

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p><b>This Form is Open to Public Inspection</b></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><b>1a</b> Name of plan <u>SEIU MICHIGAN HEALTH AND WELFARE FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> 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>SEIU MICHIGAN HEALTH AND WELFARE FUND BOARD OF TRUSTEES</u></p> <p><u>30700 TELEGRAPH RD., SUITE 2400</u> <u>BINGHAM FARMS, MI 48025</u></p>	<p><b>1c</b> Effective date of plan <u>02/02/1950</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>38-6061083</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>248-645-6550</u></p> <p><b>2d</b> Business code (see instructions) <u>561720</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/09/2025	MAX GERBOC
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/09/2025	JOHN TOMAS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	628
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	628
	<b>6a(2)</b>	601
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	601
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	25

**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 4B 4D 4E 4F 4L

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

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

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**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.

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2023</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<p><b>A</b> Name of plan <b>SEIU MICHIGAN HEALTH AND WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SEIU MICHIGAN HEALTH AND WELFARE FUND BOARD OF TRUSTEES</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>38-6061083</b></p>	

**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  
**UNITED OF OMAHA LIFE INSURANCE COMPANY**

(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
47-0322111	69868	G000AKAW	454	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.

<p><b>(a)</b> Total amount of commissions paid <b>2477</b></p>	<p><b>(b)</b> Total amount of fees paid</p>
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**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

**DAVID O WILLIAMSON** **2209 N VERMONT AVE**  
**ROYAL OAK, MI 48073**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2477		AGENT OF RECORD OR BROKER	3

**(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

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(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits .....		
(3) Interest credited during the year .....		
(4) Transferred from separate account.....		
(5) Other (specify below) .....		
▶		
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(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 .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	0

**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) **▶ AD&D**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	30959
<b>b</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 .....	<b>10b</b>	

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. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2023</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<p><b>A</b> Name of plan <b>SEIU MICHIGAN HEALTH AND WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SEIU MICHIGAN HEALTH AND WELFARE FUND BOARD OF TRUSTEES</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>38-6061083</b></p>	

**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  
**UNITED OF OMAHA LIFE INSURANCE COMPANY**

(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
47-0322111	69868	G000AKAW	454	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.

<p><b>(a)</b> Total amount of commissions paid <b>11343</b></p>	<p><b>(b)</b> Total amount of fees paid</p>
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**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

**DAVID O WILLIAMSON** **2209 N VERMONT AVE**  
**ROYAL OAK, MI 48073**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11343		AGENT OF RECORD	3

**(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

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	(c) Amount	(d) Purpose	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	0

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	141788
<b>b</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 .....	<b>10b</b>	

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**

<b>A</b> Name of plan <b>SEIU MICHIGAN HEALTH AND WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SEIU MICHIGAN HEALTH AND WELFARE FUND BOARD OF TRUSTEES</b>	<b>D</b> Employer Identification Number (EIN) <b>38-6061083</b>

**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**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>43-0949844</b>	<b>71870</b>	<b>10080331001</b>	<b>587</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>2434</b>	<b>(b)</b> Total amount of fees paid
--	--------------------------------------

**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

**GREAT LAKSES BENEFIT GROUP**  
**28411 NORTHWESTERN HWY., STE. 950**  
**SOUTHFIELD, MI 48034**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>2434</b>			<b>3</b>

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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.
----------------	--

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

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	<b>0</b>

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		24272
<b>b</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 .....	<b>10b</b>		

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**

<b>A</b> Name of plan <b>SEIU MICHIGAN HEALTH AND WELFARE FUND</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SEIU MICHIGAN HEALTH AND WELFARE FUND BOARD OF TRUSTEES</b>		<b>D</b> Employer Identification Number (EIN) <b>38-6061083</b>

**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  
**SYMETRA LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>91-0742147</b>			<b>539</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**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>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	<b>0</b>

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	247007
<b>b</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 .....	<b>10b</b>	

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. ▶

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

<b>A</b> Name of plan <b>SEIU MICHIGAN HEALTH AND WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SEIU MICHIGAN HEALTH AND WELFARE FUND BOARD OF TRUSTEES</b>	<b>D</b> Employer Identification Number (EIN) <b>38-6061083</b>	

**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

<b>BLACKROCK</b>	<b>400 HOWARD STREET SAN FRANCISCO, CA 94105</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>COHEN &amp; STEERS</b>	<b>208 PARK AVE NY, NY 10017</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>JONES LAND LASALLE</b>	<b>NEW ONE CENTER DETROIT, MI 48212</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

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

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

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

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

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

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

HEALTHCOMP LLC

36-4197088

(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 13 15 16 23 50 99	NONE	328933	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)

TIC INTERNATIONAL CORPORATION

13-2600875

(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 13 15 50	NONE	178107	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)

GREAT LAKES BENEFIT GROUP

20-5609101

(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 22 50 55	NONE	50400	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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)

A.D.N. ADMINISTRATORS

01-0644202

(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 13 15 50	NONE	34947	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)

MORGAN STANLEY

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	NONE	32808	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)

WATKINS PAWLICK CALATI & PRIFTI PC

1423 E 12 MILE RD  
MADISON HEIGHTS, MI 48071

(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 50	NONE	30575	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)

BENDA, GRACE, STULZ & COMPANY, P.C.

38-2284921

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	21500	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)

LEGG MASON & COMPANY, LLC

PO BOX 9699  
PROVIDENCE, RI 02940-9699

(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 51	NONE	6177	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)

INLAND PRESS

2001 W LAFAYETTE  
DETROIT, MI 48207

(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 50	NONE	5981	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)

BOYD WATTERSON ASSET MANAGEMENT

1801 E 9TH STREET, 1400  
CLEVELAND, OH 44113

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

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

HARDING LOEVNER

400 CROSSING BLVD, 4TH FL  
BRIDGEWATER, NJ 08807

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

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

JOHN HANCOCK

PO BOX 55913  
BOSTON, MA 02205-5913

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

CLEARBRIDGE INVESTMENTS

620 8TH AVENUE, 48  
NY, NY 10018

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

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

CONFLUENCE INVESTMENT MANAGEMENT

20 ALLEN AVENUE, 300  
WEBSTER GROVES, MO 63119

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

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

WESTERN ASSET MGMT CO, LLC

385 E COLORADO BLVD  
PASADENA, CA 91101

(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		0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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)

ARISTOTLE FUNDS

PO BOX 701  
MILWAUKEE, WI 53202

(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		0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

KAYNE ANDERSON

1800 AVENUE OF STARS  
LOS ANGELES, CA 90017

(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		0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input 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
BOYD WATTERSON ASSET MANAGEMENT	28 52	
(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.	
MORGAN STANLEY SMITH BARNEY  26-4310632	.35% OF MKT VAL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARDING LOEVNER	28 52	
(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.	
MORGAN STANLEY DEAN WITTER  26-4310632	.35% OF MKT VAL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JOHN HANCOCK	28 52	
(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.	
MORGAN STANLEY DEAN WITTER  26-4310632	.28% OF MKT VAL	

