75,900.00	95.406	71,554.50	3,656	5.11
60,000	TORONTO DOMINION BK 3.766% 06/06/2025 89115A2A9	60,000.00	98.383	59,029.80	2,260	3.83
120,000	TORONTO DOMINION BK 4.693% 09/15/2027 89115A2H4	118,995.75	98.54	118,248.00	5,632	4.76
345,000	TORONTO DOMINION BK 5.532% 07/17/2026 89115A2S0	345,054.20	100.317	346,093.65	19,085	5.51
130,000	TOYOTA MOTOR CREDIT CORP 4.8% 01/05/2026 89236TLJ2	129,899.90	99.50	129,350.00	6,240	4.82
55,000	TRUST FINANCIAL CORP 6.047% 06/08/2027 89788MAN2	55,000.00	100.705	55,387.75	3,326	6.00
30,000	TRUST FINANCIAL CORP 5.867% 06/08/2034 89788MAP7	29,326.80	100.946	30,283.80	1,760	5.81
50,000	TRUST FINANCIAL CORP 7.161% 10/30/2029 89788MAQ5	50,763.20	106.234	53,117.00	3,581	6.74
75,000	UDR INC 2.95% 09/01/2026 90265EAL4	70,031.25	94.818	71,113.50	2,213	3.11
45,000	UDR INC 4.4% 01/26/2029 90265EAP5	41,412.60	96.459	43,406.55	1,980	4.56
177,659.79	US AIRWAYS 2013-1A PTT SINKABLE 3.95% 05/15/2027 90346WAA1	171,528.79	97.6615	173,505.12	7,018	4.04
131,543.2673	UNITED AIR 2014-2 A PTT SINKABLE BOND 3.75% 03/03/2028 90932QAA4	125,508.88	96.4933	126,930.42	4,933	3.89
135,000	US BANCORP 5.727% 10/21/2026 91159HJH4	135,000.00	100.167	135,225.45	7,731	5.72

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
105,000	US BANCORP 4.839% 02/01/2034 91159HJL5	99,469.60	94.979	99,727.95	5,081	5.09
90,000	VERIZON COMMUNICATIONS 2.55% 03/21/2031 92343VGJ7	88,174.80	85.054	76,548.60	2,295	3.00
125,000	VIRGINIA POWER PUEL SEC 5.088% 05/01/2027 92808VAA0	124,998.58	99.508	124,385.00	6,360	5.11
105,000	VIRGINIA POWER PUEL SEC 4.877% 05/01/2031 92808VAB8	104,996.37	99.775	104,763.75	5,121	4.89
55,000	WEC ENERGY GROUP INC 2.2% 12/15/2028 92939UAG1	54,868.55	88.27	48,548.50	1,210	2.49
35,000	WASTE MANAGEMENT INC 4.95% 07/03/2031 94106LBY4	34,806.10	99.27	34,744.50	1,733	4.99
70,000	WELLS FARGO & COMPANY VARIABLE RATE BOND 2.879% 10/30/2030 95000U2G7	69,734.70	88.754	62,127.80	2,015	3.24
40,000	WELLS FARGO & COMPANY 2.188% 04/30/2026 95000U2N2	40,000.00	97.104	38,841.60	875	2.25
170,000	WELLS FARGO & COMPANY WELLS FARGO & CO 3.908% 04/25/2026 95000U2X0	169,953.50	98.50	167,450.00	6,644	3.97
60,000	WELLS FARGO & COMPANY 5.389% 04/24/2034 95000U3D3	59,899.20	99.048	59,428.80	3,233	5.44
65,000	WELLS FARGO & COMPANY 5.574% 07/25/2029 95000U3E1	65,000.00	100.959	65,623.35	3,623	5.52
75,000	WELLS FARGO & COMPANY 5.707% 04/22/2028 95000U3L5	75,000.00	100.893	75,669.75	4,280	5.66
60,000	WESTPAC BANKING CORP 5.457% 11/18/2027 961214FK4	60,000.00	101.532	60,919.20	3,274	5.37

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
13,000	WESTPAC BANKING CORP 5.535% 11/17/2028 961214FN8	13,000.00	102.344	13,304.72	720	5.41
140,000	WISCONSIN PUBLIC SVC CORP 5.35% 11/10/2025 976843BP6	139,969.20	99.931	139,903.40	7,490	5.35
	TOTAL CORPORATE BONDS	13,787,685.30		13,717,991.68	611,100	4.45
	MUTUAL FUNDS/FIXED					
6,988.583	CREDIT SUISSE FLOATING RATE HIGH INCOME FUND 22540S836	44,574.93	6.34	44,307.62	4,151	9.37
1,280,059.267	LOOMIS SAYLES INTERMEDIATE DURATION BOND FUND 543495634	11,991,046.58	9.38	12,006,955.92	501,783	4.18
	TOTAL MUTUAL FUNDS/FIXED	12,035,621.51		12,051,263.54	505,934	4.20
	MUTUAL FUNDS/EQUITY					
429,347.78	MFB NORTHERN TRUST GLOBAL INV COM DAILY S&P 500 EQUITY FUND 003996022	8,086,690.65	37.443	16,076,068.93	0	0.00
71,659.993	FIDELITY TOTAL MARKET INDEX FUND 315911693	9,134,469.95	149.41	10,706,719.55	136,154	1.27
4,028.31	BOYD WATTERSON GSA FUND LP BOYDWA42	2,418,947.39	1074.58	4,328,741.36	0	0.00
709.5723	PINEBRIDGE SENIOR PINEBRIDGE SENIOR SECURED LOAN SUB-TRUST 2 PINEBR008	5,986,388.67	8889.0791	6,307,444.30	0	0.00
	TOTAL MUTUAL FUNDS/EQUITY	25,626,496.66		37,418,974.14	136,154	0.36