**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
CLEARBRIDGE INVESTMENTS	28 52	
(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.	
MORGAN STANLEY DEAN WITTER  26-4310632	.28% OF MKT VAL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CONFLUENCE INVESTMENT MANAGEMENT	28 52	
(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.	
MORGAN STANLEY SMITH BARNEY  26-4310632	.34% OF MKT VAL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WESTERN ASSET MGMT CO, LLC	28 52	
(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.	
MORGAN STANLEY SMITH BARNEY  26-4310632	.34% OF MKT VAL	

**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
ARISTOTLE FUNDS	28 52	
(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.	
MORGAN STANLEY DEAN WITTER  26-4310632	0.34% OF MKT VAL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
KAYNE ANDERSON	28 52	
(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.	
MORGAN STANLEY DEAN WITTER  26-4310632	.34% OF MKT VAL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
KAYNE ANDERSON	28 52	
(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.	
MORGAN STANLEY DEAN WITTER  26-4310632	.34% OF MKT VAL	

**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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>SEIU MICHIGAN HEALTH AND WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN)	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SEIU MICHIGAN HEALTH AND WELFARE FUND BOARD OF TRUSTEES</b>	<b>D</b> Employer Identification Number (EIN) <b>38-6061083</b>	

**Part I Asset and Liability Statement**

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	75445	388933
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	287449	323406
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	23488	21575
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	469085	97674
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1976257	1580810
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	1196975	948889
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	5131876	2949235
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1921769	1513107
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	200048	175886

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	23022	39499
f Total assets (add all amounts in lines 1a through 1e) .....	1f	11305414	8039014
<b>Liabilities</b>			
g Benefit claims payable .....	1g	2109655	1800000
h Operating payables .....	1h	61682	31760
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j	457	1742
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	2171794	1833502
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	9133620	6205512

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	3683937	
(B) Participants .....	2a(1)(B)	1822	
(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)		3685759
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	27	
(B) U.S. Government securities .....	2b(1)(B)	78409	
(C) Corporate debt instruments .....	2b(1)(C)	36589	
(D) Loans (other than to participants) .....	2b(1)(D)		
(E) Participant loans .....	2b(1)(E)		
(F) Other .....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		115025
(2) Dividends:			
(A) Preferred stock .....	2b(2)(A)		
(B) Common stock .....	2b(2)(B)	69229	
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)	88102	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		157331
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)	4610221	
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)	4199904	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		410317
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)	-273355	
(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.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		-28981
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		4066096

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	361254	
(3) Other.....	<b>2e(3)</b>	5889947	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		6251201
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	535553	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	21500	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	55940	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	30575	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	5264	
(11) Other expenses .....	<b>2i(11)</b>	94171	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		743003
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		6994204

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-2928108
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **BENDA, GRACE, STULZ & COMPANY, P.C.**

(2) EIN: **38-2284921**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> 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		175886
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

**SEIU MICHIGAN  
HEALTH AND WELFARE FUND**

Bingham Farms, Michigan

**FINANCIAL STATEMENTS**

June 30, 2024

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John M. Grace, CPA  
Bryan D. Stulz, CPA  
George Benda, CPA  
(1941-2007)



## **INDEPENDENT AUDITOR'S REPORT**

Board of Trustees  
SEIU Michigan  
Health and Welfare Fund  
30700 Telegraph Road; Suite 2400  
Bingham Farms, MI 48025

Trustees:

### **Opinion**

We have audited the accompanying financial statements of SEIU Michigan Health and Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits and benefit obligations as of June 30, 2024 and 2023, and the related statement of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of SEIU Michigan Health and Welfare Fund as of June 30, 2024 and 2023, and 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of SEIU Michigan Health and Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

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

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with generally accepted auditing standards, we:

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



Sterling Heights, Michigan  
March 19, 2025

**SEIU MICHIGAN HEALTH AND WELFARE FUND**

**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS  
AND BENEFIT OBLIGATIONS**

	June 30,	
	<u>2024</u>	<u>2023</u>
<b><u>ASSETS</u></b>		
Investments at fair value (Notes B, E and F):		
Common stocks	\$ 2,949,235	\$ 5,131,876
U.S. government securities	1,580,810	1,976,257
Mutual funds	1,513,107	1,921,769
Corporate bonds and notes	948,889	1,196,975
Money market funds	97,674	469,085
Hedge funds	175,886	200,048
Total investments	<u>7,265,601</u>	<u>10,896,010</u>
Receivables:		
Employer contributions (Notes A and B)	323,406	287,449
Accrued interest	21,575	23,488
Total receivables	<u>344,981</u>	<u>310,937</u>
Property and equipment	10,763	10,763
Less - allowance for depreciation	<u>(10,763)</u>	<u>(10,763)</u>
Net property and equipment	<u>-</u>	<u>-</u>
Other assets:		
Cash	388,933	75,445
Prepaid benefit premiums	14,735	12,000
Unexpired insurance premiums	24,764	8,447
Prepaid expenses	-	2,575
Total other assets	<u>428,432</u>	<u>98,467</u>
Total assets	<u>8,039,014</u>	<u>11,305,414</u>
<b><u>LIABILITIES</u></b>		
Accounts payable	31,760	61,682
Benefits payable	-	53,655
Unsettled investment transactions	1,742	457
Total liabilities	<u>33,502</u>	<u>115,794</u>
<b><u>NET ASSETS AVAILABLE FOR BENEFITS</u></b>	<u>8,005,512</u>	<u>11,189,620</u>
<b><u>BENEFIT OBLIGATIONS (NOTE C)</u></b>		
Claims incurred but not reported	<u>1,800,000</u>	<u>2,056,000</u>
<b><u>EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS</u></b>	<u>\$ 6,205,512</u>	<u>\$ 9,133,620</u>

The accompanying notes are an integral part of these financial statements.

**SEIU MICHIGAN HEALTH AND WELFARE FUND**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
AND BENEFIT OBLIGATIONS**

	Years ended June 30,	
	2024	2023
<b><u>ADDITIONS</u></b>		
Investment income:		
Interest and dividends	\$ 272,356	\$ 278,030
Net appreciation in fair value of investments (Note F)	107,981	792,642
	380,337	1,070,672
Less - investment expenses	55,940	64,801
Net investment income	324,397	1,005,871
Employer contributions	3,683,937	3,489,908
Self-payments from participants	1,822	6,681
	4,010,156	4,502,460
<b><u>DEDUCTIONS</u></b>		
Benefit expenses (Note G)	6,868,454	4,639,555
Administrative expenses (Note H)	325,810	307,431
	7,194,264	4,946,986
<b><u>DECREASE IN NETS ASSETS AVAILABLE FOR BENEFITS</u></b>		
	(3,184,108)	(444,526)
<b><u>INCREASE (DECREASE) IN BENEFIT OBLIGATIONS (NOTE C)</u></b>		
Change in claims incurred but not reported	(256,000)	1,269,000
<b><u>DECREASE IN NETS ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS</u></b>		
	(2,928,108)	(1,713,526)
<b><u>EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS</u></b>		
Beginning of year	9,133,620	10,847,146
End of year	\$ 6,205,512	\$ 9,133,620

The accompanying notes are an integral part of these financial statements.

## SEIU MICHIGAN HEALTH AND WELFARE FUND

### NOTES TO FINANCIAL STATEMENTS

**Note A:**            **Description of the Plan**

The following brief description of the SEIU Michigan Health and Welfare Fund, as in effect on June 30, 2024, is provided for general purposes only. For more complete information refer to the amended plan document.

1. **General** – The Health and Welfare Fund was established effective February 2, 1950 as a result of collective bargaining between the employers and the Service Employees International Union. It is a multi-employer plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.
2. **Benefits** – The Plan provides participants, beneficiaries and covered dependents with health benefits (hospitalization, medical, surgical, major medical, dental, vision and temporary disability) and life insurance coverage. For more complete information concerning eligibility and benefits provided, refer to the Plan’s summary plan description.
3. **Contributions** – Contributions are obtained from participating employers and plan participants. Contributions from employers are based on weekly amounts negotiated by the employers and the Union through collective bargaining agreements. Contributions from participants are based on rates established by the Board of Trustees.

For employers under the Master Contract, starting January 1, 2018, the Fund agreed to subsidize the employee co-pays. For grandfathered employees, the Fund will pay 31.4% of the single premiums, 21.4% of the 2-party premiums, and 21.3% of the family premiums. For the Master Contract Group, the Fund will pay 23.6% of the single premiums, 17.6% of the 2-party, and 17.7% of the family premiums.

There are also various employers with site contracts, which have different terms.

**Note B:**            **Summary of Significant Accounting Policies**

1. **General** – The accounting records of the Plan are maintained on the accrual basis. Contributions received subsequent to June 30, 2024 attributed to hours worked prior to July 1, 2024 have been reflected as contributions due from employers as of June 30, 2024, in accordance with the consistent policy of the Fund.
2. **Estimates** – The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities, benefit obligations, and changes therein, benefit claims payable and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**SEIU MICHIGAN HEALTH AND WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note B:**            **Summary of Significant Accounting Policies** (Continued)

3. Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note E for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

4. Equipment and Depreciation – Equipment is stated at cost less accumulated depreciation. Depreciation is provided for in amounts sufficient to relate the cost of depreciable assets to operations over their estimated useful lives. The straight-line method is used to compute depreciation.

**Note C:**            **Benefit Obligations**

Claims Incurred but not Reported – Claims incurred but not reported include the estimated cost of settling claims and has been projected based on claims paid subsequent to June 30, 2024 representing claims incurred prior to and including that date.

**Note D:**            **Administrative Services Contract**

The Fund contracted Benefit Administrative Systems, LLC (BAS), currently HealthComp, to administer health care benefits effective January 1, 2019. Under the current arrangement, the Fund pays an amount weekly which is comprised of actual claims paid, administrative fees and stop loss insurance premiums.

## SEIU MICHIGAN HEALTH AND WELFARE FUND

### NOTES TO FINANCIAL STATEMENTS (Continued)

#### Note E: Fair Value Measurements

FASB Accounting Standards Codification (ASC) 820 Fair Value Measurements and Disclosures provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB (ASC) 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted process that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement. These level 3 fair value measurements are based primarily on management's own estimates, using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the assets. Significant level 3 inputs include information provided by fund managers, third-party appraisals, year-end audited financial statements, projected discounted cash flows, and net asset value with adjustments related to certain restrictions. Management assesses the valuation of these investments through the engagement of a third-party investment advisor and periodic meetings to review these investments.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Fund's assessment of the significance of particular inputs to these fair value measurements requires judgement and considers factors specific to each asset.

**SEIU MICHIGAN HEALTH AND WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**Note E: Fair Value Measurements (Continued)**

The following valuation methodologies have been used to value the Fund’s investments:

**U.S. government securities and corporate bonds and notes** – These investments are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures.

**Common stocks** – Common stocks, which are primarily comprised of U.S. common stocks, are valued at closing quoted prices reported in active markets.

**Money market funds** – This investment is valued at closing quoted prices reported in active markets.

**Mutual funds** – Mutual funds are valued at closing quoted prices reported in active markets.

**Hedge funds** – Hedge funds are valued at net asset value per share (or its equivalent) of the Hedge fund which is based on the fair value of the Hedge fund’s underlying net assets.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Fund believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to estimate fair value could result in a different fair value measurement at the reporting date.

The following tables set forth by level within the fair value hierarchy, the Plan’s assets at fair value as of:

Fair Value Measurement at June 30, 2024

	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Common stocks	\$ 2,949,235	\$ 2,949,235	\$ -	\$ -
Mutual funds	1,513,107	1,513,107	-	-
U.S. government securities	1,580,810	-	1,580,810	-
Corporate bonds and notes	948,889	-	948,889	-
Money market funds	97,674	-	97,674	-
	7,089,715	<u>\$ 4,462,342</u>	<u>\$ 2,627,373</u>	<u>\$ -</u>
Investment measured at NAV:				
Hedge funds	<u>175,886</u>			
	<u>\$ 7,265,601</u>			

**SEIU MICHIGAN HEALTH AND WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note E: Fair Value Measurements (Continued)**

Fair Value Measurement at June 30, 2023

	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common stocks	\$ 5,131,876	\$ 5,131,876	\$ -	\$ -
Mutual funds	1,921,769	1,921,769	-	-
U.S. government securities	1,976,257	-	1,976,257	-
Corporate bonds and notes	1,196,975	-	1,196,975	-
Money market funds	469,085	-	469,085	-
	<u>10,695,962</u>	<u>\$ 7,053,645</u>	<u>\$ 3,642,317</u>	<u>\$ -</u>
Investment measured at NAV:				
Hedge funds	<u>200,048</u>			
	<u>\$ 10,896,010</u>			

**Note F: Investments**

The following is a comparison of cost to market value of investments, other than cash, held at June 30, 2024:

	<u>Market Value</u>	<u>Cost</u>	<u>Market Value Over (Under)</u>
Common stocks	\$ 2,949,235	\$ 2,212,817	\$ 736,418
Mutual funds	1,513,107	1,672,919	(159,812)
U.S. government securities	1,580,810	1,694,379	(113,569)
Corporate bonds and notes	948,889	1,033,935	(85,046)
Money market funds	97,674	97,674	-
Hedge funds	<u>175,886</u>	<u>205,000</u>	<u>(29,114)</u>
	<u>\$ 7,265,601</u>	<u>\$ 6,916,724</u>	<u>\$ 348,877</u>

**SEIU MICHIGAN HEALTH AND WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note F: Investments (Continued)**

During the Plan years ended June 30, 2024 and 2023, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value by \$107,981 and \$792,642 respectively, as follows:

	June 30,	
	2024	2023
Common stocks	\$ 207,366	\$ 811,835
Mutual funds	(28,981)	110,017
U.S. government securities	(57,628)	(101,832)
Corporate bonds and notes	(653)	(4,567)
Hedge funds	(12,123)	(22,811)
	\$ 107,981	\$ 792,642

**Note G: Benefit Expenses**

Following is a list of benefit expenses incurred for the years ended June 30:

	2024	2023
Medical benefits	\$ 5,566,637	\$ 3,343,605
Prescription benefits	416,943	380,529
Administrative fees	361,253	361,150
Stop loss insurance	247,007	263,914
Life insurance premiums	172,747	173,836
Dental benefits	76,145	88,303
Premiums paid to insurance carriers	24,128	24,704
Health care fees	3,594	3,514
	6,868,454	4,639,555
Change in claims incurred but not reported	(256,000)	1,269,000
	\$ 6,612,454	\$ 5,908,555

**SEIU MICHIGAN HEALTH AND WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note H: Administrative Expenses**

Following is a list of administrative expenses incurred for the years ended June 30:

	<u>2024</u>	<u>2023</u>
Administrative manager's fees	\$ 174,300	\$ 174,300
Consulting fees	50,400	48,600
Legal fees	30,575	23,742
Audit fees	19,500	18,800
Printing and miscellaneous	17,835	6,780
Trustee and fiduciary liability insurance and bonding	14,616	15,021
Member communications	5,875	6,279
Trustee meeting and conference expense	5,264	6,580
Bank service charges	4,662	4,322
Form 5500 and 990 preparation fees	2,000	2,000
Depreciation expense	-	213
Summary annual report costs	783	794
	<u>\$ 325,810</u>	<u>\$ 307,431</u>

**Note I: Tax Status**

The Trust established under the Plan to hold the Plan's assets is qualified and exempt from income tax pursuant to Section 501(c)(9) of the Internal Revenue Code as a tax-exempt organization. The Plan has not obtained a tax determination letter from the Internal Revenue Service. However, the Plan Sponsor believes the Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the Internal Revenue Code relative to its tax-exempt status.

**Note J: Tax Uncertainties and Open Tax Years**

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Fund and recognize a tax liability (or asset) if the Fund has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. Management has analyzed the tax positions taken by the Fund, and has concluded that as of June 30, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes it is no longer subject to income tax examination for years prior to June 30, 2021.

**SEIU MICHIGAN HEALTH AND WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note K: Risks and Uncertainties**

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

In addition to investments and cash equivalents, financial instruments which potentially subject the Plan to concentrations of credit risk consists principally of cash. The Plan places its cash with tier I financial institutions. At times, the amount of cash on deposit in banks may be in excess of the respective financial institution's FDIC insurance limit.

**Note L: Priorities Upon Termination**

In the event of termination, the Trustees shall make provision from the Trust fund to pay any and all obligations of the trust to the extent possible and distribute any remaining surplus in such manner as will, in their opinion, best effectuate the purposes of the Trust.

**Note M: 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.

	June 30,	
	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 8,005,512	\$ 11,189,620
Less-		
Claims incurred but not reported	<u>(1,800,000)</u>	<u>(2,056,000)</u>
Net assets available for benefits per the Form 5500	<u>\$ 6,205,512</u>	<u>\$ 9,133,620</u>

**SEIU MICHIGAN HEALTH AND WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS  
(Continued)**

**Note M: Reconciliation of Financial Statements to Form 5500 (Continued)**

The following is a reconciliation of benefit expenses per the financial statements to the Form 5500.

	<u>Years ended June 30,</u>	
	<u>2024</u>	<u>2023</u>
Benefit expenses per the financial statements	6,868,454	4,639,555
Less – administrative services only contract fees	(361,253)	(361,150)
Changes in reserves for:		
Claims incurred but not reported	<u>(256,000)</u>	<u>1,269,000</u>
Benefit expenses per the Form 5500	<u>\$ 6,251,201</u>	<u>\$ 5,547,405</u>

**Note N: Reportable Transactions**

The United States Department of Labor requires all transactions in excess of 5% of the current value of the Plan's net assets for non-participant-directed investments to be disclosed separately in the financial statements as a reportable transaction.

**Note O: Reclassification**

Certain amounts reported in prior years have been reclassified to conform to the current year presentation.

**Note P: Party-in-Interest Transactions**

Plan investments are held at Morgan Stanley (the Custodian). The transactions of the custodian qualify as party-in-interest transactions.

Fees paid during the year for legal, auditing, investment manager, investment advisor, and other professional services rendered by parties-in-interest were based on customary and reasonable rates for such services.

**Note Q: Subsequent Events**

The date to which events occurring after June 30, 2024, the date of the most recent Statement of Net Assets Available for Benefits and Benefit Obligations, have been evaluated for possible adjustment to the financial statements or disclosures is March 19, 2025, which is the date on which the financial statements were available to be issued.

**SEIU MICHIGAN  
HEALTH AND WELFARE FUND  
SUPPLEMENTAL SCHEDULES**



John M. Grace, CPA  
Bryan D. Stulz, CPA  
George Benda, CPA  
(1941-2007)



**INDEPENDENT AUDITOR'S  
REPORT ON SUPPLEMENTAL INFORMATION**

Board of Trustees  
SEIU Michigan  
Health and Welfare Fund  
30700 Telegraph Road, Suite 2400  
Bingham Farms, MI 48025

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investments and reportable transactions, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental 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 generally accepted auditing standards.

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.

*Benda, Grace, Stulz & Company, P.C.*

Sterling Heights, Michigan  
March 19, 2025

SEIU MICHIGAN HEALTH AND WELFARE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT  
Employer I.D. No. 38-6061083 Plan No. 501  
June 30, 2024