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 1
DESCRIPTION	BEGINNING	ENDING
PRESCRIPTION DRUG REBATES	1,701,571.	2,660,535.
DUE FROM RELATED ORGANIZATIONS	44,000.	69,205.
DUE FROM BROKER	1,264.	0.
ACCRUED INTEREST AND DIVIDENDS	297,304.	394,330.
TOTAL TO SCHEDULE H, LINE 1B(3)	2,044,139.	3,124,070.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 2
DESCRIPTION	BEGINNING	ENDING
STATE AND MUNICIPAL BONDS	1,594,114.	1,128,536.
PINEBRIDGE SENIOR SECURED LOAN SUB-TRUST 2	0.	6,386,745.
TOTAL TO SCHEDULE H, LINE 1C(15)	1,594,114.	7,515,281.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 3
DESCRIPTION	BEGINNING	ENDING
DUE TO BROKER	0.	241,811.
DUE TO RELATED ORGANIZATIONS	740,876.	298,120.
TOTAL TO SCHEDULE H, LINE 1J	740,876.	539,931.

SCHEDULE H	OTHER INCOME	STATEMENT 4
DESCRIPTION	AMOUNT	
OTHER INCOME	123,384.	
TOTAL TO SCHEDULE H, LINE 2C	123,384.	

SCHEDULE H	OTHER PAYMENTS TO PROVIDE BENEFITS	STATEMENT 5
DESCRIPTION		AMOUNT
BENEFITS PAID ON BEHALF OF PARTICIPANT		73,576,872.
TOTAL TO SCHEDULE H, LINE 2E(3)		73,576,872.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 6
DESCRIPTION		AMOUNT
FEEs MANDATED BY ACA		32,361.
INSURANCE AND BONDING		47,569.
OFFICE EXPENSE		19,220.
MEETING AND TRUSTEE EXPENSES		3,552.
PRINTING		8,724.
MEMBERSHIP DUES		11,960.
PRESCRIPTION CONSULTING		138,333.
TOTAL TO SCHEDULE H, LINE 2I(11)		261,719.

Form 5500 <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4085 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.	<small>OMB Nos. 1210 - 0110 1210 - 0089</small> 2023 This Form is Open to Public Inspection
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Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here

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


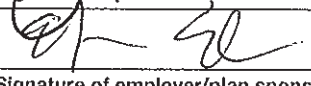
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan LOCAL NO. 1 HEALTH FUND	1b Three-digit plan number (PN) ▶	501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOCAL 1 HEALTH FUND 1431 OPUS PLACE SUITE 350 DOWNERS GROVE IL 60515	1c Effective date of plan 07/10/1963	2b Employer Identification Number (EIN) 36-2525603
	2c Plan Sponsor's telephone number 630-288-6868	2d Business code (see instructions) 561790

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		3/13/25	JAMES WATTS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		3/10/25	EFRAIN ELIAS
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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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
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5 Total number of participants at the beginning of the plan year	5	5,920
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)	5,907
a (2) Total number of active participants at the end of the plan year	6a(2)	5,975
b Retired or separated participants receiving benefits	6b	4
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	5,979
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
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	1,235

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D 4E

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>2</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Supplemental Schedule 2

LOCAL NO. 1 Health Fund

EIN: 36-2525603 PN: 501

Schedule Supporting Form 5500 for 2023

SECURITIES TRANSACTIONS IN EXCESS OF 5%

Schedule H - Financial Information

Line (j) - Schedule of Reportable Transactions

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>SERIES OF TRANSACTIONS IN EXCESS OF 5%</u>						
Goldman Financial Square Government Fund #465						
	368 purchases	\$ 48,924,385	\$ -	\$ 48,924,385	\$ 48,924,385	
	247 sales	\$ -	\$ 49,431,371	\$ 49,431,371	\$ 49,431,371	\$ -
Credit Suisse Floating Rate High Income Fund						
	12 purchases	\$ 191,866	\$ -	\$ 191,866	\$ 191,866	
	1 sale	-	6,324,317	\$ 6,700,502	\$ 6,265,460	\$ 58,857
Fidelity Total Market Index Fund						
	4 purchases	\$ 9,134,470	\$ -	\$ 9,134,470	\$ 9,134,470	
Loomis Sayles Intermediate Duration Bond Fund						
	13 purchases	\$ 11,991,047	\$ -	\$ 11,991,047	\$ 11,991,047	
PIMCO Moderate Duration Inst Fund						
	1 purchase	\$ 45,927	\$ -	\$ 45,927	\$ 45,927	
	1 sale	\$ -	\$ 11,825,016	\$ 13,475,026	\$ 11,773,037	\$ 51,979
Pinebridge Senior Secured Loan Sub-Trust 2						
	1 purchase	\$ 5,986,389	\$ -	\$ 5,986,389	\$ 5,986,389	