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b><u>MONEY MARKET FUNDS</u></b>				
	Morgan Stanley	Money Market Fund	\$ 97,674	\$ 97,674
<b><u>U.S. GOVERNMENT SECURITIES</u></b>				
	United States Government	U.S. Treasury nt 3.500% due 01/31/2030	15,406	15,333
	United States Government	U.S. Treasury bd 3.000% due 02/15/2049	52,200	37,336
	United States Government	U.S. Treasury bd 2.000% due 02/15/2050	40,063	37,907
	United States Government	U.S. Treasury bd 2.375% due 05/15/2051	45,761	37,789
	United States Government	FNMA 6.625% due 11/15/2030	17,439	15,656
	United States Government	FNMA 2.500% due 10/01/2051	67,201	61,067
	United States Government	FHLMC 30yr Gold 2.500% due 02/01/2052	42,344	38,313
	United States Government	FNMA 3.000% due 04/01/2052	63,668	60,835
	United States Government	FNMA 3.500% due 05/01/2052	39,144	38,045
	United States Government	FNMA 4.500% due 07/01/2052	39,929	38,200
	United States Government	FNMA 4.000% due 09/01/2052	30,648	29,896
	United States Government	FHLMC 30yr Gold 5.000% due 11/01/2052	23,916	23,435
	United States Government	FNMA 5.500% due 12/01/2052	24,060	23,609
	United States Government	FNMA 5.000% due 07/01/2053	15,716	15,515
	United States Government	U.S. Treasury nt 4.000% due 02/15/2026	54,195	54,266
	United States Government	U.S. Treasury nt 3.250% due 06/30/2027	83,880	83,952
	United States Government	U.S. Treasury nt 2.875% due 08/15/2028	89,952	91,423
	United States Government	U.S. Treasury nt 3.500% due 01/31/2030	49,383	50,791
	United States Government	U.S. Treasury nt 4.625% due 09/30/2030	96,778	96,429
	United States Government	U.S. Treasury nt 3.375% due 05/15/2033	72,531	68,699
	United States Government	U.S. Treasury nt 4.375% due 05/15/2034	32,347	32,068
	United States Government	U.S. Treasury bd 4.000% due 11/15/2042	24,952	22,208
	United States Government	U.S. Treasury bd 4.000% due 11/15/2052	33,608	32,069
	United States Government	U.S. Treasury bd 4.250% due 02/15/2054	44,628	45,025
	United States Government	FNMA 3.000% due 11/01/2049	37,403	31,900
	United States Government	FNMA 2.500% due 06/01/2050	57,628	46,204
	United States Government	FHLMC 30yr Gold 2.500% due 12/01/2050	73,490	57,954
	United States Government	FHLMC 30yr Gold 2.000% due 02/01/2051	45,965	35,183
	United States Government	FNMA 2.000% due 03/01/2051	56,855	56,832
	United States Government	FNMA 3.000% due 03/01/2052	38,347	32,554
	United States Government	FNMA 3.500% due 05/01/2052	84,597	77,643
	United States Government	FNMA 4.000% due 07/01/2052	61,828	57,469
	United States Government	FNMA 4.500% due 11/01/2052	62,302	60,212
	United States Government	FHLMC 30yr Gold 5.000% due 01/01/2053	76,215	74,993
	<b>TOTAL U.S. GOVERNMENT SECURITIES</b>		<u>1,694,379</u>	<u>1,580,810</u>

SEIU MICHIGAN HEALTH AND WELFARE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT  
Employer I.D. No. 38-6061083 Plan No. 501  
June 30, 2024

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>CORPORATE BONDS AND NOTES</b>				
	Shell International Finance	2.875% due 05/10/2026	23,986	23,073
	Verizon Communications Inc	4.125% due 03/16/2027	25,959	23,400
	CVS Health Corp	4.300% due 03/25/2028	25,674	23,188
	Wells Fargo	3.584% due 05/22/2028	24,224	22,891
	Citigroup Inc	3.668% due 07/24/2028	24,030	22,855
	Comcast Corp	4.150% due 10/15/2028	24,699	23,254
	J P Morgan Chase & Co	4.203% due 07/23/2029	31,168	29,813
	Goldman Sachs Group	3.800% due 03/15/2030	26,138	22,438
	Bank of America Corp	2.884% due 10/22/2030	26,825	23,140
	Amazon.com Inc	2.100% due 05/12/2031	27,112	22,812
	AT&T Inc	2.550% due 12/01/2033	24,427	23,145
	Abbvie Inc	5.050% due 03/15/2034	23,321	22,979
	Enterprise Products LLC	4.800% due 02/01/2049	24,426	22,231
	Verisign Inc	5.250% due 04/01/2025	30,452	29,963
	Ares Capital Corp	3.250% due 07/15/2025	33,787	34,042
	Freeport-McMoran Inc	5.000% due 09/01/2027	34,323	34,652
	Dana Inc	5.375% due 11/15/2027	31,039	29,315
	United Rentals North America Inc	4.875% due 01/15/2028	34,182	33,920
	T-Mobile USA Inc	4.750% due 02/01/2028	36,381	34,430
	Charter Comm Operating LLC	5.050% due 03/30/2029	32,374	31,725
	Sunoco LP	4.500% due 05/15/2029	32,375	32,718
	Service Corp International	5.125% due 06/01/2029	36,761	34,047
	Cheniere Energy Partners	4.500% due 10/01/2029	33,365	33,303
	Qorvo Inc	4.375% due 10/15/2029	36,545	33,027
	Equinix Inc	3.200% due 11/18/2029	36,815	31,570
	Central Garden & Pet Co	4.125% due 10/15/2030	35,350	31,245
	Citigroup Inc	4.412% due 03/31/2031	29,523	29,484
	Duke energy Corp	2.550% due 06/15/2031	30,536	25,191
	Quanta Services Inc	2.350% due 01/15/2032	34,994	28,517
	Wells Fargo & Co	3.350% due 03/02/2033	26,170	26,893
	Bank of America Corp	4.244% due 04/24/2038	35,965	30,924
	Comcast Corp	4.700% due 10/15/2048	34,597	26,514
	Sysco Corp	3.300% due 02/15/2050	41,069	27,580
	JPMorgan Chase & Co	3.328% due 04/22/2052	25,343	24,610
	<b>TOTAL CORPORATE BONDS AND NOTES</b>		<b>1,033,935</b>	<b>948,889</b>
<b>COMMON STOCK</b>				
	Accenture	Common stock	2,924	3,005
	Adobe	Common stock	1,776	5,673
	Alcon	Common stock	2,039	3,616
	Alphabet CL A	Common stock	2,409	2,697

SEIU MICHIGAN HEALTH AND WELFARE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT  
Employer I.D. No. 38-6061083 Plan No. 501  
June 30, 2024

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>COMMON STOCK-Continued</b>				
	Amazon	Common stock	3,847	16,175
	Apple Inc	Common stock	952	8,740
	Aptiv	Common stock	1,177	1,327
	ASML Holding	Common stock	1,575	4,235
	Atlassian CL A	Common stock	2,459	2,305
	Eaton Corp	Common stock	2,020	4,376
	Eli Lilly & Co	Common stock	1,462	4,201
	Equinix Inc	Common stock	1,968	3,637
	Estee Lauder Co Inc CL A	Common stock	3,537	1,981
	Intercontinental Exchange Inc	Common stock	991	1,236
	Intuit Inc	Common stock	2,314	3,426
	Intuitive Surgical Inc	Common stock	2,194	4,588
	Marsh & McLennan Cos Inc	Common stock	2,783	3,820
	Meta Platforms Inc CL A	Common stock	2,964	11,694
	Microsoft Corp	Common stock	2,187	16,993
	Monster Beverage Corp	Common stock	1,721	2,908
	Netflix Inc	Common stock	2,485	7,537
	Nextera Energy Inc	Common stock	2,543	2,473
	Nvidia Corporation	Common stock	609	22,251
	Palo Alto Networks Inc	Common stock	514	4,654
	Paypal Hldgs Inc	Common stock	2,984	2,561
	RTX Corporation	Common stock	1,404	3,035
	S&P Global Inc	Common stock	1,489	3,911
	Salesforce Inc	Common stock	2,983	4,533
	Sherwin Williams Company Ohio	Common stock	2,482	3,183
	Stryker Corp	Common stock	1,878	3,164
	Taiwan Smcndctr Mfg Co	Common stock	3,060	3,289
	Target Corporation	Common stock	2,314	2,971
	Tesla Inc	Common stock	1,160	1,639
	Thermo Fisher Scientific	Common stock	1,185	4,578
	Uber Technologies Inc	Common stock	1,815	4,250
	Union Pacific Corp	Common stock	2,821	2,899
	Unitedhealth GP Inc	Common stock	1,751	6,637
	Visa Inc CL A	Common stock	2,850	9,054
	W W Grainer Inc	Common stock	835	4,197
	Workday Inc CL A	Common stock	2,944	2,942
	Zoetis Inc CL A	Common stock	1,040	3,221
	Accenture	Common stock	12,751	15,129
	Alphabet CL A	Common stock	8,630	17,952
	Amphenol Corp CL A	Common stock	2,943	5,332
	Apple Inc	Common stock	4,708	16,983
	Automatic Data Processing Inc	Common stock	6,633	8,816
	Ball Corp	Common stock	3,699	3,235

SEIU MICHIGAN HEALTH AND WELFARE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT  
Employer I.D. No. 38-6061083 Plan No. 501  
June 30, 2024

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>COMMON STOCK-Continued</b>				
	Broadridge Fin Solu LLC	Common stock	5,446	7,045
	Equifax Inc	Common stock	5,287	7,082
	Home Depot Inc	Common stock	2,910	3,766
	Intuit Inc	Common stock	8,383	14,357
	Johnson & Johnson	Common stock	5,422	5,926
	KLA Corporation	Common stock	6,142	9,985
	Marsh & McLennan Cos Inc	Common stock	10,857	14,362
	Mastercard Inc CL A	Common stock	7,326	9,291
	McDonalds Corp	Common stock	3,893	3,568
	Microsoft Corp	Common stock	1,858	18,936
	Nike Inc B	Common stock	9,413	5,712
	Pepsico Inc	Common stock	8,051	9,171
	Procter & Gamble	Common stock	5,512	6,685
	Sherwin Williams Company	Common stock	3,752	3,649
	Starbucks corp	Common stock	7,346	6,035
	Stryker Corp	Common stock	9,492	13,493
	Texas Instruments	Common stock	4,991	8,939
	Unitedhelath GP Inc	Common stock	7,121	10,437
	Verisk Analytics Inc	Common stock	2,973	4,756
	Waste Mgmt Inc	Common stock	4,168	7,161
	Zoetis Inc CL A	Common stock	7,484	7,241
	Allegion Pub	Common stock	16,093	14,414
	Aspen Technology Inc	Common stock	14,361	15,561
	Bentley Sys Inc CL B	Common stock	21,995	25,124
	Berkley W R Corp	Common stock	14,052	19,802
	BJS Whsl Club Hldgs Inc	Common stock	11,804	13,703
	Bright Horizons Family Solut	Common stock	14,037	14,090
	Charles River Labs Intl Inc	Common stock	17,499	16,306
	Chemed Corporation	Common stock	11,769	12,751
	Choice Hotels Intl Inc	Common stock	14,072	13,754
	Dolby CL A	Common stock	13,391	14,895
	Equifax Inc	Common stock	21,734	18,597
	Exponent Inc	Common stock	14,205	12,746
	Fair Isaac & Co Inc	Common stock	4,219	17,776
	Interactive Brokers Group AL A	Common stock	12,058	19,003
	Jack henry & Assoc Inc	Common stock	15,422	16,768
	LCI Inds	Common stock	6,165	4,898
	Lennox Intl Inc	Common stock	15,788	26,340
	LPL Finl Hldgs Inc	Common stock	13,940	22,651
	Nordson CP	Common stock	22,138	19,212
	Pool Corp	Common stock	31,345	18,864
	Rollins Inc	Common stock	13,730	18,589
	Saia Inc	Common stock	9,267	16,351

SEIU MICHIGAN HEALTH AND WELFARE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT  
Employer I.D. No. 38-6061083 Plan No. 501  
June 30, 2024

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>COMMON STOCK-Continued</b>				
	Siteone Landscape Supply Inc	Common stock	22,447	10,944
	Teledyne Tech Inc	Common stock	14,071	12,500
	Teradyne Inc	Common stock	24,472	24,320
	The Cooper Companies Inc	Common stock	23,167	20,603
	The Scotts Miracle-Gro company	Common stock	26,242	10,344
	Thor Industries Inc	Common stock	13,409	11,588
	Watsco Inc	Common stock	13,486	20,436
	Zebra Tech CL A	Common stock	34,191	17,673
	Zu7m Elkay Water Solns Corp	Common stock	14,388	15,347
	Alphabet Inc CL C	Common stock	6,061	27,880
	Berkley W R Corp	Common stock	7,123	22,474
	Berkshire Hathaway CL B	Common stock	8,463	23,923
	Booking Holdings Inc	Common stock	9,613	28,024
	Constellation Brands Inc CL A	Common stock	20,550	20,414
	Diageo Plc Spon ADR	Common stock	19,278	22,442
	Dun & Bradstreet Hldgs Inc	Common stock	41,725	21,233
	Fastenal co	Common stock	6,648	21,805
	Ill Tool works Inc	Common stock	11,869	21,942
	Keysight Technologies Inc	Common stock	24,411	21,060
	Lowe's Companies Inc	Common stock	7,626	23,810
	Markel Group Inc	Common stock	15,743	27,703
	Martin Marietta Materials	Common stock	21,137	23,470
	Masco Corp	Common stock	15,526	21,468
	Mastercard Inc CL A	Common stock	5,229	22,511
	NXP Semiconductors	Common stock	9,889	27,178
	Oracle Corp	Common stock	10,681	30,640
	Paycom Software Inc	Common stock	11,996	12,069
	Pepsico Inc	Common stock	15,093	23,585
	Progressive Corp Ohio	Common stock	11,836	11,670
	S&P Global Inc	Common stock	12,935	27,241
	Starbucks Corp	Common stock	14,395	19,229
	Stryker Corp	Common stock	7,893	23,558
	Thermo Fisher Scientific	Common stock	6,795	25,026
	TJX Cos Inc	Common stock	9,610	28,736
	Adyen	Common stock	4,071	5,894
	AIA Group	Common stock	6,177	6,300
	Air Liquide	Common stock	2,410	5,462
	Alcon Inc	Common stock	5,994	8,446
	Alfa Laval AB	Common stock	2,977	8,633
	Allianz Se	Common stock	12,243	22,166
	Ambev	Common stock	6,161	3,758
	Assa Abloy	Common stock	4,528	5,856
	Atlas Copco	Common stock	3,078	10,534

SEIU MICHIGAN HEALTH AND WELFARE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT  
Employer I.D. No. 38-6061083 Plan No. 501  
June 30, 2024

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>COMMON STOCK-Continued</b>				
	Banco Bilbao	Common stock	7,003	11,414
	BHP Group	Common stock	11,635	8,849
	Biontech	Common stock	6,095	4,923
	Canadian Natl	Common stock	2,898	5,199
	Chugai Pharmaceutic	Common stock	7,356	12,082
	Coloplast	Common stock	4,954	4,785
	Credicorp	Common stock	4,805	5,286
	Daifuku	Common stock	4,138	4,070
	Dassault systems	Common stock	6,328	14,339
	DBS Group Holdigns	Common stock	8,781	23,662
	ENN Energy Holdings	Common stock	10,423	8,803
	Epiroc Aktiebolag	Common stock	3,346	7,609
	Fomento Economico	Common stock	9,371	14,425
	Genmab	Common stock	7,931	4,850
	Grupo Financiero	Common stock	3,732	3,971
	Haier Smart Home Co	Common stock	13,610	14,321
	Haleon	Common stock	12,690	12,539
	HDFC Bank	Common stock	5,621	7,977
	Icici Bank	Common stock	1,669	6,828
	Infieon Technologies	Common stock	7,674	16,619
	Komatsu	Common stock	4,307	7,114
	L'Oreal Co	Common stock	6,147	14,766
	Linde	Common stock	2,857	7,871
	Manulife Financial Corp	Common stock	10,043	15,280
	Mercadolibre Inc	Common stock	5,252	5,581
	Nestle Spon	Common stock	4,134	5,642
	Novonosis	Common stock	3,682	4,311
	Ping An Insurance	Common stock	6,672	2,702
	PJSC Lukoil	Common stock	20,067	-
	PT Telekomunikasi Indonesia	Common stock	5,160	4,226
	Rio Tinto	Common stock	6,441	8,835
	Roche Holdings	Common stock	7,001	8,459
	SAP	Common stock	8,097	18,927
	Schneider Elec	Common stock	5,074	13,606
	Shell	Common stock	6,195	11,404
	Shimano Inc	Common stock	4,019	3,830
	Shionogi & Co	Common stock	6,165	4,468
	Sonova Hldg	Common stock	2,223	5,116
	Sony Group Corporation	Common stock	11,136	10,704
	Symrise	Common stock	4,113	7,289
	Sysmex Corp	Common stock	7,871	6,056
	Taiwan Smcndctr MFG	Common stock	4,039	22,943
	Tencent Hldgs	Common stock	8,668	9,377

SEIU MICHIGAN HEALTH AND WELFARE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT  
Employer I.D. No. 38-6061083 Plan No. 501  
June 30, 2024

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>COMMON STOCK-Continued</b>				
	Unicharm Corp	Common stock	5,546	5,544
	Xp Inc	Common stock	5,151	3,184
	Yandex	Common stock	3,860	-
	Zto Express Cayman Inc CL A	Common stock	5,134	5,499
	Accenture	Common stock	14,743	20,961
	AIA Group	Common stock	10,113	8,255
	Akzo Nobel	Common stock	13,676	9,351
	Alcon Inc	Common stock	9,705	14,965
	Ashtead Group	Common stock	8,919	17,112
	Assa Abloy	Common stock	10,664	12,603
	Brookfield Corp CL A	Common stock	15,829	21,019
	Cameco Corp	Common stock	3,699	19,286
	Coca-Cola Europacific Partners	Common stock	10,616	15,130
	Credicorp	Common stock	9,572	13,468
	Daikin Inds	Common stock	12,209	11,251
	DBS Group Holding s	Common stock	10,104	14,472
	DSM Firmenich	Common stock	14,800	14,944
	Erste Group	Common stock	12,776	16,097
	Experian GP	Common stock	9,822	13,466
	Fanuc Corporation	Common stock	13,257	10,224
	GSK Plc	Common stock	12,108	12,474
	Haleon	Common stock	11,843	13,274
	Heineken	Common stock	12,469	11,178
	Ing Groep	Common stock	11,624	22,385
	KDDI Corp Unspn	Common stock	10,944	9,719
	Kubota CP	Common stock	10,941	9,861
	LVMH Moet Hennessy Louis Vuitton	Common stock	8,430	13,762
	Magna International Inc	Common stock	10,427	7,877
	Michelin Compagnie Generale De	Common stock	11,854	17,106
	Muenchener Rueck	Common stock	10,477	22,923
	Nidec Corp	Common stock	10,425	6,845
	Otsuka Holding s Co	Common stock	11,068	13,089
	Pan Pac Intl Hldgscorp ADR	Common stock	13,453	16,403
	Rentokil Initial Plc	Common stock	10,669	10,229
	Roche Holdings	Common stock	14,187	15,393
	Safran SA	Common stock	13,380	18,459
	Sony Group Corporation	Common stock	13,128	16,395
	Symrise AG	Common stock	12,095	14,088
	Totalenergies	Common stock	10,887	13,136
	Unilever	Common stock	11,671	11,053
	Airbnb Inc CL A	Common stock	790	1,368
	Alphavet Inc CL A	Common stock	2,798	9,530
	Amazon Inc	Common stock	5,325	12,986

SEIU MICHIGAN HEALTH AND WELFARE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT  
Employer I.D. No. 38-6061083 Plan No. 501  
June 30, 2024

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>COMMON STOCK-Continued</b>				
	American Tower Corp	Common stock	600	853
	Analog Devices Inc	Common stock	2,748	4,935
	Anheuser Busch	Common stock	3,186	4,438
	Apple Inc	Common stock	2,201	9,932
	Cheniere Energy Inc	Common stock	3,399	7,108
	Crown Castle Inc	Common stock	4,691	4,127
	Danaher Corporation	Common stock	789	2,202
	Ebay Inc	Common stock	1,532	1,973
	Elevance Health Inc	Common stock	3,260	3,700
	Fortive Corp	Common stock	751	755
	Genl Dynamics Corp	Common stock	303	744
	Gilead Science	Common stock	2,518	2,183
	Goldman Sachs GRP Inc	Common stock	1,127	2,550
	KKR & Co Inc	Common stock	2,817	5,886
	KLA corporation	Common stock	697	4,316
	Las Vegas Sands Corporation	Common stock	1,493	1,469
	Lennar Corporation	Common stock	1,163	5,849
	Liberty Media Cor Ser C	Common stock	991	3,588
	Lockheed Martin Corp	Common stock	1,676	2,297
	Lyondellbasell CL A	Common stock	720	927
	Microsoft Corp	Common stock	3,465	6,536
	Mobileye Global Inc	Common stock	1,578	1,607
	Moderna Inc	Common stock	2,445	2,941
	Morgan Stanley	Common stock	2,702	5,637
	Nasdaq Inc	Common stock	3,120	3,512
	Oracle Corp	Common stock	1,036	1,881
	Polaris Inc	Common stock	1,278	1,013
	RTX Corporation	Common stock	527	765
	Salesforce Inc	Common stock	1,657	2,578
	Starbucks Corp Washington	Common stock	1,050	1,103
	State Street Corp	Common stock	652	883
	Sysco Corp	Common stock	1,306	1,252
	Taiwan Smcndctr Mfg	Common stock	1,090	2,062
	Texas Instruments	Common stock	4,124	4,749
	Thermo Fisher Scientific	Common stock	1,510	1,631
	Union Pacific Corp	Common stock	1,355	2,127
	United Rentals Inc	Common stock	533	984
	Walmart Inc	Common stock	2,646	3,577
	Walt Disney Co Hldg Co	Common stock	1,681	2,019
	Warner Bros Discovery Inc	Common stock	1,822	1,168
	Wells Fargo & Co	Common stock	381	1,007
	Workday Inc CL A	Common stock	2,940	3,876
	Acadia Rlty	Common stock	7,141	6,397

SEIU MICHIGAN HEALTH AND WELFARE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT  
Employer I.D. No. 38-6061083 Plan No. 501  
June 30, 2024

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>COMMON STOCK-Continued</b>				
	Agree Realty corp	Common stock	4,000	4,032
	American Tower Corp	Common stock	28,325	26,241
	Americold Realty Trust Inc	Common stock	7,453	6,257
	Boyd Gaming Corp	Common stock	3,173	3,022
	Caesars Entertainment Inc	Common stock	2,539	2,494
	Camde Property Trust	Common stock	6,899	5,659
	Cellnex Telecom	Common stock	2,510	2,376
	Crown Castle Inc	Common stock	18,699	12,896
	Digital Realty Trust Inc	Common stock	14,535	20,679
	Dream Indl Real Estate Inv	Common stock	1,792	1,763
	Equinix Inc	Common stock	9,938	10,049
	Essex Property Trust Inc	Common stock	6,998	7,753
	Extra Space Storage inc	Common stock	5,565	6,798
	Healthcare Tr Amer Inc CL A	Common stock	7,925	5,372
	Healthpeak Properties Inc	Common stock	1,490	1,660
	Host Hotels & Resorts Inc	Common stock	1,510	1,683
	Invitation Homes Inc	Common stock	13,384	13,028
	Iron Mountain Inc	Common stock	8,625	13,085
	Kite Rlty Group	Common stock	4,424	4,722
	Netstreit Corp	Common stock	2,548	2,383
	Pacs Group Inc	Common stock	2,976	3,688
	Prologis Inc	Common stock	21,913	21,227
	Public Storage	Common stock	3,939	3,817
	Rayonier Incorporated	Common stock	6,186	5,643
	Realty Income Corp	Common stock	5,454	5,077
	SBA communicatns Corp	Common stock	1,262	1,102
	Simon PPTY Group Inc	Common stock	14,280	17,002
	Sum Communities Inc	Common stock	10,828	8,275
	UDR Inc	Common stock	7,347	6,090
	Vici Properties Inc	Common stock	9,025	8,392
	Welltower Inc	Common stock	17,606	23,665
	<b>TOTAL COMMON STOCKS</b>		<b>2,212,817</b>	<b>2,949,235</b>
<b>MUTUAL FUNDS</b>				
	Ishares	Ishares Russell 1000 GRW ETF	10,665	33,118
	Ishares	Ishares Core S & P 500 ETF	17,969	40,907

SEIU MICHIGAN HEALTH AND WELFARE FUND  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT  
Employer I.D. No. 38-6061083 Plan No. 501  
June 30, 2024

Party-in Interest	Identity of Issue, Borrower, Lessor, Or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<b>MUTUAL FUNDS-Continued</b>				
	Federated Hrms	Prime CS Obl AV	1,688	1,688
	Cion Ares	Diversified Credit	390,838	400,969
	American	New World F2	289,213	291,034
	Western Asset	Smash Series Completion	563,302	409,415
	Western Asset	Smash Series C	141,531	144,873
	Western Asset	Smash Series M	257,713	191,103
	<b>TOTAL MUTUAL FUNDS</b>		<u>1,672,919</u>	<u>1,513,107</u>
<b>HEDGE FUND</b>				
	Jones Lang LaSalle	Jones Lang LaSalle	<u>205,000</u>	<u>175,886</u>
	<b>TOTAL ASSETS HELD FOR INVESTMENT</b>		<u>\$ 6,916,724</u>	<u>\$ 7,265,601</u>

SEIU MICHIGAN HEALTH AND WELFARE FUND  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
Employer I.D. No. 38-6061083 Plan No. 501  
Year Ended June 30, 2024

<u>Identity of Party Involved</u>	<u>Description of Asset (Include Rate of Return and Maturity in Case of Loan)</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expense Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
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There were no reportable transactions.

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div>  <b>This Form is Open to Public Inspection</b>
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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  the DFVC program

**D** Check box if filing under:  Form 5558  automatic extension

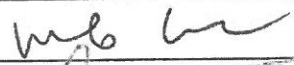
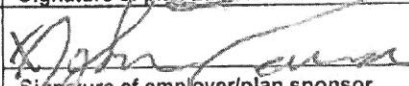
special extension (enter description) \_\_\_\_\_

**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**

<b>1a</b> Name of plan <b>SEIU MICHIGAN HEALTH AND WELFARE FUND</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>2a</b> 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) <b>SEIU MICHIGAN HEALTH AND WELFARE FUND BOARD OF TRUSTEES</b>  <b>30700 TELEGRAPH RD., SUITE 2400</b>  <b>Bingham Farms MI 48025</b>	<b>1c</b> Effective date of plan <b>02/02/1950</b>  <b>2b</b> Employer Identification Number (EIN) <b>38-6061083</b>  <b>2c</b> Plan Sponsor's telephone number <b>248-645-6550</b>  <b>2d</b> Business code (see instructions) <b>561720</b>

**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		3/19/25	Max Gerboc
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		3/19/25	John Tamas
	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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	628
<b>6</b> 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).  <b>a(1)</b> Total number of active participants at the beginning of the plan year <b>a(2)</b> Total number of active participants at the end of the plan year <b>b</b> Retired or separated participants receiving benefits <b>c</b> Other retired or separated participants entitled to future benefits <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. <b>f</b> Total. Add lines 6d and 6e <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6a(1)</b>	628
	<b>6a(2)</b>	601
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	601
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	25

**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 4B 4D 4E 4F 4L**

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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**

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

**b General Schedules**

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

1925 SEIU MICHIGAN HEALTH AND WELFARE

38-6061083

**Federal Statements**

FYE: 6/30/2024

**SEIU MICHIGAN HEALTH AND WELFARE FUND**

**Plan: 501**

**Assets Held for Investment**

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	See Attached	Financial Statement	\$	\$